

**WUTC  
HEADQUARTERS INSPECTION FORM  
ALCOHOL MISUSE PREVENTION PROGRAM**

<b>Name of Operator:</b> Inland Empire Paper Co.	
<b>OP ID No.</b> 117	<b>UTC Representative (s):</b> Scott Rukke
<b>HQ Address:</b> 3220 N Argonne Spokane, WA 99212-2099	
<b>Inspection Date(s):</b> December 11 – 13, 2007	
<b>Co. Official:</b> Wayne Anderson, President <b>Phone No.:</b> 509-924-1911 <b>Fax No.:</b> <b>Emergency Phone No.:</b>	
<b>Persons Interviewed</b>	<b>Title</b>
Tom Brown	Human Resources Manager
	<b>Phone No.</b> 509-924-1911

**Type of Facility:**

Gas Transmission Pipeline  
 Gas Distribution System

Hazardous Liquid Pipeline  
 Liquefied Natural Gas

**Alcohol Misuse Plan and Policy developed by: Alcohol Misuse Testing Program administered by:**

Operator  
 Contractor  
 Consortium

Operator  
 Contractor  
 Consortium

**Contractor records maintained by:**

Operator  
 Contractor  
 Consortium

**Specimen collection conducted by:**

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

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<b>§199.202 Alcohol misuse plan</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.202	Does the operator maintain and follow a written Alcohol Misuse Plan (AMP)?	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.202	Does the AMP contain:  Provisions for conducting alcohol tests in accordance with DOT procedures found in 49 CFR Part 40?	Note: Clarification of company policy vs. DOT requirements. Company policy should be identified by using bold and underlined type.
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.202	Provisions that include types of testing, recordkeeping, reporting, education and training elements?	

*Comments*

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<b>§199.209 Other requirements imposed by operators</b>		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.209(a)	Does the plan address authority of operator or rights of employee with regard to use or possession of alcohol or rehabilitation?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO §199.209(b)	Does the operator conduct pre-employment alcohol testing? (not required) If yes, the operator must—	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A §199.209(b)(1)	Conduct a pre-employment test before the first performance of covered functions by every covered employee.	Whether a <u>new employee</u> or <u>someone who has transferred</u> to a position involving the performance of covered functions.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A §199.209(b)(2)	Treat all covered employees the same for the purpose of pre-employment alcohol testing;	Must not test some covered employees and not others
<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A §199.209(b)(3)	Conduct the pre-employment tests after making a contingent offer of employment or transfer, subject to the employee passing the pre-employment alcohol test;	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A §199.209(b)(4)	Conduct all pre-employment alcohol tests using the alcohol testing procedures in DOT Procedures; and	DOT Procedures found in 49 CFR Part 40
<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A §199.209(b)(5)	Not allow any covered employee to begin performing covered functions unless the result of the employee's test indicates an alcohol concentration of less than 0.04.	
<b>§199.211 Requirement for notice</b>		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.211	Does the plan specify operator's procedures for notification to employees prior to conducting alcohol testing?	Plan must contain specific details on how this is accomplished and what information is provided to employees.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.211	Does the plan clearly delineate under what authority the alcohol testing is being conducted?	

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<b>§199.215 Alcohol concentration</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.215	Does the plan specify that no employee may report for duty or remain on duty with an alcohol concentration of 0.04 or greater?	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.215	Does the plan specify what actions will occur should the operator have actual knowledge that an employee has an alcohol concentration of 0.04 or greater?	
<b>§199.217 On-duty use</b>		
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.217	Does the plan specify that on-duty use of alcohol is prohibited?	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.217	Does the plan specify that no employee may be allowed to perform or continue to perform a covered function, if an employee has used alcohol while on-duty?	
<b>§199.219 Pre-duty use</b>		
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.219	Does the plan contain provisions that prohibit the use of an employee who has used alcohol within 4 hours of reporting for duty?	

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<b>§199.219 Pre-duty use</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.219	Does the plan address that an employee who has been notified to respond to an emergency must not use alcohol once notified to report?	Not found. Need to add to page 4 section 3, pre duty use.
<input type="checkbox"/> <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.219	Does the plan address that an operator who has actual knowledge that an employee has used alcohol, once being notified to respond to an emergency shall not allow the employee to perform covered functions?	
<b>§199.221 Use following an accident</b>		
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.221	Does the operator's plan provide that an employee shall be prohibited from using alcohol following an accident, in which the employee's action contributed or cannot be completely discounted?	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.221	Does the plan require that an employee may not use alcohol for up to 8 hours following an accident or until a test has been administered?	

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§199.223 Refusal to submit to a required alcohol test		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.223	Does the plan prohibit an employee's refusal to submit to a post-accident test? 199.225(a)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.223	Does the plan prohibit an employee's refusal to submit to a reasonable suspicion test? 199.225(b)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.223	Does the plan prohibit an employee's refusal to submit to a follow-up test? 199.225(d)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.223	Does the plan address that an employee's refusal to submit to a test shall result in that employee not being permitted to perform or continue to perform covered functions?	
§199.225 Alcohol tests required		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)	Does the operator's plan provide for the following:  <b>Post-Accident</b>  Does the plan specify alcohol testing for post-accident and address the following:	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(1)	1. The operator shall conduct the testing as soon as practicable.	

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<b>§199.225 Alcohol tests required</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.225(a)(1)	2. Each surviving covered employee shall be tested if an employee's performance either contributed or cannot be completely discounted.	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.225(a)(1)	3. The decision not to administer a test must be based on the operator's determination that the covered employee's performance could not have contributed to the accident.	This determination should be based on the best available information at the time of the accident.
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.225(a)(2)(i)	4. Is the test conducted within 2 hours?	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.225(a)(2)(i)	5. If test was not conducted within 2 hours, does the operator prepare and maintain a record stating why the test was not administered.	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.225(a)(2)(i)	6. Does the operator attempt testing up to 8 hours following an accident?	The operator may attempt to test up to 8 hours after which time all attempts must cease.
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.225(a)(2)(i)	7. Is a record prepared and maintained as to why a test was not administered within 8 hours?	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.225(a)(3)	8. The plan must state the employee shall remain readily available until a post-accident test is conducted.	

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§199.225 Alcohol tests required		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(3)	Does the plan specify that failure to remain readily available will be deemed as a refusal to test?	Note: No operator shall delay medical treatment or delay emergency response pending an alcohol test.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(3)	Does the plan address provisions regarding the need for medical attention?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(3)	Does the plan provide provisions regarding the need to leave an accident scene to obtain assistance in responding to the accident?  <b>Reasonable Suspicion</b>	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(1)	Does the plan specify reasonable suspicion alcohol testing and address the following elements:	Note: The supervisor who makes the determination of reasonable suspicion shall not conduct the breath alcohol test on that employee.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(2)	1. Decisions to test shall be based on specific contemporaneous, articulable observations concern-ing the appearance, behavior, speech or body odor of the employee.	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(1)	2. The observations shall be made by one supervisor trained in detecting symptoms of alcohol misuse and must be documented.	

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<b>§199.225 Alcohol tests required</b>		
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<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.225(b)(3)	3. Does the plan authorize testing only when observations are made during, just before or just after performing covered functions?	When observations are required by §199.225(b)(2)
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.225(b)(4)(i)	4. Is the test conducted within 2 hours?	Note: If test is not conducted within 2 hours, operator must document reason.
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.225(b)(4)(i)	5. If test was not conducted within 2 hours, does operator prepare and maintain a record stating why the test was not administered?	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.225(b)(4)(i)	6. Does the operator attempt testing up to 8 hours?	The operator may attempt to test up to 8 hours after which time all attempts must cease.
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.225(b)(4)(i)	7. Is a record prepared and maintained as to why a test was not administered?	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.225(b)(4)(iii)	Does the plan specify that an employee may not perform or continue to perform under the influence or be impaired by alcohol until:	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.225(b)(4)(iii)(A)	1. An alcohol test is administered with alcohol concentration of less than 0.02; or	

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§199.225 Alcohol tests required		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(iii)(B)	2. The start of employee's next regular shift, but not less than 8 hours following determination to test.	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(iv)	Does the plan stipulate that no action be taken by the operator against an employee based solely on employee's behavior and appearance in absence of a DOT alcohol test?	Note: Clarification of company policy vs. DOT requirements. Company policy should be identified by using bold and underlined type.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(iv)	Does the plan specify any independent authority imposed by the operator?	
	<b>Return-to-Duty</b>	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(c)	Does the plan specify return-to-duty provisions?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(c)	Does the plan specify prohibited conduct?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(c)	Does the plan specify the employee be administered a return-to-duty alcohol test?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(c)	Does the plan indicate that an employee must have a return-to-duty test with an alcohol concentration below 0.02?	

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<b>§199.225 Alcohol tests required</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.225(d)	<b>Follow-Up Tests</b>  Does the plan specify follow-up testing provisions to include:	Assistance includes resolving problems associated with alcohol misuse.
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.225(d)(1)	1. Employees requiring assistance shall be subject to follow-up testing.	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.225(d)(1)	2. Employees shall be subject to testing in accordance with SAP determination.	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.225(d)(2)	3. Testing shall be conducted just before the employee is to perform; while an employee is performing; or just after the employee has ceased performing a covered function.	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.225(e)	<b>Retesting</b>  Does the operator's plan specify retesting when:	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.225(e)	1. An employee's alcohol concentration is 0.02 or greater but less than 0.04.	

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<b>§199.225 Alcohol tests required</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(e)	2. An employee is to return-to-duty within 8 hours following administration of an alcohol test with an alcohol concentration of 0.02 or greater but less than 0.04.	
<b>§199.227/§40.333 Retention of records</b>		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(a)	Does the operator maintain records in a secure location with controlled access?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)	Does the plan require the operator to keep the following records:  <b>Records to be kept for 5 years</b>	Do a review of records to verify that the plan is being carried out.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(1)	1. Employee alcohol tests results with alcohol concentration of 0.02 or greater.	Each employer or its agent shall maintain these records.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(1)	2. Documentation of employee refusals to submit to required alcohol tests.	Each employer or its agent shall maintain these records.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A §199.227(b)(1)	3. Calibration documentation.	Each employer or its agent shall maintain these records. Records are maintained by the lab. No mention here of record retention
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(1)	4. Employee evaluations and referrals.	Each employer or its agent shall maintain these records.

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<b>§199.227/§40.333 Retention of records</b>		
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<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(1)	5. Alcohol MIS annual report data  <b>Records to be kept for 3 years</b>	Each employer or its agent shall maintain these records No MIS record keeping requirement specified. Needs to add
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A §40.333	Information obtained from previous employers under §40.25 concerning drug and alcohol test results of employees.  <b>Records to be kept for 2 years</b>	Not in IEP manual. Page 11 record keeping requirements.  Except calibration of EBT devices
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(2) / §40.333	1. Collection process records and training documentation.  <b>Records to be kept for 1 year</b>	As defined by CFR 49 Part 40
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(3) / §40.333	1. Records of all test results below 0.02 level.  <b>Records related to collection process</b>	Each employer or its agent shall maintain these records
<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A §199.227(c)(1)(i)	1. Collection log books (if used).	Each employer or its agent shall maintain these records Not specified. Maintained by lab.
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(1)(ii)	2. Calibration documentation for EBT devices.	Each employer or its agent shall maintain these records
<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A §199.227(c)(1)(iii)	2. Documents on BAT Training.	Each employer or its agent shall maintain these records
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(1)(iv)	3. Documents supporting decisions to administer	

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	reasonable suspicion tests.	
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<b>§199.227 Retention of records</b>			
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<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.227(c)(1)(v)	4. Documents supporting decision to administer post-accident tests.		
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.227(c)(1)(vi)	5. Documents supporting medical explanation of inability to provide a breath for testing.		
<b>Records related to results</b>			
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.227(c)(2)(i)	1. Operator's copy of test form.	Must include results of test.	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.227(c)(2)(ii)	2. Documents of refusal to submit to alcohol tests.		
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.227(c)(2)(iii)	3. Documents supporting employee's dispute to result of alcohol test.		
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.227(c)(3)	Records related to other violations of Part 199.	Note: Prohibited conduct under pre-duty or on-duty use.	
<b>Records related to evaluations</b>			
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.227(c)(4)(i)	1. Records of determination by SAP concerning covered employee's need for assistance.		
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.227(c)(4)(ii)	2. Records demonstrating employee's compliance with SAP recommendations.		

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<b>§199.227 Retention of records</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.227(c)(5)	3. Records demonstrating operator's MIS annual testing data.  <b>Records related to education and training</b>	Obtain a copy of operator's policy on alcohol misuse.  <u>Not found</u>
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.227(c)(6)(i)	1. Alcohol Misuse Awareness materials.	
<input type="checkbox"/> <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.227(c)(6)(ii)	2. Documents of compliance with requirements of access to facilities and records. 199.231	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.227(c)(6)(iii)	3. Documents on supervisor training for reasonable suspicion determinations.	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.227(c)(6)(iv)	4. Documents certifying training requirements.	
<b>§199.229 Reporting of alcohol testing results</b>		
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.229(a)/§40.25 and App H	Does the plan specify alcohol testing data to be maintained and reported to RSPA annually?	Note: Large operators must submit the report not later than March 15 each calendar year. Small operators will be randomly selected to report. This data is for the previous calendar year (Jan. 1 – Dec. 31).
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.229(a) )/§40.25 and App H	Does the operator provide documentation that information collected is being maintained?	

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<b>§199.229 Reporting of alcohol testing results</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.229(a) )/§40.25 and App H	Does the operator provide documentation that "missed" test information is being collected and maintained?	Missed test - a test that is not conducted within 8 hours. "Missed" test information must be submitted to OPS, (when the MIS information is submitted) for 3 years beginning in 1995.
<b>§199.231 Access to facilities and records</b>		
<input type="checkbox"/> <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.231(a)	Does the plan specify procedures regarding the release of employee information?	Not found.
<input type="checkbox"/> <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.231(b)	Does the plan specify release of records pertaining to employee's use of alcohol?	Records should include alcohol test results. Not found.
<input type="checkbox"/> <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.231(b)	Does the plan address access to records by employee without payment restrictions?	Not found.
<input type="checkbox"/> <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.231(c)	Does the plan specify access to records by the Secretary of Transportation, RSPA, or other DOT/State agency representatives?	Not found.
<input type="checkbox"/> <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.231(d)	Does the plan specify release of records including operator's alcohol testing results to the Secretary of Transportation, RSPA or other DOT/State agency representatives?	Not found.

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<b>§199.231 Access to facilities and records</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A §199.231(d)	Does the plan stipulate the release of name-specific alcohol test results when requested by appropriate officials?	Not found.
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A §199.231(e)/§40.327(b)	Does the plan specify release of records to NTSB as part of an accident investigation?	Not found.
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A §199.231(f)/§40.81(g)	Does the plan address provisions for release of records by operator to subsequent employer?	Not found.
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A §199.231(f)/§40.320	Does the plan specify restrictions on release of records?	Not found.
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A §199.231(g)/§40.323	Does the plan specify release of employee information to the employee, decision makers in a lawsuit, grievance, or other proceeding initiated by or on behalf of the individual?	Not found.
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A §199.231(h) /§40.321(b)	Does the plan address the release of an employee's records upon the specific, written consent of the information to an identified person?	Not found.

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<b>§199.239 Operator obligation to promulgate a policy on the misuse of alcohol</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(a)	Does the plan address educational materials that explain the alcohol requirements?	A copy of the plan is given to each employee but this isn't specified. Will add.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(a)(1)	Does the plan stipulate that a copy of the material is provided to employees prior to the commencement of testing?	See above.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(a)(2)	Does the operator maintain written documentation to verify notice?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(a)(2)	Does the plan specify that materials provided to employees address the following:	A copy of the plan is given to each employee but this isn't specified. Will add.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(b)(1)	1. Identify of persons to provide answers about operator's materials.	Not found.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(b)(2)	2. A list of covered employee categories.	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(b)(3)	3. Guidance on period of coverage during work day that an employee is subject to testing provisions.	Note: Just before, during and just after ceasing to perform covered functions.

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<b>§199.239 Operator obligation to promulgate a policy on the misuse of alcohol</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(b)(6)	4. Procedures to be utilized to test for presence of alcohol.	Not found
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(b)(8)	5. Explanation of refusals and consequences.	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(b)(9)	6. Consequences of employee violation of the prohibitions of the plan and removal from performing covered functions.	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(b)(10)	7. Consequences of testing at 0.02 or greater but less than 0.04	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(b)(11)	8. Information on alcohol effects on individual's health, work, and personal life, signs and symptoms of alcohol problems, evaluating and resolving problems, referral to an EAP or management.	Not found.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A §199.239(c)	Does the plan discuss optional materials and authority for issuance of such materials?	Operators policy related to alcohol possessions, and levels invoked by an operator's independent authority.
<b>§199.241 Training for supervisors</b>		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.241	Does the plan specify that at least 60 minutes of training for supervisors, who make reasonable suspicion determinations?	Ad in 60 minute requirement (not specified) page 6

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<b>§199.241 Training for supervisors</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.241	Does the plan provide such training shall include training on the physical, behavioral, speech and performance indicators of probable alcohol misuse?	
<b>§199.243 Referral, evaluation, and treatment</b>		
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.243(a)	Does the plan provide that employees who engage in prohibited conduct shall be advised of available resources to evaluate and resolve problems associated with alcohol misuse?	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.243(a)	Does the plan contain names, addresses, and phone numbers of SAPs, counselors, treatment programs, and third party provider networks?	It is acceptable if the plan provides that the Third Party provider network gives the name and phone number directly to the employee.
<b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.243(b)	Does the plan address that employees who engage in prohibited conduct shall be referred to a SAP for evaluation?	Not found. Does have a requirement for .04 or higher.
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.243(c)(1)	Does the plan specify a return-to-duty test is required when an employee engages in prohibited conduct described in §§199.215 through 199.223.	An employee must have a test result of less than 0.02 before returning to perform covered functions.

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<b>§199.243 Referral, evaluation, and treatment</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.243(c)(2)(i)	Does the plan specify evaluation by SAP to determine that the employee has properly followed any prescribed program?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.243(c)(2)(ii)	Does the plan specify that an employee shall be subject to unannounced follow-up testing?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.243(c)(2)(ii)	Does the plan stipulate that a minimum of six tests be conducted within the first 12 months following an employee's return-to-duty test?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.243(c)(2)(ii)	Does the plan specify that follow-up testing may include testing for drugs?	Drug testing must be determined by the SAP.
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A §199.243(c)(2)(ii)	Does the plan specify that follow-up testing cannot exceed a 60 month period?	Not found
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A §199.243(c)(2)(ii)	Does the plan specify that the SAP may terminate follow-up testing after completion of the first six tests?	Not found
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.243(d)	Does the plan specify evaluation and rehabilitation maybe provided by the operator, SAP under contract, or SAP not affiliated with the operator?	

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<b>§199.243 Referral, evaluation, and treatment</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A §199.243(e)	Does the plan specify provisions regarding referral to SAPs and restrictions that may apply?	SAP can't refer an employee to the SAP's private practice, to a person or organization from which the SAP receives remuneration or in which the SAP has financial interests. Not found.
<b>§199.245 Contractor employees</b>		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A §199.245(a)	Does the plan specify that the contractor may carry out alcohol testing, training, and education?	Not found.
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A §199.245(b)	Does the plan stipulate that an operator is responsible for ensuring compliance with the alcohol provisions?	Not found.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.245(c)	Does the plan specify that the operator, RSPA Administrator, and DOT/State agency representatives have access to property and records?	Not found.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.245(c)	Does the plan have detailed specifications for monitoring contractor's compliance with the requirements of 49 CFR Parts 199 and 40?	Not found.

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