

FAA DRUG ABATEMENT PROGRAM INSPECTION GUIDE

PART 1: ADMINISTRATIVE AND QUALITY ASSURANCE REVIEW GUIDE

The following guide should be used during each inspection to ensure that areas regarding the company and their testing program are addressed. It's important that the inspector(s) listen to the answers to verify the information during the records review.

Company Name: _____
Inspection Date(s): _____

Company Information

_____ Please explain the type of business you conduct.

_____ What kind of work do(es) your employee(s) perform that requires him/her to be subject to the FAA drug and alcohol testing regulations?

Coverage

- _____ 1. How many total employees do you have?
- _____ 2. How many safety-sensitive employees do you have? Where are they located and what are their job categories?
- _____ 3. Do you contract out any or all safety-sensitive work?
 - a. How do you ensure these individuals are subject to an FAA-mandated drug and alcohol testing program? (Alternative Question – If so, are they subject to testing under their own FAA-mandated drug and alcohol testing program?)

Service Agent

- _____ 1. Do you use a consortium/third party administrator to help with your program?

Name/Location: _____

- _____ 2. Where do you conduct your collections?
- _____ 3. If the employer has employees at many locations, or works during non-regular business hours, what collection site do they use?

_____ Do you have a company program for testing non safety-sensitive employees?

Mandatory Testing

Pre-employment Testing

- _____ 1. Have you hired any new safety-sensitive employees in the last 24 months? What is your process for hiring an employee, identifying the duties from one job category to the other?
- _____ 2. Have you transferred any non safety-sensitive employees into safety-sensitive positions in the last 24 months? What is your process and how is this documented?

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- ___ 3. How do you advise employees of the requirement for testing and the five drugs?
- ___ 4. Do you perform alcohol pre-employment testing? If not, move on. If so, are all applicants tested?
- ___ 5. Explain your process for performing the drug and alcohol records check. Have you ever not received a response from a previous employer? When and/or do you make a good faith effort if no response is received?
- ___ 6. Have you ever received a drug and alcohol records check for a previous employee? If so, how did you respond?
- ___ 7. How do you ask employees about pre-employment positives or refusals that the employee was not hired for? (an element required under section 40.25(j))

Random Drug and Alcohol Testing

- ___ 1. Do you manage your own random testing program, or does your C/TPA administer the program for you?
- ___ 2. Are you in your own pool or combined (if managed by a C/TPA)?
- ___ 3. How do you (or your C/TPA) generate the random selection list and how often?
- ___ 4. How do you receive the random selection list?
- ___ 5. Explain your random testing process (at each location) once selections are done, starting from receiving the list, to notification, to ensure the collection is completed?
- ___ 6. How are employees added or removed from the random testing pool?
- ___ 7. Are you, as the program manager or DER, a safety-sensitive employee? If so, please explain how you are notified.

Note: Additional questions relating to random review are in Appendix C of this Order.

Post-accident Testing

- ___ 1. Have you ever had any post-accident testing? If not, move on.
- ___ 2. If so, ask to explain the accident. Verify documentation during the records review.

Reasonable Cause/Suspicion Testing

- ___ 1. Have you ever had a reasonable cause or suspicion test? If not, move on to supervisory training.
- ___ 2. If so, ask to explain the circumstances including information regarding the trained supervisor who made the determination. Verify information during the records review.
- ___ 3. How many trained supervisors do you have? If you have multiple worksites/times, do you have a trained supervisor available (if applicable)?
- ___ 4. Who conducts your supervisory training? How often?
- ___ 5. What is covered during this training?

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_____ **Have any of your employees had a verified positive drug test, alcohol misuse violation, or refusal to test?** If not, move on.

- _____ 1. If so, describe your company's response to the outcome of the test.
- _____ 2. Do you have a policy for rehabilitation or termination?
- _____ 3. Do you provide the SAP information to every employee who tests positive? Verify SAP qualifications during record review and/or SAP interview (if applicable).
- _____ 4. Have any of your employees who hold a part 67 airman medical certificate had a verified positive drug test or alcohol violation? If so, have you reported the information to the Federal Air Surgeon?
- _____ 5. Have any of your employees refused? If part 61, 63, 65, or 67 airmen, have you reported the information to the Federal Air Surgeon?

_____ **Return-to-Duty Testing**

- _____ 1. (If they have a policy for rehabilitation) Please explain your process for returning individuals who test positive, refuse or have an alcohol violation while on duty?
- _____ 2. How do you receive the SAP recommendation?

_____ **Follow-up Testing**

- _____ 1. Explain your follow-up testing process?
- _____ 2. Who performs your follow-up testing notifications?
- _____ 3. When do you perform your follow-up testing?

_____ **Do you or your Consortium/Third Party Provider advise your collector of the required information in §40.14? (e.g., employee name, ID number, etc.)** If so, how?

_____ **Have you ever received results indicating insufficient specimen, dilute, cancelled, or invalid?** If not, move on. If so, ask to explain what they did with the result.

EAP/Training

- _____ 1. Where do you display your drug use/abuse materials?
- _____ 2. How do you make your alcohol information available to your employees?
- _____ 3. What information/training do you provide to your employees (including supervisors) about the drug and alcohol testing program? Is this documented?
- _____ 4. Who provides your training and how often?

Recordkeeping

- _____ 1. Where do you maintain your drug and alcohol testing records, which include your drug and alcohol records check?
- _____ 2. Who has access to these records? Are they secured and how?

This is the conclusion of PART 1, Administrative and Quality Assurance Review. The inspection team must move to PART 2, Record Review, to support or obtain evidence to verify the procedures described. For inspections of service agents (collection site, MRO, or SAP) for this employer, use PARTS 3, 4, or 5 of this guide accordingly.

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PART 2: RECORDS REVIEW GUIDE

Each inspection must include a review of one or all of the following program documents/records. For each area inspected, the responsible inspector/investigator must initial in the box on the right.

Documents/Records		Inspector's/ Investigator's Initials	Time Period of Review (Start to End)
1. Pre-employment Federal Drug Testing Custody & Control Forms and Results	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed <input type="checkbox"/> Not Applicable		
1a. Maintenance Records	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed <input type="checkbox"/> Not Applicable		
1b. Pilot Flight Records/Logs	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed <input type="checkbox"/> Not Applicable		
1c. Flight Attendant and Other Job Category Work Records	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed <input type="checkbox"/> Not Applicable		
1d. Job Descriptions	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed <input type="checkbox"/> Not Applicable		
2. Drug and Alcohol Records Check Forms and Responses, which may include employment applications.	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed <input type="checkbox"/> Not Applicable		
3. Random Testing Records, which includes: - Listing of random pool prior to selection; - Random selections; - Custody and Control forms and/or results - Alcohol Testing Forms w/ results	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed <input type="checkbox"/> Not Applicable		
4. Reportable Accident Records & Post-Accident Test Results	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed <input type="checkbox"/> Not Applicable		
5. Reasonable Cause & Reasonable	<input type="checkbox"/> Reviewed		

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Suspicion Results and Documentation	<input type="checkbox"/> Not Reviewed <input type="checkbox"/> Not Applicable		
6. Records of verified positive drug test results or alcohol violations for part 67 medical certificate holders, including notifications to the Federal Air Surgeon	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed <input type="checkbox"/> Not Applicable		
7. Refusal Documentation (drug and/or alcohol), including notifications to the Federal Air Surgeon for part 61, 63, 65, and 67 airman.	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed <input type="checkbox"/> Not Applicable		
8. Verified Positive Drug Test Results	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed <input type="checkbox"/> Not Applicable		
9. Alcohol Misuse Violations	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed <input type="checkbox"/> Not Applicable		
10. Disposition of Verified Positive Drug Test Cases and Alcohol Misuse Violation Cases, including Return-to-Duty and Follow-up Testing Records (if applicable)	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed <input type="checkbox"/> Not Applicable		
11. Documents Pertaining to Drug and/or Alcohol Testing Arbitration or Litigation	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed <input type="checkbox"/> Not Applicable		
12. Drug and Alcohol Program Training Records Employee Records Supervisor Records	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed <input type="checkbox"/> Not Applicable		
13. Alcohol Policy and Drug Information Materials	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed <input type="checkbox"/> Not Applicable		
14. Documentation to Verify Contractor Compliance	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed <input type="checkbox"/> Not Applicable		

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<p>15. Collection Site Documentation: Collector/Breath Alcohol Technician Training Records Specimen Collection Logs Calibration Logs for EBT devices</p>	<p><input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed <input type="checkbox"/> Not Applicable</p>		
<p>16. MRO Records: MRO Qualification/Training Records Records of Notification & Determination/Verification</p>	<p><input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed <input type="checkbox"/> Not Applicable</p>		
<p>17. SAP Records: SAP Qualification/Training Records Initial and Follow-up Evaluations</p>	<p><input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed <input type="checkbox"/> Not Applicable</p>		
<p>18. Laboratory Records Semi-annual Summaries Blind Testing Results</p>	<p><input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed <input type="checkbox"/> Not Applicable</p>		

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PART 3: COLLECTION SITE REVIEW GUIDE

When an inspection includes a review of the collection site, including a simulated collection with the specimen collector and/or breath alcohol technician (BAT), each inspector must use the following guide.

Collection Site Facility Name: _____
Interviewee (site manager and/or collector): _____

Evaluation of Facility

- ___ Privacy for testing.
- ___ Security of the testing site, results and specimens.
- ___ Toilet area for collection is compliant.
- ___ EBT or ASD are on conforming products listing.
- ___ If the dry gas method is used to calibrate the EBT, check the expiration date on the "Scotty Bottle".

Documents that must be reviewed:

- ___ Collector and BAT Training Certificates
- ___ Quality Assurance Plan for the EBT and ASD
- ___ Review of custody and control forms and alcohol testing forms used for DOT testing
- ___ External calibration logs/documentation
- ___ Facility manuals to ensure they include the up-to-date regulations.

How does the employer or Consortium/Third Party Provider advise you of the following information (required under 40.14)?

- (a) Full name of the employee being tested
- (b) Employee SSN or ID number
- (c) Laboratory name and address (if not pre-printed on the form)
- (d) Employer name, address, phone number, fax number (if not preprinted on the form)
- (e) Designated employer representative (as required by 40.35)
- (f) MRO name, address, phone number and fax number (if not preprinted on the form)
- (g) DOT Agency which regulates the employees safety-sensitive duties (if not pre-checked on the form)
- (h) Test reason, as appropriate: Pre-employment, random, reasonable suspicion/reasonable cause, post-accident, return-to-duty, and follow-up
- (i) Whether the test is to be observed or not
- (j) (Optional) Consortium/Third Party Administrator's name, address and fax number (if not preprinted on the form)

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During the simulated urine collection, ensure that the following steps are demonstrated:

Name of Collector: _____

- Identify the donor by picture identification.
- Explain the collection process, including showing the instructions on the back of the CCF.
- Complete step 1 of the custody and control form.
- Instruct the donor to remove any unnecessary outer garments, empty pockets, etc. (allow the items to be locked and provide a key?)
- Instruct the donor not to list any medications on the CCF.
- Instruct the donor to wash and dry their hands. Instruct the donor not to wash their hands again until after delivering the specimen.
- Allow the donor to, or in their presence, select a collection cup.
- In the donor's presence, open the collection cup from a sealed bag/package.
- Prepare the collection area – blue dye in the toilet, tape/shut off faucets and/or soap dispensers.
- Inspect the collection area.
- Advise the donor to provide 45ml in the cup and not to flush.
- Upon receipt of the specimen, and in the presence of the donor, does the collector:
 - Read the temperature and note the CCF?
 - Evaluate specimen for signs of being tampered?
 - Open the two specimen bottles and pour 30ml into the first and 15ml in the second?
 - Firmly cap both bottles, place seal A over the 30ml and seal B over the 15ml bottles. Date both seals.
 - Have the donor initial each seal.
- Complete and sign Step 4 of the CCF.
- Instruct the donor to read the certification and complete Step 5 of the CCF.
- Provide the donor with copy 5; place the sealed bottles and copy 1 of the CCF into the shipping container. Seal the container.
- Initial and date the shipping container seal.
- Advise the donor that the collection process is complete and that he/she may leave.
- Transmit (via fax, mail, etc.) copy 2 to the MRO and copy 3 to the employer within 24 hours or the next business day.

Further questions you may ask:

1. Has the collector ever had a shy bladder situation? If so, explain the steps they followed.
2. Has the collector ever had a specimen outside of temperature? If so, explain the steps they followed.
3. Have they ever had a refusal, where an individual refused to cooperate or provide? If so, explain the steps they followed.

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4. Have they ever conducted a direct observation collection? If so, explain the steps they followed.

During the simulated alcohol test, ensure that the following steps are demonstrated:

Name of BAT (if different from collector): _____

- Identify the donor by picture identification.
- Explain the testing process, including showing the instructions on the back of the ATF.
- Complete Step 1 of the ATF.
- Instruct the donor to complete Step 2 of the ATF and sign the certification.
- Open a sealed mouthpiece in view of the donor and attach it to the device.
- Instruct the donor to blow forcefully into the mouthpiece until adequate breath is provided.
- Show the donor the result displayed on the EBT.
- Record the displayed result, test number, device, the serial number of the device, time and result in Step 3 of the ATF or;
 - Attach the printed result to the ATF in the proper place with tamper-evident tape.

- Advise the donor that the alcohol testing process is complete and that he/she may leave.
- Transmit (via fax, mail, etc.) the result to the designated employer representative in a confidential manner.

Further questions you may ask:

1. Has the BAT ever had a result that was above 0.02? If so, do they perform the following steps:
 - Explain the confirmation procedure as follows:
 - Instruct the donor not to eat, drink or put any object or substance in their mouth, and to the extent possible, not belch during the waiting period before the confirmation test.
 - Wait 15 to 30 minutes after the completion of the initial test.
 - At the completion of the waiting period, conduct the confirmation test.
 - In the presence of the donor, conduct an air blank and show the reading to the donor.
 - Open a sealed mouthpiece in view of the donor and attach it to the device.
 - Instruct the donor to blow forcefully into the mouth piece until adequate breath is provided.
 - Show the donor the result displayed on the EBT.
 - Record the displayed result, test number, device, the serial number of the device, time and result in Step 3 of the ATF or; attach the printed result to the ATF in the proper place with tamper-evident tape.
 - Date and sign the ATC certification in step 3.
 - Instruct the donor to sign the ATF certification in Step 4.
 - Immediately transmit (via person, telephone or electronic means) the results

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using Copy 1 to the designated employer representative in a confidential manner, ensuring it was received.

2. At what point does the BAT perform the EBT calibrations?
3. Has the BAT ever had a situation with a shy lung? If so, explain the steps they followed.
4. Have they ever had a refusal, where an individual refused to cooperate or provide? If so, explain the steps they followed.

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PART 4: MEDICAL REVIEW OFFICER (MRO) REVIEW GUIDE

When an inspection includes a review of the MRO, each inspector must use the following interview and document review guides.

NOTE: This is not an exhaustive listing of questions for the MRO. If you have information regarding a specific incident, you may require more specific questions.

MRO's Name: _____

Address: _____

Interview Questions

- _____ 1. How long have you been a Medical Review Officer?
- _____ 2. What type of initial and qualification training have you completed?
- _____ 3. Explain your verification process for negatives and non-negatives.
- _____ 4. Are your assistants involved in your verifications? If so, please explain.
- _____ 5. How do you receive the laboratory confirmed results?
- _____ 6. Have you ever downgraded a confirmed positive? If so, please explain.
- _____ 7. How do you handle the following?
 - Invalid Results
 - Dilute Positives or Dilute Negatives
 - Shy bladder situations
- _____ 8. Where do you maintain your MRO records and who has access?
- _____ 9. How do you report verified results (negative and non) to the employer?
- _____ 10. Have you ever downgraded a confirmed positive? If so, please explain.
- _____ 11. What is your procedure for fatal flaws or correctible flaws?

Documents/areas that must be reviewed:

- 1. Training and Certification Records
- 2. Documentation of five percent review
- 3. Downgrades
- 4. Non-negative tests and verification notes
 - Efforts to contact employee documented?
 - Split offered?
 - Part 67 holder?
- 5. If the MRO is co-located with the C/TPA, ensure physical and operational separation.

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PART 5: SUBSTANCE ABUSE PROFESSIONAL (SAP) REVIEW GUIDE

When an inspection includes a review of the SAP, each inspector must use the following interview and document review guides.

NOTE: This is not an exhaustive listing of questions for the SAP. If you have information regarding a specific incident, you may require more specific questions.

SAP's Name: _____

Address: _____

Interview Questions

- _____ 1. How long have you been a Substance Abuse Professional?
- _____ 2. What license(s) or certification(s) do you hold to perform as a SAP?
- _____ 3. Have you received qualification training?
- _____ 4. Explain your role in the evaluation, referral and treatment process of employees who have violated DOT drug and alcohol testing regulations.
- _____ 5. What type of follow-up testing do you recommend?
- _____ 6. How do you determine the number and frequency of tests?
- _____ 7. How do you report your initial and follow-up evaluation assessment to the employer?
- _____ 8. Where do you keep the SAP reports and for how long?

Documents that must be reviewed:

1. Training and Certification Records
2. Initial and final evaluations, including follow-up testing recommendations