



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

**Substance Abuse Program:  
Comprehensive Audit and Inspection Protocol Form**

**Anti-Drug Programs**

**Form No.: 3.1.9  
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

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

***Company Representatives Participating***

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

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

<b>Name/Title</b>	<b>Office/Organization</b>	<b>Phone/Email Address</b>

**Type of Facility:**

(Operators only – Check-off all that apply)

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

**Plan and Policy Developed by:**

(Check-off all that apply)

Drug	Alcohol	
_____		Operator
_____		Contractor
_____		TPA
_____		Consortium
_____		Consultant
_____		Other: _____

**Testing Program Administered by:**

(Check-off all that apply)

Drug	Alcohol	
_____		Operator
_____		Contractor
_____		TPA
_____		Consortium
_____		Consultant
_____		Other: _____

**Contractor Records Maintained by:**

(Check-off all that apply)

Drug	Alcohol	
_____		Operator
_____		Contractor
_____		TPA
_____		Consortium
_____		Consultant
_____		Other: _____

**Specimen Collection Conducted by:**

(Check-off all that apply)

Drug	Alcohol	
_____		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)

Drug	Alcohol	
_____		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)

Drug	Alcohol	Name
_____		Operator: _____
_____		Contractor: _____
_____		TPA: _____
_____		Consortium: _____
_____		Federal: _____
_____		State: _____
_____		Other: _____
_____		Other: _____
_____		Other: _____

## **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:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## **Substance Abuse Program Protocols**

### **Table of Contents**

#### **Anti-Drug Program**

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

**Protocol Area B.** Officials, Representatives and Agents

**Protocol Area C.** Required Drug Tests

**Protocol Area D.** Drug Testing Laboratories

**Protocol Area E.** Review of Drug Testing Results

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

**Protocol Area G.** Employee Assistance Program

#### **General**

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

**Protocol Area N.** Public Interest Exclusions

# 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
- [Table of Contents](#)

### *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.

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

#### *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].

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

**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)].

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

**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].

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

**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].

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



**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](#)
- [Table of Contents](#)

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

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

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

**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
- [Table of Contents](#)

***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.

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

***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)

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

**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)

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

**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).

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

**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)].

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

**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)].

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

**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)].

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

**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)].

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

**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)]

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

**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)].

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

**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)].

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

**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)

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

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

**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)].

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

***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].

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



**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)].

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

**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)].

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

**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)].

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

**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].

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

**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.

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

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

## 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)].

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

#### *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)].

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

#### *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).

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

***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)].

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

***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].

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

***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)].

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

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

## ***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)]:

<b>Record Type</b>	<b>Retention Period (in years)</b>
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

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

### 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)].

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

### F.03 Reporting of Drug Testing Results to PHMSA

See Protocol M.

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

## 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)].

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

#### ***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)].

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



**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)].

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

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

## 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.

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

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

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

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

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

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

**M.02 Employee Request for Records**

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

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

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

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

**Protocol Area N. Public Interest Exclusions**

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

***N.01 Public Interest Exclusions***

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

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

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

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