

**RSPA
HEADQUARTERS INSPECTION FORM
ANTI-DRUG PROGRAM**

Date: _____

Operator's IOCS ID _____

Inspection Unit's IOCS ID _____

Operator Evaluated _____

Name and Title of Company Official _____

Address _____

Telephone No. _____

Location of Inspection _____

Person(s) Interviewed _____

Inspector's Name _____

Type of Facility: Gas Transmission Pipeline Hazardous Liquid Pipeline
 Gas Distribution System Liquefied Natural Gas

Anti-Drug Plan and Policy developed by:

_____ Operator
_____ Contractor
_____ Consortium

Anti-Drug Testing Program administered by:

_____ Operator
_____ Contractor
_____ Consortium

Contractor records maintained by:

_____ Operator
_____ Contractor
_____ Consortium

Specimen collection conducted by:

_____ Operator Personnel On-Site
_____ Operator Personnel Off-Site
_____ Contractor Personnel On-Site
_____ Contractor Personnel Off-Site

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§199.1 Scope		
COMPLIANCE	CRITERION	GUIDANCE
April 20, 1990 _____ August 21, 1990 _____ Other Date _____ §199.1 (b)	1. When did operator commence anti-drug program?	Plan must specify date program commenced.
§199.3 Definitions		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.3/§195.50	1. Does plan contain applicable accident definition as defined in §§191.3 or 195.50?	Plan must contain one or both definitions.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.3/§40.3	2. Does plan contain complete definition of "covered employee"?	Plan should address "applicants." Covered Employee: Any person who performs an operation, maintenance, or emergency-response on the pipeline or LNG facility that is regulated by Parts 192, 193, or 195.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.3	3. Does operator plan address testing for only the following drugs? Marijuana ____ Opiates ____ Cocaine ____ Amphetamines ____ Phencyclidine(PCP) ____	
§199.101 Stand-down waivers		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.101/§40.21	Does plan contain any stand-down waivers as defined in §191.7 or §40.21?	

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§199.101 Anti-drug plan		
COMPLIANCE	CRITERION	GUIDANCE
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.101(a)	1. Does the operator maintain and follow a written anti-drug plan that confirms to 49 CFR Part 40, Procedures for Transportation Workplace Drug Testing Programs?	Plan must address requirements of Part 40, specifically the collection, laboratory and MRO procedures.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.101(a)(1)	2. The plan must contain: a. Methods and procedures for compliance with all requirements of CFR 49 Part 199, including an employees assistance program:	Note: Clarification of company policy vs. DOT requirements. Company policy should be identified by using bold and underlined type.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	(1) Covered positions subject to drug testing; (Operator)	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	(2) Supervisor positions that receive EAP training;	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	(3) Person/position responsible for recordkeeping;	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	(4) Methods for assuring confidentiality of records.	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.101(a)(2)	b. The name/address of each laboratory that analyzes the specimens collected for drug testing; and	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.101(a)(3)	c. The name/address of the operator's medical review officer (MRO) and Substance Abuse Professional (SAP).	

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§199.101 Anti-drug plan		
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<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.101(a)(4)	d. Specify procedures for notifying employees of the coverage and provision of the plan.	Plan must contain specific details on how this is accomplished and what information is provided to employees.
§199.103 Use of persons who fail or refuse a drug test		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.103(a)(1)	1. Does the anti-drug plan provide that an operator may not use as employee any person who: <ul style="list-style-type: none"> a. Fails a drug test required by §199.105 and the MRO determines there is no legitimate medical explanation for the confirmed positive test other than unauthorized use of a prohibited drug? b. Refuses to take a drug test required by Part 199? 	Plan should specify action taken if individual fails drug test after returning to duty.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.103(a)(2)	2. Does the plan specify that a person may be used in a covered function if that person has:	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.103(b)	<ul style="list-style-type: none"> a. Passed a DOT drug test? b. Been recommended by the SAP to return-to-duty? 	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.103(b)(1)	<ul style="list-style-type: none"> c. Not failed a drug test required by Part 199 returning to duty? 	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.103(b)(2)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.103(b)(3)	

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§199.105 Drug tests required		
COMPLIANCE	CRITERION	GUIDANCE
<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(a)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(a)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(b)</p>	<p>Pre-Employment Testing</p> <p>Does the operator conduct the pre-employment testing which includes the following:</p> <p style="padding-left: 40px;">a. All individuals pass a DOT drug test for the employer prior to employment or assignment in a covered function?</p> <p style="padding-left: 40px;">b. Employees who are promoted or transferred from a non-covered to a covered position shall be pre-employment tested?</p> <p>Post-Accident Testing</p> <p>Does the operator conduct the post-accident testing which includes the following:</p> <p style="padding-left: 40px;">a. Drug test each employee, as soon as possible but no later than 32 hours after an accident, whose performance either contributed to the accident or cannot be completely discounted as a contributing factor to the accident?</p>	<p>If an employee transfers from a covered position to a non-covered position, and back again, they should be pre-employment tested.</p>

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§199.105 Drug tests required		
COMPLIANCE	CRITERION	GUIDANCE
<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?	
	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.)
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(c)(1)	c. Is plan spread reasonably through-out the year?	(Semi-annual and annual are unacceptable.)

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§199.105 Drug tests required		
COMPLIANCE	CRITERION	GUIDANCE
<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.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(c)	3. The annualized rate of un-announced testing on random selection is based on the total number of personnel in covered positions.	Determine random pool size at beginning of calendar year or average pool size over 12-month period, based on the number of employees at the time of each test cycle or any other similar scheme that will take into account the variable number of employees during the year.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(d)	<p>Reasonable Cause</p> 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.	

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§199.105 Drug tests required		
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<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.	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(e)	<p>Return-to-Duty</p> 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.	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(f)	2. 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)	3. At least six tests must be conducted within the first 12 months following the covered employee's return to duty.	

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§199.107 Drug testing laboratory		
COMPLIANCE	CRITERION	GUIDANCE
<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 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(c)	3. Is the MRO an employee of the laboratory conducting the drug tests?	There must be a clear separation to prevent the appearance of a conflict of interest.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.109/§40.33(a)(2)	4. Does the MRO conduct an administrative review of all negative results prior to transmission of results to employer or administrative officials? 5. Does the operator's anti-drug plan require the MROs to perform the following functions:	What documentation does MRO provide on negative test results?

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§199.109 Review of drug testing results and MRO procedures		
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<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.109/§40.33(a)(1)	a. Review confirmed positive results prior to the transmission of results to employer or administrative officials?	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 §199.109(c)(2)	b. Review and interpret positive test results as follows to determine if there is an alternate medical explanation for an individuals confirmed positive:	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.109(c)(2)(i)	(1) Conduct a medical interview with individual tested?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.109(c)(2)(ii)	(2) Review the medical history and any relevant bio-medical factors?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.109(c)(2)(iii)	(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 §199.109(c)(2)(iv)	(4) If necessary, reanalyze the original specimen to determine the accuracy of test result?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.109(c)(2)(v)	(5) Verify that the laboratory report and assessment are correct?	

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§199.109 Review of drug testing results and MRO procedures		
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<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.109(c)(3)	c. For an employee who has returned to duty: (1) Ensure the testing is in accordance with DOT procedures before he/she returns to duty.	MRO should document on an individual case basis the specified periods of unannounced testing.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.109(d)(2)(i)	6. 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?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.109(d)(2)(ii)	7. Does the MRO refer the individual for evaluation by a SAP, who shall determine what assistance, if any, is needed?	
Positive Test Result		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.109/§40.33(c)(1)	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 §199.109/§40.33(c)(2)	9. Does the MRO contact the individual directly, on a confidential basis, to determine whether the employee wishes to discuss the test results?	(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.)

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§199.109 Review of drug testing results and MRO procedures		
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<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.33(c)(2)	10. Except as listed in paragraph 14 below, does the MRO talk directly with the employee before verifying a test as positive?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.33(c)(3)	11. If, after making all reasonable efforts 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 <input type="checkbox"/> N/A §40.33(c)(3)	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 <input type="checkbox"/> N/A §40.33(c)(4)	13. If designated management official is unable to contact the employee, does employer place the individual on temporary medically unqualified status or medical leave?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.33(c)(5)	14. Does the MRO verify a test as positive without having communicated directly with the employee about the test in these three circumstances:	

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§199.109 Review of drug testing results and MRO procedures		
COMPLIANCE	CRITERION	GUIDANCE
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.33(c)(5)(i)	a. The employee expressly declines the opportunity to discuss the test;	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.33(c)(5)(ii)	b. Neither the MRO nor the designated employer representative, after making all reasonable efforts, has been able to contact the employee within 14 days of the date on which the MRO receives the confirmed positive test results from the laboratory;	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.33(c)(5)(iii)	c. 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 five (5) days have passed since the date the employee was successfully contacted by the designated employer representative.	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.33(c)(6)	15. If a test is verified positive under the circumstances specified in paragraph 14.b. or 14.c. above, can the employee present to the MRO information documenting that serious illness, injury, or other circumstances unavoidably prevented the employee from timely contacting the MRO?	

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§199.109 Review of drug testing results and MRO procedures

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<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.33(c)(6)	16. Does the MRO reopen the verification allowing the employee to present information concerning a legitimate explanation for the confirmed positive test?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.33(c)(6)	17. If the MRO concludes that there is a legitimate explanation, does the MRO declare the test to be negative?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.33(c)(7)	18. Following verification of a positive test result, does the MRO, as provided in the employer's policy: a. Refer the case to the employer employee assistance or rehabilitation program? b. Refer the case to the management official empowered to recommend or take administrative action (or the official's designated agent)?	
Verification For Opiates; Review For Prescription Medication		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.33(d)	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.)

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§199.109 Review of drug testing results and MRO procedures		
COMPLIANCE	CRITERION	GUIDANCE
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.33(e)	Reanalysis Authorized 1. If any question arises as to the accuracy or validity of a positive test result, is the MRO the only person authorized to order a reanalysis of the original sample?	Note: If a split specimen container is used the employee has 72 hours to request reanalysis after receiving notice of a positive test result.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.33(e)	2. Are retests authorized only at laboratories certified by DHHS?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.33(e)	3. Does the MRO authorize a reanalysis of the original sample if requested to do so by the employee within 60 days of the employee having received actual notice of the positive test?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.33(e)	4. If the retest is negative, does the MRO cancel the test?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.33(g)	Result Scientifically Insufficient 1. Has the MRO, based on review of inspection reports, quality control data, multiple sample, and other pertinent results, determined that a test result is scientifically insufficient for further action and declared the test specimen as negative?	

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§199.109 Review of drug testing results and MRO procedures		
COMPLIANCE	CRITERION	GUIDANCE
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.33(g)	2. Before declaring the test specimens negative did the MRO: <ul style="list-style-type: none"> a. Request a reanalysis of the original sample performed by the same laboratory? b. Request a reanalysis of the original sample to an alternate laboratory which is certified in accordance with the DHHS Guidelines? c. Receive specific consultation from the drug testing laboratory concerning the drug test results as required by the employer? 	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.33(g)	<p style="text-align: center;">Disclosure of Information</p> 1. Does the MRO or SAP 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 or SAP as part of the testing and rehabilitation process only if:	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.33(i)(1)		

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<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.33(i)(1)(ii)	a. An applicable DOT regulation permits or requires such disclosure;	Currently there are no physical qualifications required for pipeline personnel.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.33(i)(1)(ii)	b. In the MRO's or SAP's reasonable medical judgment, the information could result in the employee being determined to be medically unqualified under an applicable DOT agency rule; or	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.33(i)(1)(iii)	c. In the MRO's or SAP's reasonable medical judgment, in a situation in which there is no DOT agency rule establishing physical qualification standards applicable to the employee, the information indicates that continued performance by the employee of his/her safety-sensitive function could pose a significant safety risk?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.33(i)(2)	2. Before obtaining medical information from the employee as part of the verification or rehabilitation process, does the MRO or SAP inform the employee that information may be disclosed to third parties as provided in this paragraph and the identity of any parties to whom information may be disclosed?	

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§199.111 Retention of sample and retesting		
COMPLIANCE	CRITERION	GUIDANCE
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.111(a)	Do the procedures require the laboratory to retain samples yielding positive results for 365 days?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.111(b)	Do the procedures require the split specimen to be tested if a confirmed positive test result is determined to be from unauthorized use of a prohibited drug and the timely additional testing is requested by the employee?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.111(b)	If the employee requests retesting by a second laboratory does the original laboratory follow approved custody transfer procedures?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.111(c)	Do the procedures require detected levels of the drug below the detection limits but equal to or greater than the sensitivity of the assay be reported and considered corroborative of the original positive results.	

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§199.113 Employee Assistance Program (EAP)		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.113(a)	1. Does the operator provide an EAP for its employees and supervisory personnel? a. Does the EAP include education and training about drug use?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.113(a)	2. Does the operator, as part of the EAP, display and distribute: a. Information material?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.113(b)	b. Community service hot-line telephone number for employee assistance?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.113(b)	c. The employer's policy regarding the use of prohibited drugs?	

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§199.113 Employee Assistance Program (EAP)		
COMPLIANCE	CRITERION	GUIDANCE
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.113(c)	3. Does the operator provide at least a 60-minute period of training for supervisory personnel which teaches the specific contemporaneous physical, behavioral, and performance indicators of probable drug use?	
§199.115 Contractor employees		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.115	Does the operator provide, by contract, that the drug testing, education and training of contractor employees required by 49 CFR Part 199 be carried out by contractor?	The contractor can provide the services through a consortia or third-party provider.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.115(a)	1. Does the operator remain responsible for ensuring compliance with the requirements of 49 CFR 199, and	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.115(b)	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?	How does the employer "monitor" the contractor's compliance with Parts 199 and 40?

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§199.117 Recordkeeping		
COMPLIANCE	CRITERION	GUIDANCE
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.117(a)	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? a. Records to be kept for 3 years:	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.117(a)(1)	(1) Records demonstrating that the collection process conforms to 49 CFR Part 40, §40.25, Specimen collection procedures.	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.117(a)(4)	(2) Records confirming that supervisors and employees have been trained as required by §199.113, Employee Assistance Program.	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.117(a)(2)	b. Records to be kept for 5 years:	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.117(a)(2)	Records of employee drug test that indicate a verified positive result, records that demonstrate compliance with the	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.117(a)(2)	Records that demonstrate compliance with the recommendations of a substance abuse professional	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.117(a)(2)	MIS annual report data	

COMMENTS

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§199.117 Recordkeeping		
COMPLIANCE	CRITERION	GUIDANCE
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.117(a)(3)	Records showing an employee passed a drug test must be kept for at least 1 year.	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.117(b)	2. Does the procedures prohibit the release of an individual's drug test results except as follows:	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.117(b)	a. Upon written consent of the individual; or	
§199.117 Recordkeeping		
COMPLIANCE	CRITERION	GUIDANCE
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.117(b)	b. Upon request by DOT or a state agency;	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.117(b)	(1) As part of an accident investigation; or	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.117(b)	(2) For statistical evaluation (only without names); or	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.117(b)	(3) For training records?	

COMMENTS

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