



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

Substance Abuse Program:

Comprehensive Audit and Inspection Protocol Form

Combined Anti-Drug and Alcohol Misuse Programs

Form No.: 3.1.11
Revision 1

June 1, 2012

*Replaces and Provides Comprehensive
Anti-Drug Program and Alcohol Misuse Program
HQ Inspection Forms*

Operator/Contractor Profile and General Audit Information

| | | | |
|--|---|-------------------------------------|-----------------------|
| Company : | Name: | | |
| | Mailing and Official Address (If different): | | |
| | Doing Business As or Affiliation: | | |
| PHMSA Operator Identification (OpID) No. or Contractor Business Tax ID No. (BTIN) | | | |
| Other OpID or BTIN Nos. covered by the above operator's or contractor's Substance Abuse Plan: | | | |
| Company's DER or Substance Abuse Program Mgr: | Name and Title: | | Phone No.: |
| | Mailing Address: | | Email Address: |
| Consortium or Third Party Administrator (C/TPA) | | C/TPA Point of Contact | |
| Company Name: | | Contact Name: | |
| Ph. No.: | | Ph. No.: | |
| Fax No.: | | Fax No.: | |
| Web Site or Email | | Email | |
| Address: | | Lead Auditor or Inspector | Name: |
| | | | Agency: |
| | | Date of Audit or Inspection: | |
| 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. | | | |
| Total number of operator's employees (included those within OpID No's. or BTIN No's listed above). | | | |

Company Representatives Participating

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

Government or Other Official Representatives Participating:

| Name/Title | Office/Organization | Phone/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 |
| Other: Transportation identified as: _____ | |

Plan and Policy Developed by:

(Check-off all that apply)

| <u>Drug</u> | <u>Alcohol</u> | |
|-------------|----------------|--------------|
| _____ | _____ | Operator |
| _____ | _____ | Contractor |
| _____ | _____ | TPA |
| _____ | _____ | Consortium |
| _____ | _____ | Consultant |
| _____ | _____ | Other: _____ |

Testing Program Administered by:

(Check-off all that apply)

| <u>Drug</u> | <u>Alcohol</u> | |
|-------------|----------------|--------------|
| _____ | _____ | Operator |
| _____ | _____ | Contractor |
| _____ | _____ | TPA |
| _____ | _____ | Consortium |
| _____ | _____ | Consultant |
| _____ | _____ | Other: _____ |

Contractor Records Maintained by:

(Check-off all that apply)

| <u>Drug</u> | <u>Alcohol</u> | |
|-------------|----------------|--------------|
| _____ | _____ | Operator |
| _____ | _____ | Contractor |
| _____ | _____ | TPA |
| _____ | _____ | Consortium |
| _____ | _____ | Consultant |
| _____ | _____ | Other: _____ |

Specimen Collection Conducted by:

(Check-off all that apply)

| <u>Drug</u> | <u>Alcohol</u> | |
|-------------|----------------|--------------------------------|
| _____ | _____ | Operator Personnel On-Site |
| _____ | _____ | Operator Personnel Off-Site |
| _____ | _____ | Contractor Personnel On-Site |
| _____ | _____ | Contractor Personnel Off-Site |
| _____ | _____ | Third Party Collector On-Site |
| _____ | _____ | Third Party Collector Off-Site |

MIS Reports Submitted to:

(Check-off all that apply)

| <u>Drug</u> | <u>Alcohol</u> | |
|-------------|----------------|----------------------|
| _____ | _____ | FAA |
| _____ | _____ | FMCSA |
| _____ | _____ | FTA |
| _____ | _____ | FRA |
| _____ | _____ | PHMSA |
| _____ | _____ | USCG |
| _____ | _____ | Other Federal: _____ |
| _____ | _____ | Other State: _____ |
| _____ | _____ | |

Additional Statistical Testing Reports Submitted to:

(Check-off all that apply and identify entity by name-Use notes page for additional entity names)

| <u>Drug</u> | <u>Alcohol</u> | <u>Name</u> |
|-------------|----------------|-------------------|
| _____ | _____ | Operator: _____ |
| _____ | _____ | Contractor: _____ |
| _____ | _____ | TPA: _____ |
| _____ | _____ | Consortium: _____ |
| _____ | _____ | Federal: _____ |
| _____ | _____ | State: _____ |
| _____ | _____ | Other: _____ |
| _____ | _____ | Other: _____ |
| _____ | _____ | Other: _____ |

Substance Abuse Program Protocols

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Anti-Drug Program

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Anti-Drug Program

Protocol Area A. Anti-Drug Program, Plan and Policies

- [A.01](#) Anti-Drug Program and Plan Scope
- [A.02](#) Anti-Drug Policies
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A.01 Anti-Drug Program and Plan Scope

Verify that the Anti-Drug Plan meets the requirements of §199.101.

A.01.a. Written Anti-Drug Plan

A.01.a. Verify that the operator maintains and follows a written Anti-Drug Plan that conforms to Part 199 and Part 40 and that the plan contains the following [§199.101]:

1. Methods and procedures for compliance with all the requirements of Part 199, including the employee assistance program;
2. The name and address of each laboratory that analyzes the specimens collected for drug testing;
3. The name and address of the operator’s Medical Review Officer, and Substance Abuse Professional; and
4. Procedures for notifying employees of the coverage and provisions of the plan.

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

A.01.b. Covered Employees

A.01.b. Verify that the Anti-Drug Program identifies the covered employees (as defined in §199.3) that are required to be tested for the presence of prohibited drugs [§199.1].

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

A.01.c. Contractor’s Anti-Drug Testing Program

A.01.c. If an employer utilizes applicable contractors or subcontractors who perform covered functions and conduct drug testing, education and training as part of the Anti-Drug Program [§199.115], but separate from the employer, 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, and if the operator is subject to the jurisdiction of a state agency, a representative of the state agency for the purpose of monitoring the operator’s compliance with the requirements of this part [§199.115(b)].

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

A.01.d. DOT vs. Non-DOT Tests

A.01.d. Verify that the Anti-Drug Program ensures that the DOT tests are completely separate from non-DOT tests in all respects [§40.13].

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

A.01.e. Employer’s Use of Anti-Drug Program Third Party Providers

A.01.e. If an employer utilizes third party providers who perform covered functions and conduct drug testing, education, training and other appropriate services as part of the Anti-Drug Program, verify that there is a process in place and implemented to ensure compliance [§40.341].

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

A.02 Anti-Drug Policies

Verify that anti-drug policies are established that meet the requirements of Part 40 and Part 199.

A.02.a. Employee Stand Down

Verify that the Anti-Drug Program prohibits standing down an employee before the Medical Review Officer (MRO) has completed the drug test verification process or that an approved waiver is granted per the requirements of [§40.21] and [§199.7].

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

A.02.b. Drug Regulations Violations

A.02.b. Verify that the Anti-Drug Program assures that a covered employee that violates DOT drug regulations is removed from performing safety-sensitive functions [§40.23 and §199.7]. A verified positive

DOT drug test result or a refusal to test (including by adulterating or substituting a urine specimen) constitutes a violation of DOT drug regulations [§40.285(b) and §199.103(a)].

- In addition, if a covered employee violates a DOT drug regulation, verify that a listing of Substance Abuse Professionals (SAPs) that are readily available is provided to the employee [§40.287].

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

| Protocol Area A - Documents Reviewed | | | |
|--------------------------------------|-----|------|----------------|
| Document Number | Rev | Date | Document Title |
| | | | |
| | | | |
| | | | |
| | | | |

Protocol Area B. Officials, Representatives, and Agents

- [B.01 Employer Responsibilities for Officials, Representatives, and Agents](#)
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B.01 Employer Responsibilities for Officials, Representatives, and Agents

Verify that the Anti-Drug 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 §199.115(a).

B.01.a. Qualification Requirements

B.01.a. Verify that Anti-Drug Program positions meet the applicable qualification requirements of Part 40 and Part 199 as follows:

1. Medical Review Officer (MRO) - §40.121 and §199.109(b)
2. Urine Specimen Collector - §40.33
3. Substance Abuse Professional (SAP) - §40.281

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

B.01.b. Designated Employer Representative

B.01.b. Verify that a service agent is not used to fulfill the function of a Designated Employer Representative (DER) [§40.15(d)].

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

| Protocol Area B - Documents Reviewed | | | |
|---|------------|-------------|-----------------------|
| Document Number | Rev | Date | Document Title |
| | | | |
| | | | |
| | | | |
| | | | |

Protocol Area C. Required Drug Tests

- [C.01](#) Pre-employment Investigation and Drug Testing
- [C.02](#) Post-Accident Drug Testing
- [C.03](#) Random Drug Testing
- [C.04](#) Reasonable Cause Drug Testing
- [C.05](#) Return to Duty Drug Testing
- [C.06](#) Follow-up Drug Testing
- [C.07](#) Employer Responsibilities Regarding Direct Observation During Drug Testing
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C.01 Pre-employment Investigation and Drug Testing

Verify that the Anti-Drug Program ensures that pre-employment tests for the presence of a prohibited drug are completed and investigations are performed as required by §40.25 and §199.105(a).

C.01.a. Verify that drug 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 drug testing information from previous DOT-regulated employers.

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

C.01.b. New Personnel Drug Testing

C.01.b. Verify that no new personnel (new hire, contracted, or transferred employees) are used to perform covered functions unless that person passes a drug test or is covered by an anti-drug program that conforms to Part 199 [§199.105(a)].

- In addition, verify that procedures are in place for direct observation when required under §§40.67(a), (b) and (d)

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

C.02 Post-Accident Drug Testing

Verify that the Anti-Drug Program ensures that post-accident tests for the presence of a prohibited drug are completed as required by §199.105(b).

C.02.a. Verify that post-accident drug testing is performed, as soon as possible but no later than 32 hours after an accident (§ 195.50) or incident (§ 191.3), for each employee whose performance either contributed to the accident or cannot be completely discounted as a contributing factor to the accident [§199.105(b)].

- In addition, verify that procedures are in place for direct observation when required under §§40.67(a), (b) and (d)

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

C.03 Random Drug Testing

Verify that the Anti-Drug Program ensures that random tests for the presence of a prohibited drug are completed as required by §199.105(c).

C.03.a. Minimum Annual Percentage Rate

C.03.a. Verify that the minimum annual percentage rate used for random drug testing of covered employees complies with §199.105(c)(1) through (4).

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

C.03.b. Random Testing Methodology

C.03.b. Verify that the selection of employees for random drug testing is based on a scientifically valid method, such as a random number table or a computer-based random number generator matched with employee identification data [199.105(c)(5)].

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

C.03.c. Selection of Random Testing Pool

C.03.c. Verify that the operator selects a sufficient number of covered employees for random testing during each calendar year to equal an annual rate not less than the required minimum annual percentage rate (see Protocol C.03.a.) [199.105(c)(6)].

- To calculate the total number of covered employees eligible for random testing throughout the year you must add the total number of covered employees eligible for testing during each random testing period for the year and divide that total by the number of random testing periods [199.119(c)].

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

C.03.d. Scheduling of Random Tests

C.03.d. Verify that random drug tests are unannounced and that the dates for administering the tests are spread reasonably throughout the calendar year [199.105(c)(7)].

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

C.04 Reasonable Cause Drug Testing

Verify that the Anti-Drug Program ensures that tests are performed when there is reasonable cause to believe the employee is using a prohibited drug [§199.105(d)].

C.04.a. Basis for Reasonable Cause Testing

C.04.a. Verify that decisions to test are reasonable and articulable, and based on specific contemporaneous physical, behavioral or performance indicators of probable drug use. Verify that 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 [§199.105(d)].

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

C.05 Return-to-duty Drug Testing

Verify that the Anti-Drug Program ensures that a covered employee that violates DOT drug regulations may not return to duty for a covered function until the employee has complied with the requirements for SAPs and return-to-duty testing [§199.105(e)].

C.05.a. Verify that a covered employee that violates DOT drug regulations 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), and §199.105(e)], and
2. After completion of the SAP process above, successfully completes a return-to-duty drug test [§40.305(a) and §199.105(e)].
3. As of August 31, 2009, verify that all return-to-duty testing was performed under direct observation [§40.67(b)]

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

C.06 Follow-up Drug Testing

Verify that the Anti-Drug Program ensures that a follow-up testing plan is established and implemented for a covered employee that violates DOT drug regulations and successfully completes the actions to return to duty for a covered function [§40.307, §40.309, and §199.105(f)].

1. As of August 31, 2009, verify that all follow-up testing was performed under direct observation [§40.67(b)]

C.06.a. SAP Follow-up Testing Plan

C.06.a. Verify that the SAP establishes a written follow-up testing plan for a covered employee that violates DOT drug regulations and seeks to return to the performance of a covered function [§40.307(a)].

| C.06.a. Inspection Results (type an X in exactly one cell below) | | Inspection Notes |
|--|---|-------------------------|
| <input type="checkbox"/> | No Issue Identified | |
| <input type="checkbox"/> | Potential Issue Identified (explain) | |
| <input type="checkbox"/> | N/A (explain) | |
| <input type="checkbox"/> | Not Inspected | |

C.06.b. Follow-up Testing Scheduling

C.06.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, and §199.105(f)].

| C.06.b. Inspection Results (type an X in exactly one cell below) | | Inspection Notes |
|--|---|-------------------------|
| <input type="checkbox"/> | No Issue Identified | |
| <input type="checkbox"/> | Potential Issue Identified (explain) | |
| <input type="checkbox"/> | N/A (explain) | |
| <input type="checkbox"/> | Not Inspected | |

C.07 Employer Responsibilities Regarding Direct Observation During Collections for Drug Testing

C.07.a. Verify that procedures are in place for direct observation when required under §§40.67(a), (b) and (d)

| C.07.a. Inspection Results (type an X in exactly one cell below) | | Inspection Notes |
|--|---|-------------------------|
| <input type="checkbox"/> | No Issue Identified | |
| <input type="checkbox"/> | Potential Issue Identified (explain) | |
| <input type="checkbox"/> | N/A (explain) | |
| <input type="checkbox"/> | Not Inspected | |

| Protocol Area C - Documents Reviewed | | |
|---|-------------|-----------------------|
| Rev | Date | Document Title |
| | | |
| | | |
| | | |
| | | |

Protocol Area D. Drug Testing Laboratories

- [D.01](#) Approved Drug Testing Laboratories
- [D.02](#) Blind Specimens
- [D.03](#) Laboratory Records and Reports
- [Table of Contents](#)

D.01 Approved Drug Testing Laboratories

Verify that the drug testing laboratories meet the applicable requirements of Part 40 and Part 199.

D.01.a. Drug Testing Laboratory Certification

D.01.a. Verify that the drug testing laboratory used for all testing required by Part 40 and Part 199 is certified by the Department of Health and Human Services (HHS) [§40.81(a) and §199.107(a)].

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

D.01.b. DOT Tested Drugs

D.01.b. Verify that the drug testing laboratory only tests for the following five drugs or classes of drugs in a DOT drug test. (The laboratories must not test “DOT specimens” for any other drugs).

- (a) Marijuana metabolites.
- (b) Cocaine metabolites.
- (c) Amphetamines.
- (d) Opiate metabolites.
- (e) Phencyclidine (PCP) [§40.3, §40.85 and §199.3].

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

D.01.c. Laboratory Results Direct to MRO

D.01.c. Verify that laboratory results are reported directly, and only, to the MRO at his or her place of business. Results must not be reported to or through the DER or a service agent (e.g., C/TPA) [§40.97(b)].

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

D.01.d. Laboratory Specimen Retention

D.01.d. Verify that laboratories testing the primary specimen retain a specimen that was reported with positive, adulterated, substituted, or invalid results for a minimum of one year. The specimen must be kept in secure, long-term, frozen storage in accordance with HHS requirements [§40.99 and §199.111(a)].

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

D.02 Blind Specimens

Verify that blind specimens are submitted to drug testing laboratories as required by Part 40.

D.02.a. Blind Specimen Submittals

D.02.a. If an employer or C/TPA has an aggregate of 2000 or more DOT-covered employees, verify that blind specimens are submitted to the laboratories that are used. If an employer or C/TPA has an aggregate of fewer than 2000 DOT-covered employees, they are not required to provide blind specimens [§40.103(a)].

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

D.03 Laboratory Records and Reports

Verify that drug testing laboratory records are maintained and reports are issued as required by Part 40.

D.03.a. Laboratory Record Retention

D.03.a. Verify that the laboratory retains all records pertaining to each employee urine specimen for a minimum of two years and also keeps for two years employer-specific data required in §40.111 [§40.109].

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

D.03.b. Laboratory Semi-Annual Summary

D.03.b. Verify that the laboratory transmits an aggregate statistical summary, by employer, of the data listed in Part 40, Appendix B to the employer on a semi-annual basis.

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

| Protocol Area D - Documents Reviewed | | | |
|---|------------|-------------|-----------------------|
| Document Number | Rev | Date | Document Title |
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Protocol Area E. Review of Drug Testing Results

- [E.01 Review of Drug Testing Results](#)
- [Table of Contents](#)

E.01 Review of Drug Testing Results

Verify that the review of drug testing results and the associated responsibilities and functions of the Medical Review Officer (MRO) meet the applicable requirements of Part 40 and Part 199.

E.01.a. Designated MRO

E.01.a. Verify that an MRO is designated or appointed by the Anti-Drug Plan [§199.109(a)].

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

E.01.b. MRO Quality Assurance Reviews

E.01.b. Verify that the MRO provides quality assurance reviews of the drug testing process, including ensuring the review of the Custody and Control Form (CCF) on all specimen collections [§40.123(b)].

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

E.01.c. MRO Review of Negative Test Results

E.01.c. Verify that the MRO performs the review functions required by §40.127 for negative drug test results received from a laboratory, prior to verifying the result and releasing it to the Designated Employer Representative (DER).

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

E.01.d. MRO Review of Positive Test Results

E.01.d. Verify that the MRO performs the review functions required by §40.129 for confirmed positive, adulterated, substituted, or invalid drug test results received from a laboratory, prior to verifying the result and releasing it to the DER.

- In addition, the MRO must determine whether there is a legitimate medical explanation for confirmed positive, adulterated, substituted, and invalid drug test results from the laboratory [§40.123(c)].

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

E.01.e. MRO Notification of Employee

E.01.e. Verify that when the MRO has verified a drug test as positive for a drug or drug metabolite, or as a refusal to test because of adulteration or substitution, and the MRO must notify the employee of his or her right to have the split specimen tested. The MRO must also:

- Notify the employee of the procedures for requesting a test of the split specimen, and
- Inform the employee that he or she has 72 hours from the time of this notification to him or her to request a test of the split specimen [§40.153].

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

E.01.f. Employee Requested Additional Testing

E.01.f. If additional testing is requested by the employee, verify that the split specimen is tested. Also verify the MRO immediately provides written notice to the laboratory that tested the primary specimen, directing the laboratory to forward the split specimen to a second HHS-certified laboratory, designated by the MRO, and further documents the date and time of the employees request [§140.171(c)].

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

| Protocol Area E - Documents Reviewed | | | |
|---|------------|-------------|-----------------------|
| Document Number | Rev | Date | Document Title |
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Protocol Area F. Record Keeping and Reporting

- [F.01](#) Record Keeping
- [F.02](#) Reporting of Drug Testing Results to the Operator
- [F.03](#) Reporting of Drug Testing Results to PHMSA
- [Table of Contents](#)

F.01 Record Keeping

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

F.01.a. Record Keeping Requirements

F.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 location with controlled access [§40.333(c)]:

| Record Type | Retention Period (in years) |
|--|--|
| Records of verified positive drug test results [§40.333(a)(1) and 199.117(a)(2)] | 5 |
| Documentation of refusals to take required drug tests (including substituted or adulterated drug test results) [§40.333(a)(1)] | 5 |
| SAP reports, including compliance with SAP recommendations [§40.333(a)(1) and 199.117(a)(2)] | 5 |
| All follow-up tests and schedules for follow-up tests [§40.333(a)(1)] | 5 |
| MIS annual report data [§199.117(a)(2)] | 5 |
| Information obtained from previous employers under §40.25 concerning drug test results of employees [§40.333(a)(2)] | 3 |
| Records confirming that supervisors and employees have been trained as required by Part 199 [§199.117(a)(4)] | 3 |
| Records that demonstrate the collection process conforms to Part 199 [§199.117(a)(1)] | 3 |
| Records of negative and cancelled drug test results [§40.333(a)(4) and 199.117(a)(3)] | 1 |

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

F.02 Reporting of Drug Testing Results to the Operator

Verify that drug testing results are reported to the operator in accordance with the applicable requirements of Part 40 and Part 199.

F.02.a. MRO Reports to the Operator

F.02.a. Verify that the MRO reports all drug test results to the operator [§40.163(a) and §199.109(d)] in accordance with the requirements in §40.163, §40.165 and §40.167. These requirements include:

- Reporting all drug test results to the DER, except in the circumstances provided for in §40.345, when a C/TPA may act as an intermediary [§40.165(a)].
- Reporting the results in a confidential manner [§40.167(a)].
- Reporting the results within the required time constraints [§40.167(b) and (c)].

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

F.03 Reporting of Drug Testing Results to PHMSA

See Protocol M.

| Protocol Area F - Documents Reviewed | | | |
|---|------------|-------------|-----------------------|
| Document Number | Rev | Date | Document Title |
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Protocol Area G. Employee Assistance Program

- [G.01](#) Employee Assistance Program (EAP)
- [Table of Contents](#)

G.01 Employee Assistance Program (EAP)

Verify that the EAP meets the applicable requirements of §199.113.

G.01.a. Established EAP

G.01.a. Verify that an EAP is provided for its employees and supervisory personnel who will determine whether an employee must be drug tested based on reasonable cause. Each EAP must include education and training on drug use (see Protocols G.01.b. and G.01.c.) [§199.113(a)].

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

G.01.b. EAP Education Content

G.01.b. Verify that education under the EAP includes at least the following elements: display and distribution of informational material; display and distribution of a community service hot-line telephone number for employee assistance; and display and distribution of the employer's policy regarding the use of prohibited drugs [§199.113(b)].

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

G.01.c. Supervisory Personnel Training

G.01.c. Verify that training under the EAP for supervisory personnel who will determine whether an employee must be drug tested based on reasonable cause must include one 60-minute period of training on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use [§199.113(c)].

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

| Protocol Area G - Documents Reviewed | | | |
|---|------------|-------------|-----------------------|
| Document Number | Rev | Date | Document Title |
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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
- [Table of Contents](#)

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]:

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

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].

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

H.01.c. Contractor’s Alcohol Testing Program

H.01.c. If an employer utilizes applicable contractors or subcontractors who perform covered functions and conduct alcohol testing, education and training as part of the Alcohol Misuse Prevention Program [§199.245],], but separate from the employer, 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)].

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

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].

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

H.01.e. Employer’s Use of Third Party Providers in their Alcohol Misuse Prevention Program

H.01.e. If an employer utilizes third party providers who perform covered functions and conduct alcohol testing, education, training and other appropriate services as part of the Alcohol Misuse Prevention Program, verify that there is a process in place and implemented to ensure compliance [§40.341].

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

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].

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

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)].

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

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)]

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

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)].

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

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.

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

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

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

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].

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

| Protocol Area I - Documents Reviewed | | | |
|---|------------|-------------|-----------------------|
| Document Number | Rev | Date | Document Title |
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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 transfers into a safety sensitive-position) [§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.

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

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)].

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

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)].

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

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)].

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

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)].

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

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)].

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

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)].

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

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)].

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

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)].

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

| Protocol Area J - Documents Reviewed | | | |
|---|------------|-------------|-----------------------|
| Document Number | Rev | Date | Document Title |
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Protocol Area K. Alcohol Testing Devices

- [K.01 Approved Alcohol Testing Devices](#)
- [Table of Contents](#)

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].

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

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].

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

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

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)]:

| Record Type | Retention Period (in years) |
|---|-----------------------------|
| 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 |

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

L.02 Reporting of Alcohol Testing Results to PHMSA

See Protocol M.

| Protocol Area L - Documents Reviewed | | | |
|---|------------|-------------|-----------------------|
| Document Number | Rev | Date | Document Title |
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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)].

- 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, submitted a MIS report for each of these contractors?
 - The contractor identification and MIS reporting began with the March 15, 2010 MIS submission which documented contractor drug and alcohol testing during CY 2009.

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

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.

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

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)].

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

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)].

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

| Protocol Area M - Documents Reviewed | | | |
|---|------------|-------------|-----------------------|
| Document Number | Rev | Date | Document Title |
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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)].

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

| Protocol Area N - Documents Reviewed | | | |
|---|------------|-------------|-----------------------|
| Document Number | Rev | Date | Document Title |
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Protocol Area O: Specimen Collection Sites

Service Provider Profile and General Audit Information

| | | | | | |
|---|--------------------------------------|-------------------------|---|-------------------|--|
| Company Name of Service Provider: | | | | | |
| Official Address | | | | | |
| Business Tax ID Number | | | | | |
| Operator/Contractor Name and Op ID or Business Tax ID number utilizing the above Service Provider: | | | | | |
| Operator's/Contractor's DER or Substance Abuse Program Mgr /: | | | | Phone No.: | |
| Service Provider Company Contact Information | | | Service Provider's Official Representative Contact | | |
| Doing Business As or Affiliated Company Name | | | Contact Name: | | |
| Ph. No.: | | | Ph. No.: | | |
| Fax No.: | | | Fax No.: | | |
| Web Site or Email | | | Email | | |
| Mailing Address: (If different from official address) | | | Lead Auditor or Inspector: | Name: | |
| | | | | Agency: | |
| | | | Date of Audit or Inspection: | | |
| Technician Interviewed | Qualification Expiration Date | Telephone Number | Comment | | |
| | | | | | |
| | | | | | |

| Key Persons | Name/Title | Phone/Email Address |
|---|-------------------|----------------------------|
| Primary Service Provider Representative Interviewed or Providing Information | | |
| Others Interviewed, Providing Information or Present at Audit: | | |
| | | |
| | | |

Government or Other Official Representatives Participating:

| Name/Title | Office/Organization | Phone/Email Address |
|-------------------|----------------------------|----------------------------|
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Protocol Area O: Specimen Collection Sites

- [O.01 Urine Collection Personnel](#)
- [O.02 Collection Sites, Forms and Supplies](#)
- [O.03 Urine Specimen Collections](#)
- [Table of Contents](#)

O.01 Urine Collection Personnel

Verify that training and usage of personnel is in compliance with the applicable requirements of Part 40.

O.01.a. Does the operator ensure that, unless no other collector is available, an immediate supervisor of an employee does not serve as a collection site person [§40.31(c)]?

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

O.01.b. Do collectors meet the training requirements of §40.33 and is documentation available showing that currently all requirements are met [§40.33(g)]?

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

O.01.c. Does the operator provide error correction training as required by §40.33(f) and does the training occur within 30 days of the date of notification of the error that led to the need for training?

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

O.02 Collection Sites, Forms and Supplies

Verify that collection sites, forms and supplies are in compliance with the applicable physical and security requirements of Part 40.

O.02.a. Has the employer designated a collection site that meets the requirements of §40.41.

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

O.02.b. If the collection site uses a facility normally used for other purposes, are procedures in place to ensure before the collection that: (1) access to collection materials and specimens is effectively restricted; and (2) the facility is secured against access during the procedure to ensure privacy to the employee and prevent distraction of the collector? Also, are limited-access signs posted [§40.43(c)]?

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

O.02.c. Are procedures in place to assure the collector maintains personal control over each specimen and CCF throughout the collection process and to prevent unauthorized personnel from entering any part of the site in which urine specimens are collected or stored [§40.43(d)(5) and §40.43(e)]?

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

O.02.d. Is the current Federal Drug Testing Custody and Control Form (CCF) or equivalent being used [§40.45]?

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

O.02.e. Is a collection kit used that meets the requirements of Appendix A to Part 40 [§40.49]?

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

O.03 Urine Specimen Collections

Verify that procedures for collection of urine specimens are in compliance with the applicable requirements of Part 40.

O.03.a. Do collection site personnel explain the basic collection procedure to the employee, including showing the employee the instructions on the back of the CCF [§40.61(e)]?

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

O.03.b. Do collection site personnel provide the donor with an individually wrapped or sealed collection container from the collection kit materials [§40.63(c)]?

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

O.03.c. Are precautions taken to ensure that unadulterated specimens are obtained and correctly identified that meet the following requirements:

- Bluing agents in toilet tank and all water sources secure [§40.43(b)(1) and (2)]
- Individual positively identified (photo ID, etc.) [§40.61(c)]
- Proper authority contacted if individual fails to arrive at the assigned time [§40.61(a)]
- The donor shall remove any unnecessary outer garments. Purses or briefcases shall remain with outer garments [§40.61(f)].
- Donor shall wash and dry his/her hands [§40.63(b)].
- To the greatest extent possible, the collector must keep an employee's collection container within view of both himself/herself and the employee between the time the employee has urinated and the specimen is sealed [§40.43(d)(2)]
- Any unusual behavior noted on the CCF [§40.63(e)]

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

O.03.d. Are procedures being followed at the collection site after the specimen has been provided in compliance with the requirements of §40.65

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

O.03.e. Have provisions been made if the donor is unable to provide at least 45 milliliters of urine [§40.65(a)]?

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

O.03.f. Are procedures in place for immediately collecting urine specimens under direct observation for the situations identified in §40.67(c)

1. As of August 31, 2009, verify that all collections for return-to-duty and follow-up testing were performed under DER directed direct observation [§40.67(b)]

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

O.03.g. Are same gender collection personnel used if a collection is monitored under direct observation by non-medical personnel [§40.69(g)]

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

O.03.h. Is the CCF properly executed by authorized collection site personnel upon receipt and transfer of a urine specimen [§40.73(a)]

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

| Protocol Area O - Documents Reviewed | | | |
|---|------------|-------------|-----------------------|
| Document Number | Rev | Date | Document Title |
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Protocol Area P: Alcohol Testing Sites

Service Provider Profile and General Audit Information

| | | | |
|---|--------------------------------------|---|-------------------|
| Company Name of Service Provider: | | | |
| Official Address | | | |
| Business Tax ID Number | | | |
| Operator/Contractor Name and Op ID or Business Tax ID number utilizing the above Service Provider: | | | |
| Operator's/Contractor's DER or Substance Abuse Program Mgr /: | | | Phone No.: |
| Service Provider Company Contact Information | | Service Provider's Official Representative Contact | |
| Doing Business As or Affiliated Company Name | | Contact Name: | |
| Ph. No.: | | Ph. No.: | |
| Fax No.: | | Fax No.: | |
| Web Site or Email | | Email | |
| Mailing Address: (If different from official address) | | Lead Auditor or Inspector: | Name: |
| | | | Agency: |
| | | Date of Audit or Inspection: | |
| Technician Interviewed | Qualification Expiration Date | Telephone Number | Comment |
| | | | |
| | | | |

| Key Persons | Name/Title | Phone/Email Address |
|---|-------------------|----------------------------|
| Primary Service Provider Representative Interviewed or Providing Information | | |
| Others Interviewed, Providing Information or Present at Audit: | | |
| | | |
| | | |

Government or Other Official Representatives Participating:

| Name/Title | Office/Organization | Phone/Email Address |
|-------------------|----------------------------|----------------------------|
| | | |
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| | | |

Contact Information:

For any questions or requests for guidance related to this audit protocol document, please 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/Inspector Notes and Additional Information:

Protocol Area P. Alcohol Testing Sites – Audit Information

- [P.01](#) Alcohol Testing Personnel
- [P.02](#) Alcohol Testing Sites, Forms and Supplies
- [P.03](#) Alcohol Screening Tests
- [P.04](#) Alcohol Confirmation Tests
- [P.05](#) Problems in Alcohol Testing
- [Table of Contents](#)

P.01 Alcohol Testing Personnel

Verify that training and usage of personnel is in compliance with the applicable requirements of Part 40.

P.01.a. Does the operator’s plan specify training for BATs and STTs that is in compliance with §40.213 and does the documentation certify that all requirements are met [§40.213(g)]?

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

P.01.b. Does the plan specify that a supervisor shall not serve as the BAT or STT if that supervisor makes the reasonable cause determination [§40.211(c) and §199.225(b)(2)].

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

P.02 Alcohol Testing Sites, Forms and Supplies

Verify that alcohol testing sites, forms and supplies are in compliance with the applicable physical and security requirements of Part 40.

P.02.a. Does the alcohol testing site comply with the applicable physical and security requirements of §40.221 and §40.223?

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

P.02.b. Does the plan specify that only EBTs and ASDs listed on the NHTSA CPL will be used for DOT alcohol testing [§40.229]? Also, does the plan specify that an EBT must be used for conducting the confirmation tests [§40.231(a)]?

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

P.02.c. Does the operator follow the Quality Assurance Plan (QAP) for the EBT that is used [§40.233(c)(1)]? If this service is contracted out does the operator ensure that the QAP is being followed [§40.233(c)]?

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

P.02.d. Does the plan specify that the operator or its agents shall comply with the QAP and manufacturer’s instructions and does the operator follow the QAP for the ASD that is used [§40.235 and §40.235(c)]?

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

P.03 Alcohol Screening Tests

Verify that alcohol screening tests are performed in compliance with the applicable requirements of Part 40.

P.03.a. Does the plan prescribe that only the DOT-approved Alcohol Testing Form (ATF) shall be utilized [§40.225(a)]?

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

P.03.b. Does the plan specify that the employee shall provide a positive identification through use of photo ID or by employer representative [§40.241(c)]?

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

P.03.c. Does the plan indicate that the BAT or STT shall explain the testing process to the employee [§40.241(e)]?

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

P.03.d. Does the plan contain specific instructions for conducting alcohol screening tests in compliance with §40.241 and §40.243 requirements?

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

P.03.e. Does the plan contain specific instructions for conducting alcohol screening tests using a saliva ASD in compliance with §40.245 requirements?

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

P.03.f. Does the plan specify actions that are taken after receipt of alcohol screening test results that are in compliance with §40.247?

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

P.04 Alcohol Confirmation Tests

Verify that alcohol confirmation tests are performed in compliance with the applicable requirements of Part 40.

P.04.a. Does the plan provide guidance for the actions a new BAT must complete to conduct a confirmation test in compliance with §40.251(b)?

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

P.04.b. Does the plan specify procedures to be followed in conducting a confirmation test that are in compliance with §40.253 and §40.255?

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

P.05 Problems in Alcohol Testing

Verify that procedures for addressing problems in alcohol testing are in compliance with the applicable requirements of Part 40.

P.05.a. Does the plan address the situations for which the employee is considered to have refused to take an alcohol test [§40.261(a)(1) to (7)]?

]

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

P.05.b. Does the plan specify procedures concerning an employee's inability to provide an adequate amount of saliva for testing and instructions for requiring the employee to attempt again to provide adequate amount of saliva for testing [§40.263]?

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

P.05.c. Does the plan specify procedures concerning an employee's inability to provide an adequate amount of breath for testing in compliance with §40.265?

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

P.05.d. Does the plan specify under what conditions that an alcohol test shall be cancelled [§40.267 and §40.269]?

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

P.05.e. Does the plan specify procedures concerning the potential inability to complete an alcohol test and trying to successfully complete the test [§40.271]?

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

| Protocol Area P - Documents Reviewed | | | |
|---|------------|-------------|-----------------------|
| Document Number | Rev | Date | Document Title |
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