

PHMSA 2008 Drug and Alcohol Questions

(To be used in conjunction with other inspections)

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|--|-------------------------------|-------------------------------------|--|
| Name of Operator Interviewed: | | Op ID: | |
| Other Op ID Nos. covered by the above operators D & A Plan: | | | |
| Any Consortium or Third Party Administrator (C/TPA) | C/TPA Point of Contact | | |
| Co. Name: | | Name: | |
| Ph. No.: | | Ph. No.: | |
| Address: | | PHMSA (Lead) Representative: | |
| | | Date of Inspection: | |
| Total number employees performing covered functions (as defined in 199.3) who are under this D & A Plan. Refer to the operator's most recent Management Information System (MIS) report, if available. If it is not available, have the operator provide the information Stanley Kastanas within 14 days if possible. | | | |
| Total number of operator's (Op. ID Nos. listed above) employees. | | | |

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|--|--------------|------------------|--|
| Operator's Drug Program Mgr / DER | | Phone: | |
| Operator Employee Interviewed: | | Phone: | |
| Position/Title: | | | |
| Others Present: | Title | Phone No. | |
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Interview Questions for the Operator

| §199 | Pipeline Safety Regulations Drug and Alcohol Testing | Yes Sat. | No UnSat. |
|----------------------------|--|-----------------|------------------|
| .3 .101 .201 .245 | 1. Does the company have a plan for drug and alcohol testing employees performing covered functions? (i.e., operations, maintenance, or emergency-response as well as verify that their contract employees are also under an appropriate drug and alcohol plan?) | | |
| Comments: | | | |
| .3 .105(c) .225(b) | 2. Does the company perform random drug testing and on-suspicion alcohol testing (unless they are in a FMCSA pool where it's random) of employees performing covered functions? If no to either test, please explain? If yes on drug testing, how many times per year and how many individuals each time? (Testing must be spread reasonably throughout the calendar year (best practice is at least quarterly and must meet the minimum required annual testing rate, which is currently 25%.)) | | |
| Comments: | | | |

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| §199 | Pipeline Safety Regulations Drug and Alcohol Testing | Yes Sat. | No UnSat. |
|--|---|----------|-----------|
| .3 .105(b) | 3. Does the company conduct post-accident testing for affected covered function employees following every accident/incident? If no, please explain? If yes, who or whom would be involved in the determination for performing such testing and is there a time limit for making this decision? (A field supervisor should clearly know if they are responsible for making these decisions.) | | |
| Comments: | | | |
| .113(c) .117(a)(4) .227(b)(2) .241 | 4. Does the company provide any training for Supervisors on the detection of potential drug abuse and alcohol misuse? If so, when or how often? (This applies to reasonable cause/reasonable suspicion determinations. The operator must provide at least 60 minutes of training each on the detection of drug use and alcohol misuse.) | | |
| Comments: | | | |
| .3 .113(b) .117(a)(4) .239(b)(11) | 5. Does the company provide an Employee Assistance Program. If so, how are covered function employees made aware of the program, especially on the use of prohibited drugs or alcohol misuse? (The operator must display and distribute informational material (can be a video), a hotline number, and the operator's policy regarding the use of prohibited drugs.) | | |
| Comments: including (Including any of inspector's additional findings/comments) | | | |

Inspector Guidance: Ask the above listed drug and alcohol questions in conjunction with all other inspections or investigations. If the company representative cannot answer a question, please make a note and request the operator provide Stanley Kastanas with the information within **7** business days via e-mail or the telephone number noted below. This should not take more than 15-30 minutes. Do not ask the company to have a drug and alcohol expert available for this portion of your inspection.

The above does not constitute a full drug and alcohol inspection rather it help prioritize companies for PHMSA's comprehensive drug and alcohol inspection. Please refer the company to Stan Kastanas at 202-550-0629 for any in-depth drug and alcohol questions.

Upon return to your office, please email (scanned if handwritten) this form to Stanley.Kastanas@DOT.GOV.

Note to Inspector: Expanded guidance is posted as a PHP on the Intranet along with a list of operators who have already been interviewed and for whom this form is not required.

Inspectors: An expanded guidance and a list of the operators already surveyed are posted on the PHMSA/OPS Intranet at: http://opsintranet.phmsa.dot.gov/Manual/Volume3/enforcement_guidelines.htm