

UTC
HEADQUARTERS INSPECTION FORM
ALCOHOL MISUSE PREVENTION PROGRAM

Name of Operator:	City of Ellensburg	
OP ID No. 4400	UTC Representative (s): S. Zuehlke/P. Johnson	
HQ Address: 501 N. Anderson St., Ellensburg, WA 98926	Inspection Date(s): August 12-14, 2008	
Co. Official: Judy Hawley		
Phone No.: 509.962.7222		
Fax No.: 509.962.7143		
Emergency Phone No.: Kit Comm. 509.925.8534		
Persons Interviewed	Title	Phone No.
Judy Hawley	HR Director and Designated Employer Representative	509.962.7222
Steve Prue	Gas Engineer	509.962.7229

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
 Alcohol & Drug Dependency Services (ADDS)\
 (A local service that is a collection site) Assoc. of

WA Cities Consortium is the primary contractor.
 Identified on page 25A in Appendix A of the Ellensburg
 Substance Abuse Testing Policy

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§199.202 Alcohol misuse plan		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.202 <i>Most recent Manual version 01.01.2005.</i>	Does the operator maintain and follow a written Alcohol Misuse Plan (AMP)? Does the AMP contain:	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.202 <i>No differentiation of Company Policy v. DOT requirements using bold, italics, or underline. Corrected and in compliance.</i>	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"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.202 <i>Types of testing: Post Accident; Reasonable suspicion/supv. reasonable suspicion; Return to Duty; Follow-up; Retesting pgs 45-49. Education pg. 44, 61. Reporting pg 59; Record keeping pg 62-64; Training pg 44.</i>	Provisions that include types of testing, recordkeeping, reporting, education and training elements?	

Comments

49 CFR 199.3 Definitions to be included in Ellensburg Alcohol Misuse Prevention Program/Plan

§199.209 Other requirements imposed by operators		
<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	Does the operator conduct pre-employment alcohol testing? (not	

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§199.209(b) <i>Not mandatory pg 43 A.</i>	required) If yes, the operator must—	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NO <input 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.	
§199.211 Requirement for notice		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.211 <i>Pg. 43 A. Applicability. This paragraph makes reference to a "program" but "program" is not well defined. Corrected and in compliance.</i>	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 <i>Plan does not adequately/clearly state that the alcohol test is required by this subpart and is not administered under this subpart. Corrected and in compliance.</i>	Does the plan clearly delineate under what authority the alcohol testing is being conducted?	

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§199.215 Alcohol concentration		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.215 Pg. 50 B.	Does the plan specify that no employee may report for duty or remain on duty with an alcohol concentration of 0.04	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.215 Pg. 50 B. and Pg. 52.	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?	
§199.217 On-duty use		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.217	Does the plan specify that on-duty use of alcohol is prohibited?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §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?	
§199.219 Pre-duty use		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §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?	

COMMENTS

§199.219 Pre-duty use		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.219 Pg. 50 B.	Does the plan address that an employee who has been notified to respond to an emergency must not use alcohol once notified to	

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	report?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §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?	
§199.221 Use following an accident		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.221 <i>Correct Plan to state this is a requirement rather than a suggestion. Pg. 45 of Plan states "and may not consume any alcohol for 8 hours . . ."</i> <i>Corrected and in compliance.</i>	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"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.221 <i>Correct Plan to state this is a requirement rather than a suggestion. Pg. 45 of Plan states "and may not consume any alcohol for 8 hours . . ."</i> <i>Corrected and in compliance.</i>	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 Pg. 51. In addition, Pg. 46 A.6. of Plan includes this prohibition as a supervisory guideline rather than as a required prohibition.	Does the plan prohibit an employee's refusal to submit to a <u>post-accident test</u> ? 199.225(a)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.223 Pg. 51	Does the plan prohibit an employee's refusal to submit to a <u>reasonable suspicion test</u> ?	

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	199.225(b)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.223 Pg. 51	Does the plan prohibit an employee's refusal to submit to a <u>follow-up test</u> ? 199.225(d)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.223 Pg. 51	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		
	Does the operator's plan provide for the following:	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)	Post-Accident 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) Pg. 45	1. The operator shall conduct the testing as soon as practicable.	

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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)(1) Pg. 45	2. Each surviving covered employee shall be tested if an employee's performance either contributed or cannot be completely discounted.	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(1) Pg. 45	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"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(2)(i)	4. Is the test conducted within 2 hours?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §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"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §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"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §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"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §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 may be deemed as a refusal to 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?	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 provide provisions regarding the need to leave an accident scene to obtain assistance in responding to the accident?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(1)	Reasonable Suspicion Does the plan specify reasonable suspicion alcohol testing and address the following elements:	
<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 concerning the appearance, behavior, speech or body odor of the employee.	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)	2. The observations shall be made by a supervisor trained in detecting symptoms of alcohol misuse and must be documented.	

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§199.225 Alcohol tests required		
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<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §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"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(i) <i>Pg. 48. This is included as a step for supervisors to use as a guide. Clarify that this is a requirement and not just guide for supervisors. Corrected and in compliance.</i>	4. Is the test conducted within 2 hours?	Note: If test in not conducted within 2 hours, operator must document reason.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(i) <i>Pg. 48. This is included as a step for supervisors to use as a guide. Clarify that this is a requirement and not just guide for supervisors. Corrected and in compliance.</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"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(i) <i>Pg. 48. This is included as a step for supervisors to use as a guide. Clarify that this is a requirement and not just guide for supervisors. Corrected and in compliance.</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"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(i) <i>Pg. 48. This is included as a step for supervisors to use as a guide. Clarify that this is a requirement and not just guide for supervisors. Corrected and in compliance.</i>	7. Is a record prepared and maintained as to why a test was not administered?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(iii)	Does the plan specify that an employee may not perform or	

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<p><i>Pg. 48. This is included as a step for supervisors to use as a guide. Clarify that this is a requirement and not just guide for supervisors. Corrected and in compliance.</i></p>	<p>continue to perform under the influence or be impaired by alcohol until:</p>	
<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(iii)(A) <i>Pg. 48. This is included as a step for supervisors to use as a guide. Clarify that this is a requirement and not just guide for supervisors. Corrected and in compliance.</i></p>	<p>1. An alcohol test is administered with alcohol concentration of less than 0.02; or</p>	

COMMENTS

§199.225 Alcohol tests required		
COMPLIANCE	CRITERION	GUIDANCE
<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(iii)(B) <i>Pg. 48. This is included as a step for supervisors to use as a guide. Clarify that this is a requirement and not just guide for supervisors. Corrected and in compliance.</i></p>	<p>2. The start of employee's next regular shift, but not less than 8 hours following determination to test.</p>	
<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(iv) <i>Pg. 48. This is included as a step for supervisors to use as a guide. Clarify that this is a requirement and not just guide for supervisors. Corrected and in compliance.</i></p>	<p>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?</p>	<p>Note: Clarification of company policy vs. DOT requirements. Company policy should be identified by using bold and underlined type.</p>
<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(iv)</p>	<p>Does the plan specify any independent authority imposed by the operator?</p>	

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<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(c)	Return-to-Duty 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?

COMMENTS

§199.225 Alcohol tests required		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(d)	Follow-Up Tests Does the plan specify follow-up testing provisions to include:	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(d)(1)	1. Employees requiring assistance shall be subject to follow-up testing.	Assistance includes resolving problems associated with alcohol misuse.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(d)(1)	2. Employees shall be subject to testing in accordance with SAP determination.	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §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.	

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<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(e)	Retesting Does the operator's plan specify retesting when:	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(e)	1. An employee's alcohol concentration is 0.02 or greater but less than 0.04.	

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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(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.	
§199.227/§40.333 Retention of records		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(a) Pg. 59 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:	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) None	Records to be kept for 5 years 1. Employee alcohol tests results with alcohol concentration of 0.02 or greater.	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(1) None Ellensburg maintains.	2. Documentation of employee refusals to submit to required alcohol tests.	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) Ellensburg and agent.	3. Calibration documentation. Ellensburg does not have the equipment. ADDS copy.	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) Ellensburg.	4. Employee evaluations and referrals.	Each employer or its agent shall maintain these records.

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§199.227/§40.333 Retention of records		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(1) Reviewed. Not needed but have with consortium. 2004 they were randomly selected	5. Alcohol MIS annual report data	Each employer or its agent shall maintain these records

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<p>and they filed. Ellensburg and consortium maintain.</p>		
<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.333 Ellensburg maintains re: pre-employment.</p>	<p>Records to be kept for 3 years Information obtained from previous employers under §40.25 concerning drug and alcohol test results of employees.</p>	
<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(2) /§40.333 ADDS copy.</p>	<p>Records to be kept for 2 years 1. Collection process records and training documentation. Copies.</p>	<p>Except calibration of EBT devices.</p>
<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(3) /§40.333 None</p>	<p>Records to be kept for 1 year 1. Records of all test results below 0.02 level.</p>	<p>As defined by CFR 49 Part 40</p>
<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(1)(i) Ellensburg keeps documentation of random pull/results of test/custody and control form 07.01.08 received only b HR director and her assistant. ADDS chain of custody by handing to Courier – id courier and person. Ellensburg and HealthForce maintain records.</p>	<p>Records related to collection process 1. Collection log books (if used).</p>	<p>Each employer or its agent shall maintain these records</p>
<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227©(1)(ii) Reviewed copies. HealthForce maintains and copies Ellensburg.</p>	<p>2. Calibration documentation for EBT devices.</p>	<p>Each employer or its agent shall maintain these records</p>
<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227©(1)(iii) Have documentation on BAT Ellensburg utilizes – Ellensburg will be conducted</p>	<p>2. Documents on BAT Training.</p>	<p>Each employer or its agent shall maintain these records</p>

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random check on tested employee to be assured current cert. Both maintain records.		
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<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227©(1)(iv) None. Ellensburg maintains.	3. Documents supporting decisions to administer reasonable suspicion tests.	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)(v) None	4. Documents supporting decision to administer post-accident tests.	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(1)(vi) None	5. Documents supporting medical explanation of inability to provide a breath for testing.	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(2)(i) Reviewed copy of pre-employment in file.	Records related to results 1. Operator's copy of test form.	Must include results of test.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(2)(ii) None	2. Documents of refusal to submit to alcohol tests.	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(2)(iii) None	3. Documents supporting employee's dispute to result of alcohol test.	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(3) None	Records related to other violations of Part 199.	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(4)(i) None	Records related to evaluations 1. Records of determination by SAP concerning covered employee's need for assistance.	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(4)(ii) None	2. Records demonstrating employee's compliance with SAP recommendations.	

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§199.227 Retention of records

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<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227©(5) Reviewed RSPA & Consortium copies.	Records demonstrating operator's MIS annual testing data.	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(6)(i) Reviewed copies of training records and sign-up sheet. Copy of operator's policy on alcohol misuse is Ellensburg alcohol Misuse Prevention Plan.	Records related to education and training 1. Alcohol Misuse Awareness materials.	Obtain a copy of operator's policy on alcohol misuse.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(6)(ii) Verified SAP and lab.	2. Documents of compliance with requirements of access to facilities and records. 199.231	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(6)(iii) Reviewed copies of training records and sign-up sheet.	3. Documents on supervisor training for reasonable suspicion determinations.	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227©(6)(iv)	4. Documents certifying training requirements.	
§199.229 Reporting of alcohol testing results		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.229(a)/§40.25 and App H Reviewed documents in office for 2004 random selection.	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"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.229(a) /§40.25 and App H	Does the operator provide documentation that information collected is being maintained?	

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§199.229 Reporting of alcohol testing results		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.229(a) /§40.25 and App H	Does the operator provide documentation that "missed" test information is being collected and	Missed test - a test that is not conducted within 8 hours. "Missed" test infor-

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No recorded collection/ necessity - no documentation required.	maintained?	mation must be submitted to OPS, (when the MIS information is submitted) for 3 years beginning in 1995.
§199.231 Access to facilities and records		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.231(a) Pg. 59B.	Does the plan specify procedures regarding the release of employee information?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.231(b) Pg. 59B.	Does the plan specify release of records pertaining to employee's use of alcohol?	Records should include alcohol test results.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.231(b)	Does the plan address access to records by employee without payment restrictions?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.231(c)	Does the plan specify access to records by the Secretary of Transportation, RSPA, or other DOT/State agency representatives?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §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?	

COMMENTS

§199.231 Access to facilities and records		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.231(d) Pg. 59	Does the plan stipulate the release of name-specific alcohol test results when requested by appropriate officials?	
<input checked="" type="checkbox"/> YES <input 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?	

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<input checked="" type="checkbox"/> YES <input 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?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.231(f)/§40.320	Does the plan specify restrictions on release of records?	
<input checked="" type="checkbox"/> YES <input 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?	
<input checked="" type="checkbox"/> YES <input 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?	

COMMENTS

§199.233 Removal from covered function		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.233	Does the plan specify provisions on removal from covered functions for violations of alcohol misuse?	Prohibited Conduct - alcohol concentration of 0.04 or greater, actual knowledge of on-duty use, actual knowledge of pre-duty use (4 hours prior to work), use of alcohol resulting in an accident and refusal to submit to an alcohol test.
§199.235 Required evaluation and testing		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.235 Pg 52	Does the plan address the requirement for a referral or evaluation, following an employee engaging in prohibited conduct?	
§199.237 Other alcohol-related conduct		

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<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.237	Does the plan specify provisions where an employee has an alcohol concentration of 0.02 or greater but less than 0.04 to perform covered functions until:	Note: A covered employee may not perform or continue to perform covered functions if they have an alcohol concentration of 0.02 or greater.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.237(a)(1)	1. Employee's alcohol concentration is below 0.02, or	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.237(a)(2)	2. The employee's next scheduled tour of duty, or at least 8 hours have elapsed?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.237(b)	Does the plan specify that no action against an employee can be taken solely on a test result of less than 0.04?	However, this doesn't prohibit an operator from exercising their independent authority.

COMMENTS

§199.239 Operator obligation to promulgate a policy on the misuse of alcohol		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(a)	Does the plan address educational materials that explain the alcohol requirements?	
<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?	
<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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(a)(2)	Does the plan specify that materials provided to employees address the following:	

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<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(b)(1)	1. Identity of persons to provide answers about operator's materials.	
<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. Appendix D.	
<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.

COMMENTS

§199.239 Operator obligation to promulgate a policy on the misuse of alcohol		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(b)(6) Appendix C	4. Procedures to be utilized to test for presence of alcohol.	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(b)(8) Page 51 A & B; Appendix C. – H.	5. Explanation of refusals and consequences.	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(b)(9) Pg. 52 Disciplinary Actions; & other locations in Plan	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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(b)(11) Pg. 44.	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.	

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<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(c) Pg. 52-53 <i>Additional policies or consequences shall be clearly described as being based on independent authority.</i> <i>Corrected and in compliance.</i>	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.
§199.241 Training for supervisors		
<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?	

COMMENTS

§199.241 Training for supervisors		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.241 Reviewed training records.	Does the plan provide such training shall include training on the physical, behavioral, speech and performance indicators of probable alcohol misuse?	
§199.243 Referral, evaluation, and treatment		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §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"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §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.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.243(b)	Does the plan address that employees who engage in	

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	prohibited conduct shall be referred to a SAP for evaluation?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.243©(1) <i>Pg. 52 A. Correct language to read per § 199.243©(1). Corrected and in compliance.</i>	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.

COMMENTS

§199.243 Referral, evaluation, and treatment		
COMPLIANCE	CRITERION	GUIDANCE
<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 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 cannot exceed a 60 month period?	
<input checked="" type="checkbox"/> YES <input 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?	

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<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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COMMENTS

§199.243 Referral, evaluation, and treatment

COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input 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.

§199.245 Contractor employees

<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.245(a) Yes, under Appendix D by reviewing and approving the contractor's Alcohol Misuse & Prevention Plan and requiring compliance with Part 199	Does the plan specify that the contractor may carry out alcohol testing, training, and education?	
<input checked="" type="checkbox"/> YES <input 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?	
<input checked="" 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?	
<input checked="" 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?	

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COMMENTS

Reviewed Ellensburg's request for calibration documents (from the Alcohol Drug Dependency Service Contractor (ADDS)) of their breath alcohol machine. They identified the breath alcohol testing equipment and SN. They identified that they did not calibrate the machine unless accuracy checks show it to be out of the acceptable range – dates for the accuracy checks were identified as when new on 01.30.04 for training purposes with their last check done on 07.22.08 and found to be in the acceptable range for continued testing. The date of this letter from ADDS is 08.01.08. Ellensburg HR contacted another agency for testing check information and they were told that they also do accuracy checks based upon the same format as above.

FOR ALCOHOL SECTION UNDER 199.227(c)(1)(i): Reviewed computer generated random selection program for a single employee – Healthforce suggested test date was 07.01.08 but delayed test due to HR identified employee on vacation, leave, etc.- Okay.

On 09.09.08 reviewed corrections made by operator to their Anti-Drug and Alcohol Mis-use Plans in Operator's Office. These corrections do not appear to have altered the fundamental effectiveness of their existing program. Based upon Ellensburg's past performance, staff is confident that the few remaining minor corrections noted during this second review will be reflected immediately. UTC staff informed the operator that the corrected manuals shall be distributed and implemented as soon as is possible.

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