

**WUTC  
HEADQUARTERS INSPECTION FORM  
ALCOHOL MISUSE PREVENTION PROGRAM  
(Old Camas Alcohol Inspection)**

<b>Name of Operator:</b> Georgia Pacific Consumer Products LLC	
<b>OP ID No.</b>	<b>UTC Representative (s):</b> Patti Johnson
<b>HQ Address:</b> 133 Peach Tree Street NE Atlantic, Georgia 30303	<b>Inspection Date(s):</b> 9-29 and 30, 2008 for standard 10-1-2008, 10-6, 7 and 8, 2008 for follow up & D/A for old D/A manual
<b>Co. Official:</b> <b>Phone No.:</b> <b>Fax No.:</b> <b>Emergency Phone No.:</b>	401 Adams Camas, WA 98607
<b>Persons Interviewed</b>	<b>Title</b>
Laurie Lehman	HR Generalist
Roy Rogers	Consultant
Curt Christianson	HR for the NW
	<b>Phone No.</b>
	360 834 8125
	503 860 7435
	360 834 8123

NOTE: letter to Steve Young, cc Curt Christianson, cc Greg Collins, cc Roy Rogers  
The 2008 Drug and Alcohol inspection included a follow up inspection for the 2002 inspection, an inspection of Georgia Pacific's Camas Mill Drug and Alcohol manual revised July 7, 2008 and an inspection the of Koch's corporate Drug and Alcohol manual that had been customized for Georgia Pacific.

Koch is the new owner and their corporate manual was adopted on September 22, 2008 and will be implemented after the October, 2008 training is complete.

Prior to Koch purchase GO was a standalone pool. Currently, GP is not part of a consortium, however, they are part of the whole Georgia Pacific Consumer Products LLC pool employees. Each Mill has a standalone DOT drug plan to ensure at least 25% of employees are tested annually.

**Type of Facility:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Gas Transmission Pipeline | <input type="checkbox"/> Hazardous Liquid Pipeline |
| <input type="checkbox"/> Gas Distribution System              | <input type="checkbox"/> Liquefied Natural Gas     |

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Operator | <input type="checkbox"/> Operator              |
| <input type="checkbox"/> Contractor          | <input checked="" type="checkbox"/> Contractor |
| <input type="checkbox"/> Consortium          | <input type="checkbox"/> Consortium            |

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**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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This plan was last updated July 30, 2002 it was replaced by the new corporate plan September 22, 2008.

<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)?  <b>GP has a written plan</b>  Does the AMP contain:	
<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.202	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.  <b>10-8-08 Policy will be in bold and underlined in the 2008 Drug and Alcohol Manual</b> <b>1. Page 5-2, section 5.2.1.3 and 1.4 are policy should be bold and underlined. Whole page should be reviewed to ensure policy and code separation.</b>  <b>2. Page 5-2, section 5.2.1.6 is policy and should be underlined and bold.</b>  <b>3. Page 5-3, section 5.2.2 is policy and should be underlined and bold.</b>  <b>4. Page 5-2, section 5.2.1.6 is policy and should be</b>

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		<p><b>underlined and bold.</b></p> <p><b>5. Page 5-2, section 5.2.1.4 is policy and should be underlined and bold.</b></p> <p><b>6. 5.2.1.6 is policy and should be bold and underline</b></p> <p><b>7. 5.2.1.7 is policy and should be bold and underlined</b></p> <p><b>8. 5.4.1 last 2 sentences are policy and should be underlined and bold</b></p> <p><b>9. Section 5.4.2, last 2 sentences are policy and should be bold and underlined</b></p> <p><b>10. Page 6, section 5.4.4 last sentence is policy and should be bold and underlined</b></p> <p><b>11. Page 5.5, Section 5.4.2 last 2 sentences are policy and should be bold and underlined</b></p> <p><b>12. Section 5.7.1 is policy and should be bold and underlined</b></p>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.202	Provisions that include types of testing, recordkeeping, reporting, education and training elements?	

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*Comments*

*Manual uses controlled substances to include drug and alcohol and it doesn't work in some case. 10-8-2008 Controlled substances are not used in this manner in the 2008 Drug and Alcohol manuals.*

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<b>§199.209 Other requirements imposed by operators</b>		
<input 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 type="checkbox"/> NO §199.209(b)	Does the operator conduct pre-employment alcohol testing? (not required) If yes, the operator must— <b>Section 4.A.1, pg 5-4 manual says optional, 10-8-2008, No longer optional in 2008 manual</b>	
<input type="checkbox"/> YES <input 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. <b>Section 4.A.1, Alcohol testing is optional. 10-8-2008, No longer optional in 2008 manual</b>	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 type="checkbox"/> N/A §199.209(b)(2)	Treat all covered employees the same for the purpose of pre-employment alcohol testing; <b>Section 4.A.1, Optional alcohol testing not allowed in part 40, 10-8-2008, No longer optional in 2008 manual</b>	Must not test some covered employees and not others
<input type="checkbox"/> YES <input 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; <b>Section 4.A.1, Plan says optional. 10-8-2008, No longer optional in 2008 manual</b>	
<input type="checkbox"/> YES <input 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 <b>Procedure noted and lacked detail, 10-8-2008 included in</b>	DOT Procedures found in 49 CFR Part 40

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	<b>2008 manual Appendix C urine collection and Appendix Drug Lab guidance</b>	
<input type="checkbox"/> YES <input 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. <b>GP more stringent</b>	
<b>§199.211 Requirement for notice</b>		
<input 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. <b>Section 5.4.5 page 5-6 Procedure lacks detail, 10-8-2008 included in 2008 manual</b>
<input 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? <b>Section 5.4.5 page 5-6 Does not delineate under what authority, manual written for union personnel, wording did not say DOT, 10-8-2008, included in 2008 manual</b>	

<b>§199.215 Alcohol concentration</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.215	Does the plan specify that no employee may report for duty or remain on duty with an alcohol concentration of 0.04 <b>Section 5.2.1.5</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.215	Does the plan specify what actions will occur should the operator have actual	

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	knowledge that an employee has an alcohol concentration of 0.04 or greater? <b>Section 5.2.1.4</b>	
<b>§199.217 On-duty use</b>		
<input 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? <b>Section 5.2.1.1</b>	
<input 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? <b>Section 5.2.1.1</b>	
<b>§199.219 Pre-duty use</b>		
<input 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? <b>Section 5.2.1.5</b>	

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<b>§199.219 Pre-duty use</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §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? <b>Section 5.2.1.5 page 5-2</b>	
<input 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? <b>Section 5.2.1.3 and 5.2.1.3 page 5-2</b>	
<b>§199.221 Use following an accident</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §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? <b>Section 5.4.3 page 5-5</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §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? <b>Section 5.4.3 page 5-5</b>	

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<b>§199.223 Refusal to submit to a required alcohol test</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input 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) <b>Section 5.4.4 page 6</b>	
<input 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) <b>Section 5.4.2</b>	
<input 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). <b>Section 5.2.1.7</b>	
<input 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? <b>Section 5.2.1.7</b>	
<b>§199.225 Alcohol tests required</b>		
	Does the operator's plan provide for the following:	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)	<b>Post-Accident</b> Does the plan specify alcohol testing for post-accident and address the following: <b>Section 5.4.3</b>	
<input 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. <b>Section 5.4.3</b>	

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<b>§199.225 Alcohol tests required</b>		
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<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(1)	2. Each surviving covered employee shall be tested if an employee's performance either contributed or cannot be completely discounted. <b>Section 5.4.3</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §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. <b>Section 5.4.3 not addressed but implied always tested, 10-8-2008, included in 2008 manual</b>	This determination should be based on the best available information at the time of the accident.
<input 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? <b>Section 5.4.5.P2 says immediately does not define 2 hours, 10-8-2008 included in 2008 manual</b>	
<input 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. <b>Section 5.4.5.P2 not there, implied, 10-8-2008, included in 2008 manual</b>	
<input 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? <b>Section 5.4.3. Page 5-5,</b>	The operator may attempt to test up to 8 hours after which time all attempts must cease.
<input 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? <b>Section 5.4.5.P2 not addressed,</b>	

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	<p><b>practice is to test. 10-8-2008, included in 2008 manual</b></p>	
<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(3)</p>	<p>8. The plan must state the employee shall remain readily available until a post-accident test is conducted. <b>Section 5.4.3</b></p>	

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<b>§199.225 Alcohol tests required</b>		
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<input 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? <b>Section 5.4.3</b>	
<input 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? <b>Section 5.4.3</b>	Note: No operator shall delay medical treatment or delay emergency response pending an alcohol test.
<input 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>Section 5.4.3</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(1)	<b>Reasonable Suspicion</b> Does the plan specify reasonable suspicion alcohol testing and address the following elements: <b>Section 5.4.2</b>	
<input 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. <b>not as clear as could be page 5-4, Section 5.4.2 wording varies to much from code 199.105 (d), depends on supervisor 60 minute training, 10-8-2008, included in 2008 manual Requested training to review</b>	Note: The supervisor who makes the determination of reasonable suspicion shall not conduct the breath alcohol test on that employee.
<input 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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	Page 5-4 Section 5.4.2	
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<b>§199.225 Alcohol tests required</b>		
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<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(3)	2. Does the plan authorize testing only when observations are made during, just before or just after performing covered functions?  <b>Section 5.4.2.P1</b> <b>page 5-4 States immediately following the work day not just after performing covered functions. wording issue, 10-8-2008, included in 2008 manual</b>  <b>Word accident removed and reasonable suspicious incident put in its place. This is reasonable cause not post accident. - ROY said the paragraph belonged under Post Accident, 10-8-2008, included in 2008 manual</b>	When observations are required by §199.225(b)(2)
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(i)	4. Is the test conducted within 2 hours? <b>Section 5.4.2.P3</b>	Note: If test in not conducted within 2 hours, operator must document reason.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §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? <b>Page 5.5 Section 5.4.2</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(i)	6. Does the operator attempt testing up to 8 hours? <b>Page 5.5 Section 5.4.2</b>	The operator may attempt to test up to 8 hours after which time all attempts must cease.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(i)	7. Is a record prepared and maintained as to why a test was not administered?	

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	<b>page 5-5 Section 5.4.2 P3</b>	
<input 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 continue to perform under the influence or be impaired by alcohol until: <b>Section 5.2.1.6</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(iii)(A)	1. An alcohol test is administered with alcohol concentration of less than 0.02; or <b>Section 5.2.1.6</b>	

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§199.225 Alcohol tests required		
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<input 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.  <b>Section 5.2.1.4</b>	
<input 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?  <b>Section 5.4.2.P1 not there, policy says terminated after test, 10-8-2008 included in 2008 manual</b>	Note: Clarification of company policy vs. DOT requirements. Company policy should be identified by using bold and underlined type.
<input 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>Section 5.7.1.MRO</b> <b>Return-to-Duty</b> <b>Section 5.2.1.6</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(c)	Does the plan specify return-to-duty provisions?  <b>Section 5.2.1.6</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(c)	Does the plan specify prohibited conduct?  <b>Section 5.2.1.6</b>	
<input 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?  <b>Section 5.2.1.6</b>	
<input 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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	Zero tolerance	
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<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(d)	<b>Follow-Up Tests</b>  Does the plan specify follow-up testing provisions to include: <b>Section 5.2.1.6</b>	
<input 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. <b>Section 5.2.1.6</b>	Assistance includes resolving problems associated with alcohol misuse.
<input 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. <b>Section 5.2.1.6</b>	
<input 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. <b>Section 5.2.1.6</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(e)	<b>Retesting</b>  Does the operator's plan specify retesting when:	
<input 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. <b>Section 5.2.1.6</b>	

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<input 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>Section 5.2.1.4</b>	
<b>§199.227/§40.333 Retention of records</b>		
<input 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? <b>Section 5.10 P3, last sentence</b>  <b>GP keeps employee signed release in locked in HR all other documentation is with MRO</b>	
<input 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>Section 5.12</b>	Do a review of records to verify that the plan is being carried out.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(1)	<b>Records to be kept for 5 years</b>  1. Employee alcohol tests results with alcohol concentration of 0.02 or greater. <b>Section 5.12.1</b>	
<input 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. <b>5.2.1.7 and 5.12.1</b>	Each employer or its agent shall maintain these records.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(1)	3. Calibration documentation. <b>Section 5.11.page 5-11</b>	Each employer or its agent shall maintain these records.
<input 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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***COMMENTS***

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<b>§199.227/§40.333 Retention of records</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(1)	5. Alcohol MIS annual report data <b>Section 5.12.1</b>	Each employer or its agent shall maintain these records
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.333	<b>Records to be kept for 3 years</b> Information obtained from previous employers under §40.25 concerning drug and alcohol test results of employees. <b>Section 5.12.1</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(2) / §40.333	<b>Records to be kept for 2 years</b> 1. Collection process records and training documentation. <b>Section 5.9.1 and 5.4.1 and 5.12.1</b>	Except calibration of EBT devices
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(3) / §40.333	<b>Records to be kept for 1 year</b> 1. Records of all test results below 0.02 level. <b>Section 5.12.1</b>	As defined by CFR 49 Part 40
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(1)(i)	<b>Records related to collection process</b> 1. Collection log books (if used). <b>Section 5.12.1</b>	Each employer or its agent shall maintain these records
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(1)(ii)	2. Calibration documentation for EBT devices. <b>Section 5.12.1</b>	Each employer or its agent shall maintain these records
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(1)(iii)	2. Documents on BAT Training. <b>Section 5.12.1 page 5-11</b>	Each employer or its agent shall maintain these records

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<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(1)(iv)	3. Documents supporting decisions to administer reasonable suspicion tests. <b>Section 5.12.1</b>	Each employer or its agent shall maintain these records
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(1)(v)	4. Documents supporting decision to administer post-accident tests. <b>Section 5.12.1</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(1)(vi)	5. Documents supporting medical explanation of inability to provide a breath for testing. <b>Section 5.12.1</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(2)(i)	<b>Records related to results</b> 1. Operator's copy of test form. <b>Section 5.12.1</b>	Must include results of test.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(2)(ii)	2. Documents of refusal to submit to alcohol tests. <b>Section 5.12.1</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(2)(iii)	3. Documents supporting employee's dispute to result of alcohol test. <b>Section 5.12.1</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(3)	Records related to other violations of Part 199. <b>Section 5.12.1</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(4)(i)	<b>Records related to evaluations</b> 1. Records of determination by SAP concerning covered employee's need for assistance. <b>Section 5.12.1</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(4)(ii)	2. Records demonstrating employee's compliance with	

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	SAP recommendations. <b>Section 5.12.1</b>	
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<b>§199.227 Retention of records</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(5)	3. Records demonstrating operator's MIS annual testing data. <b>Section 5.12.1</b>	
	<b>Records related to education and training</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(6)(i)	1. Alcohol Misuse Awareness materials. <b>Section 5.12.1</b>	Obtain a copy of operator's policy on alcohol misuse.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(6)(ii)	2. Documents of compliance with requirements of access to facilities and records. 199.231 <b>Section 5.12.1</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(6)(iii)	3. Documents on supervisor training for reasonable suspicion determinations. <b>Section 5.12.1</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(6)(iv)	4. Documents certifying training requirements. <b>Section 5.12.1</b>	
<b>§199.229 Reporting of alcohol testing results</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.229(a)/§40.25 and App H	Does the plan specify alcohol testing data to be maintained and reported to RSPA annually? <b>Section 5.12.1</b>	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 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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	<b>Section 5.12.1</b>	
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<b>§199.229 Reporting of alcohol testing results</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input 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? <b>Section 5.12.1</b>	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 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? <b>Section 5.10 P2</b>	
<input type="checkbox"/> <b>YES</b> <input 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? <b>Section 5.10 P2</b>	Records should include alcohol test results.
<input type="checkbox"/> <b>YES</b> <input 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? <b>Section 5.7.1 employee does not have to pay</b>	
<input type="checkbox"/> <b>YES</b> <input 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? <b>Section 5.10.P2</b>	
<input type="checkbox"/> <b>YES</b> <input 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? <b>Section 5.10.P2</b>	

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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 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? <b>Section 5.10.P2</b>	
<input 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? <b>Section 5.10.P2</b>	
<input 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? <b>Section 5.10</b>	
<input 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? <b>Section 5.10</b>	
<input 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? <b>Section 5.10</b>	
<input 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? <b>Section 5.10</b>	

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<b>§199.233 Removal from covered function</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input 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? <b>Section 5.2.1.5 &amp; 5.2.2</b>	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.
<b>§199.235 Required evaluation and testing</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.235	Does the plan address the requirement for a referral or evaluation, following an employee engaging in prohibited conduct? <b>Section 5.2.1.6</b>	
<b>§199.237 Other alcohol-related conduct</b>		
<input 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: <b>Section 5.2.1.4</b>	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 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 <b>Section 5.2.1.4</b>	
<input 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? <b>Section 5.2.1.4</b>	
<input 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? <b>Section 5.2.1.4</b>	However, this doesn't prohibit an operator from exercising their independent authority.

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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 type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(a)	Does the plan address educational materials that explain the alcohol requirements? <b>Section 5.9.1 and 5.9.2</b>	
<input 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? <b>Page 5-6 Section 5.4.5 Reviewed EBA material, also Section 5 O&amp;M, Labor Agreement and bulletin boards</b>	
<input 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? <b>not in manual but Reviewed EBA material. Included in 2008 manual</b>	
<input 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:	
<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. <b>Page 5-1 last paragraph</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(b)(2)	2. A list of covered employee categories. <b>Section 5.3.3</b>	
<input 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. <b>Section 5.2.1</b>	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 type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(b)(6)	4. Procedures to be utilized to test for presence of alcohol <b>Section 5.5.1 detailed procedure not in manual 10-8-2008 included in 2008 manual</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(b)(8)	5. Explanation of refusals and consequences. <b>Section 5.2.1.7</b>	
<input 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. <b>Section 5.2.1.7</b>	
<input 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 <b>Section 5.2.1.4</b>	
<input type="checkbox"/> YES <input 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. <b>Section 5.9.2</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(c)	Does the plan discuss optional materials and authority for issuance of such materials? <b>Section 5.2.1.6</b>	Operators policy related to alcohol possessions, and levels invoked by an operator's independent authority.
<b>§199.241 Training for supervisors</b>		
<input 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?	

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	<b>Section 5.9.1</b>	
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<b>§199.241 Training for supervisors</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.241	Does the plan provide such training shall include training on the physical, behavioral, speech and performance indicators of probable alcohol misuse? <b>Section 5.9.1</b>	
<b>§199.243 Referral, evaluation, and treatment</b>		
<input 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? <b>Section 5.9.2 and 3 and 5.2.1.6</b>	
<input 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? <b>Page 5-10, EBA refers for everything. Phone numbers were wrong (typo). Correct numbers included in 2008 manual</b>	It is acceptable if the plan provides that the Third Party provider network gives the name and phone number directly to the employee.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.243(b)	Does the plan address that employees who engage in prohibited conduct shall be referred to a SAP for evaluation? <b>Section 5.9.3.1</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §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. <b>Section 5.2.14</b>	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 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? <b>Section 5.9.3.1 P2</b>	
<input 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? <b>Section 5.9.3.1 P2</b>	
<input 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? <b>Section 5.9.3.1 P2</b>	
<input 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? <b>Section 5.9.3.1 P2 doesn't say, 10-8-2008 included in 2008 manual</b>	Drug testing must be determined by the SAP.
<input 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? <b>Section 5.9.3.1 P2</b>	
<input 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? <b>Section 5.9.3.1 P2 doesn't say, 10-8-2008 included in 2008 manual</b>	
<input 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? <b>Section 5.9.3.1 P2 doesn't say,</b>	

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	<b>10-8-2008 included in 2008 manual</b>	
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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 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? <b>Section 5.9.3.1 P2 doesn't say, 10-8-2008, included in 2008 manual</b>	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.
<b>§199.245 Contractor employees</b>		
<input type="checkbox"/> YES <input 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? <b>Section 5.1 P3</b>	
<input 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? <b>Section 5.1 P3</b>	
<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? <b>Section 5.1 P3</b>	
<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? <b>Section 5.1 P3</b>	

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<b>Name of Operator:</b>		<b>Georgia Pacific Consumer Products LLC</b>	
<b>OP ID No.</b>		<b>UTC Representative (s): Patti Johnson</b>	
<b>HQ Address:</b>		<b>Inspection Date(s):</b>	
133 Peach Tree Street NE Atlantic, Georgia 30303		9-29 and 30, 2008 for standard 10-1-2008, 10-6, 7 and 8, 2008 for follow up & D/A for old D/A manual	
<b>Co. Official:</b>		401 Adams	
<b>Phone No.:</b>		Camas, WA 98607	
<b>Fax No.:</b>			
<b>Emergency Phone No.:</b>			
<b>Persons Interviewed</b>	<b>Title</b>	<b>Phone No.</b>	
Laurie Lehman	HR Generalist	360 834 8125	
Roy Rogers	Consultant	503 860 7435	
Curt Christianson	HR for the NW	360 834 8123	

NOTE: letter to Steve Young, cc Curt Christianson, cc Greg Collins, cc Roy Rogers

The 2008 Drug and Alcohol inspection included a follow up inspection for the 2002 inspection, an inspection of Georgia Pacific's Camas Mill Drug and Alcohol manual revised July 7, 2008 and an inspection the of Koch's corporate Drug and Alcohol manual that had been customized for Georgia Pacific.

This is an inspection of GP Camas Mill Drug and Alcohol Manual. Koch is the new owner and their corporate manual was adopted on September 22, 2008 and will be implemented after the October, 2008 training is complete.

Prior to Koch purchase GO was a standalone pool. Currently, GP is not part of a consortium, however, they are part of the whole Georgia Pacific Consumer Products LLC pool employees. Each Mill has a standalone DOT drug plan to ensure at least 25% of employees are tested annually.

**Type of Facility:**

Gas Transmission Pipeline  
 Gas Distribution System

Hazardous Liquid Pipeline  
 Liquefied Natural Gas

**Anti-Drug Plan and Policy developed by:**

Operator  
 Contractor  
 Consortium

**Anti-Drug Testing Program administered by:**

Operator  
 Contractor  
 Consortium

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**Contractor records maintained by:**

**Specimen collection conducted by:**

- Operator
- Contractor
- Consortium

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



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	<b>CRITERION</b>	<b>GUIDANCE</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.1	1. Does the operator test covered employees for the presence of drugs & alcohol?	
<b>§199.3 Definitions</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.3/§195.50	1. Does plan contain applicable accident or incident definitions as defined in §§191.3 or 195.50? <b>Section 5.2.1.1</b>	Plan must contain one or both definitions.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.3/§40.3	2. Does plan contain complete definition of "covered employee"? <b>Section 5.13</b>	Plan should address "applicants." Covered Employee: Any person who performs an operation, maintenance, or emergency-response on the pipeline or LNG facility that is regulated by Parts 192, 193, or 195.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.3	3. Does operator plan address testing for only the following drugs?  Marijuana ____ Opiates ____ Cocaine ____ Amphetamines ____ Phencyclidine(PCP) ____ <b>Section 5.3.1</b>	

**COMMENTS**

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<b>§199.101 Anti-drug plan</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.101(a)	1. Does the operator maintain and follow a written anti-drug plan that confirms to §§ Part 199 & 40 (Procedures for Transportation Workplace)? <b>Section 5.1 P2, 5.5.1, 5.7.1 the phone number is wrong: 10-8-2008, included in 2008 manual updated</b>	Plan must address requirements of Part 40, specifically the collection, laboratory and MRO procedures.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.101(a)(1)	2. The plan must contain:  a. Methods and procedures for compliance with all requirements of CFR 49 Part 199, including an employees assistance program: <b>Section 5.9.2</b>	Note: Clarification of company policy vs. DOT requirements. Company policy should be identified by using bold and underlined type. <b>10-8-2008, included in 2008 manual updated Section 5.2.1.7 is policy and should be underlined and bold</b>  <b>Section 5.2.1 is mostly policy and all policy should be underlined and bold</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.101(a)(2)	b. The name/address of each laboratory that analyzes the specimens collected for drug testing; and <b>Section 5.6.1 phone number wrong: 10-8-2008, included in 2008 manual updated</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.101(a)(3)	c. The name/address of the operator's medical review officer (MRO) and Substance Abuse Professional (SAP). <b>Section 5.6.1 phone number wrong : 10-8-2008, included in 2008 manual updated</b>	

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<b>§199.101 Anti-drug plan</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.101(a)(4)	d. Specify procedures for notifying employees of the coverage and provision of the plan. <b>Section 5.4.5 detailed procedure lacking: 10-8-2008, included in 2008 manual updated</b>	Plan must contain specific details on how this is accomplished and what information is provided to employees.
<b>§199.103 Use of persons who fail or refuse a drug test</b>		
	1. Does the anti-drug plan provide that an operator may not use as employee any person who: <b>Section 5.7 P3</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.103(a)(1)	a. Fails a drug test required by §199.105 and the MRO determines there is no legitimate medical explanation for the confirmed positive test other than unauthorized use of a prohibited drug? <b>Section 5.7.P3</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.103(a)(2)	b. Refuses to take a drug test required by Part 199? <b>Section 5.2.1.7</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.103(b)	2. Does the plan specify that a person may be used in a covered function if that person has: <b>Section 5.2.1.1</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.103(b)(1)	a. Passed a DOT drug test? <b>Section 5.9.3.1</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.103(b)(2)	b. Been recommended by the SAP to return-to-duty? <b>Section 5.9.3.1</b>	Plan should specify action taken if individual fails drug test after returning to duty
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.103(b)(3)	c. Not failed a drug test required by Part 199 returning to duty? <b>Section 5.9.3.1</b>	

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<b>§199.105 Drug tests required</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(a)	<p><b>Pre-Employment Testing</b></p> <p>Does the operator conduct the pre-employment testing which includes the following:</p> <p>a. All individuals pass a DOT drug test for the employer prior to employment or assignment in a covered function?</p> <p><b>Section 5.4.1 in one part says may and in other says will be tested. Must say will be tested: 10-8-2008, included in 2008 manual updated</b></p>	<p>Persons already covered by an anti-drug program conforming to Part 199 need not test.</p>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(b)	<p><b>Post-Accident Testing</b></p> <p>Does the operator conduct the post-accident testing which includes the following:</p> <p>a. Drug test each employee, as soon as possible but no later than 32 hours after an accident, whose performance either contributed to the accident or cannot be completely discounted as a contributing factor to the accident?</p> <p><b>Section 5.4.3</b></p>	

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<b>§199.105 Drug tests required</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(b)	b. Decision not to test has been based upon the best information available immediately after the accident that the employee's performance could not have <b>Section 5.4.3</b>	Documentation pertaining to decision to test or not to test should be maintained by operator or contractor.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(b)	c. Decision not to test because of the time between the employee's performance and the accident; it is not likely that a drug test would reveal whether the performance was affected by drug use? <b>Section 5.4.3</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(c)	<b>Random Testing</b>  1. Does the operator's anti-drug plan have specific procedures that provide for: a. Random employee selection process? <b>Section 5.4.4.P2</b>	Specify type of random selection process.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(c)(2)	b. Determination of 25% annualized rate? (DOT notice dated 12/28/2006) <b>Section 5.4.4P3 doesn't say if RSPA goes to 50% so will mill: 10-8-2008, included in 2008 manual updated</b>	Calculate 25% random rate for each year. Plan must specify random period (12 times a year, or 4 times a year, etc.)

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<b>§199.105 Drug tests required</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(c)(5)	c. The random selection procedure is based on a random table or on a computer-based number generation system, or another method meeting DOT requirements. <b>Section 5.4.4 P2</b>	Note: An employee should immediately report to the collection site or within 30 minutes, plus travel time, once notified by a company official.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(c)(6)	d. The annualized rate of un-announced testing on random selection is based on the total number of personnel in covered positions. <b>Section 5.4.4 P3 , page 5-4 is list of positions</b>	Determine random pool size at beginning of calendar year or average pool size over 12-month period, based on the number of employees at the time of each test cycle or any other similar scheme that will take into account the variable number of employees during the year
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(c)(7)	e. Is plan spread reasonably through-out the year? <b>Section 5.4.4</b>	<b>(Semi-annual and annual are unacceptable.)</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(d)	<b>Reasonable Cause</b>  1. Each employee who performs a covered function, and who is reasonably suspected of using prohibited drugs, is tested for the presence of drugs in accordance with the regulations. <b>Section 5.4.2</b>	

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<b>§199.105 Drug tests required</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(d)	2. 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. <b>Section 5.4.2 P2</b>	In the case of an operator with 50 or fewer covered employees subject to testing, only one supervisor of the employee, trained in detecting possible drug use symptoms shall substantiate the decision to test.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(d)	3. Decisions to test are reasonable and articulable, and based on specific contemporaneous physical, behavioral or performance indicators of probable drug use. <b>Section 5.4.2 P2</b>	The concurrence between the two supervisors may be by telephone.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(e)/§40.281-313	<b>Return-to-Duty</b>  1. Covered employees who have refused a drug test or have returned to duty after having failed a DOT required drug test, must be evaluated face-to-face by a SAP, have properly followed any prescribed assistance, and be subject to a return-to-duty test. <b>Section 5.2.1</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(f)	<b>Follow-up testing</b>  1. Follow-up testing is performed on an un-announced basis, at a frequency established by the SAP, for a period of not more than 60 months. <b>Section 5.2.1 Not permitted unless an employee tells GP before drug/alcohol tests that he needs help.</b>	May include testing for alcohol in accordance with 49 CFR Part 40 as directed by the SAL.

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<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.105(f)	2. At least six tests must be conducted within the first 12 months following the covered employee's return to duty. <b>Section 5.2.1</b>	May include testing for alcohol in accordance with 49 CFR Part 40 as directed by the SAL.
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**COMMENTS**

<b>§199.107 Drug testing laboratory</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.107(a)	1. Does the operator use only those drug testing laboratories certified by the Department of Health and Human Services (DHHS) under the DOT Procedures for all drug testing required by 49 CFR 199? <b>Section 5.6.1</b>	Check labs listed by operator against latest HHS/SAMHA certified lab list (dated 12/26/2006).
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.107(b)(1)	2. Does the lab permit inspections by the operator prior to being awarded a testing contract? <b>Section 5.6.1 P2</b>	Must allow un-announced inspections by the operator, plan administrator, or jurisdictional state agency representative.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.107(b)(2)	3. Does the lab allow un-announced inspections, including examination of records, at any time? <b>Section 5.6.1 P2</b>	Must allow un-announced inspections by the operator, plan administrator, or jurisdictional state agency representative.
<b>§199.109 Review of drug testing results</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.109(a)	<b>MRO Qualifications and Responsibilities</b>  1. Does the operator's plan designate a medical review officer? <b>Section 5.7.1</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.109(b)/§40.121	2. Does the operator's plan state that the MRO is a licensed physician and has the required qualifications required under §40.121?	What documentation is available to determine MRO's qualifications?

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	<b>Section 5.7.1</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.109(c)/§40.123	3. Does the MRO perform functions for the operator as required under §40.123? <b>Section 5.7.1</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.109(d)/§40.163	4. Does the MRO report all drug test results to the operator as required by §40.163? <b>Section 5.7.1 P5</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.109(f)	5. Does the operator ensure that the SAP does not refer covered employees requiring assistance, to the SAP's private practice? <b>Section 5.9.2</b>	

**COMMENTS**

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<b>§199.111 Retention of sample and retesting</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.111(a)	1. Are samples that yield positive results on confirmation retained by the laboratory in properly secured, long-term, frozen storage for at least 365 days as required by the DOT Procedures found? <b>Section 5.6.5</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.111(b)	2. If the MRO determines there is no legitimate medical reason for a confirmed positive test result, do the procedures permit the employee to submit a written request for a retest within 60 days of receipt of the final test results from the MRO? <b>Section 5.7.1 P4</b>	Note: If a single specimen container is used, an employee has within 60 days to request a reanalysis after being notified of a positive test result. If a split specimen container is used, an employee has within 72 hours to request a reanalysis after receiving notification of a positive test result.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.111(b)	a. The employee may request retesting by a second DHHS	

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	certified lab. <b>Section 5.7.1 P4</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.111(b)	b. The employee must be reimbursed if the retest is negative. <b>Section 5.7.1 P6 GP does not make employees pay</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.111(b)	c. The operator may require the employee to pay the associated retest costs in advance. <b>Section 5.7.1 P6 GP does not make employees pay</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.111(c)	3. If the employee requests retesting by a second laboratory does the original laboratory follow approved chain-of-custody transfer procedures? <b>Section 5.7.1 P6 GP does not make employees pay</b>	

**COMMENTS**

<b>§199.111 Retention of sample and retesting</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.111(d)	3. Because it is possible that some analyses may deteriorate during storage, the results of a retest are to be reported as confirmation of the original test results if the detected level of the drug are (a) below the DOT established limits and, (b) equal to or greater than the sensitivity of the test. <b>Section 5.7.1 P5 lacks detail: 10-8-2008, included in 2008 manual updated</b>	
<b>§199.113 Employee Assistance Program (EAP)</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	1. Does the operator provide an	

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§199.113(a)	EAP for its employees and supervisory personnel? <b>Section 5.9.2</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.113(a)	a. Does the EAP include education and training about drug use? <b>Section 5.9.2</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.113(b)	2. Does the operator, as part of the EAP, display and distribute: <b>Section 5.9.2 is doing, in practice, but plan does not say they distribute; reviewed material EBA, contract, and bulletin board: 10-8-2008, included in 2008 manual updated</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.113(b)	b. Community service hot-line telephone number for employee assistance? <b>Section 5.9.2</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.113(b)	c. The employer's policy regarding the use of prohibited drugs? <b>Section 5.9.2</b>	

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<b>§199.113 Employee Assistance Program (EAP)</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.113(c)	3. Does the operator provide at least a 60-minute period of training for supervisory personnel which teaches the specific contemporaneous physical, behavioral, and performance indicators of probable drug use? <b>Section 5.9.1</b>	

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<b>§199.115 Contractor employees</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.115	Does the operator provide, by contract, that the drug testing, education and training of contractor employees required by 49 CFR Part 199 be carried out by contractor? <b>Section 5.1.P3</b>	The contractor can provide the services through a consortia or third-party provider. 5.1 P3
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.115(a)	1. Does the operator remain responsible for ensuring compliancy with the requirements of 49 CFR 199, and <b>Section 5.1.P3</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.115(b)	2. Does the contractor allow access to property and records by the operator, DOT and any jurisdictional state agency for the purpose of monitoring the operator's compliance with the requirements of 49 CFR 199? <b>Section 5.1.P3</b>	How does the employer "monitor" the contractor's compliance with Parts 199 and 40?

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<b>§199.117 Recordkeeping</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.117(a)	1. Does the anti-drug plan require the operator to keep the following record; and do records verify that the plan is being carried out? <b>Section 5.12.1</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.117(a)(1)	(1) Records demonstrating that the collection process conforms to Part 199 must be kept <b>at least 3 years</b> . <b>Section 5.12.1</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.117(a)(2)	(2) Records that show an employee failed a drug test, the type of test failed, (e.g., post-accident) and records that demonstrate compliance with the SAP's recommendations, if any; and MIS annual report data shall be maintained for a <b>minimum of five years</b> . <b>Section 5.12.1</b>	

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<b>§199.117 Recordkeeping</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.117(a)(3)	Records showing an employee passed a drug test for <b>at least 1 year.</b> <b>Section 5.12.1 P1</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.117(a)(4)	Records confirming that supervisors and employees have been trained as required by this part for <b>at least 3 years.</b> <b>Section 5.12.1 list</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.117(b)	2. Does the procedures prohibit the release of an individual's drug test results or rehabilitation except as follows: <b>Section 5.10</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.117(b)	a. Upon written consent of the individual; or <b>Section 5.10</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.117(b)	b. Upon provided by DOT procedures (49 CFR Part 40); <b>Section 5.10</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.117(b)	(1) As part of an accident investigation; or <b>Section 5.10</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.117(b)	(2) For statistical evaluation (only without names); and training records. <b>Section 5.10</b>	



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<b>§199.119 Reporting of anti-drug testing results</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.119(a)	Does the plan make provisions for submitting an annual MIS report to PHMSA no later than March 15 of each year for the prior calendar year? <b>Section 5.12.1 P1</b>	For “large” operators with more than 50 covered employees.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.119(c)	Does the operator correctly calculate the total number of covered employees eligible for random testing throughout the year? <b>Section 5.4.4 page 6</b>	Operators conducting random testing more often than once per month (e.g., you select daily, weekly, bi-weekly), do not need to compute this total number of covered employees rate more than on a once per month basis.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.119(d)	If used, does the operator ensure that the service agent used is testing at the appropriate percentage established for the industry and that only covered employees are in a random testing pool? <b>Section 5.4.4 P2</b>	Service agents (e.g., C/TPA) may be used to perform random selections; and covered employees may be part of a larger random testing pool of covered employees.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.117(e)	Are covered employees who perform multi-DOT agency functions (e.g., an employee performs pipeline maintenance duties and drives a commercial motor vehicle), counted only on the MIS report for the DOT agency under which he or she is randomly tested? <b>not in manual but there are no other DOT agency functions: 10-8-2008, included in 2008 manual updated</b>	Normally, this will be the DOT agency under which the employee performs more than 50% of his or her duties.

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**Washington Utilities and Transportation Commission  
Standard Inspection Report for Intrastate Gas Transmission Pipelines  
Records Review and Field Inspection**

A completed **Standard Inspection Checklist, Cover Letter and Field Report** is to be submitted to the Senior Engineer within 30 days from completion of the inspection.

Inspection Report			
<b>Docket Number</b>	080098		
<b>Inspector Name &amp; Submit Date</b>	Patti Johnson, 10-23-2008		
<b>Sr. Eng Name &amp; Review Date</b>	David Lykken, 10-24-2008		
Operator Information			
<b>Name of Operator:</b>	Georgia Pacific Consumer Products, ( Camas Mill) (LLC)	<b>OP ID #:</b>	31096
<b>Name of Unit(s):</b>	Same		
<b>Records Location:</b>	On site		
<b>Date(s) of Last (unit) Inspection:</b>	12-14-2005	<b>Inspection Date(s):</b>	September 15, 16, 17, 29, 30 & October 1, 2008

**Inspection Summary:**

Roy Roger's, Camas consultant, had filled out the standard form with all O&M Sections. I cut and pasted them into this form but did not check the O&M. This is a standard inspection Patti

<b>HQ Address:</b> 133 Peach Tree Street NE Atlantic Georgia 30303	<b>System/Unit Name &amp; Address:</b> 401 NE Adams Street, Camas, WA, 98607	
<b>Co. Official:</b> Michael Tompkins <b>Phone No.:</b> (360) 834-8460 <b>Fax No.:</b> <b>Emergency Phone No.:</b>	<b>Phone No.:</b> <b>Fax No.:</b> <b>Emergency Phone No.:</b>	
<b>Persons Interviewed</b>	<b>Title</b>	<b>Phone No.</b>
Steve Young	Environmental Program Director	(360) 834-8322
Greg Collins	Power and Recover Production Leader responsible for operation of gas line	(360) 817-2155
David Tucker	Mill Emergency Response Team Leader (MERT Leader)	(360) 834-8414
Roy Rogers	Pipeline Consultant	(503) 860-7435
Patrick Terry	EMS-Facility Support Camas Mill (Welding)	(360) 834-8338

**UTC staff conducted abbreviated procedures inspection on 192 O&M and WAC items that changed since the last inspection. This checklist focuses on Records and Field items per a routine standard inspection.**

(check one below and enter appropriate date)

<input checked="" type="checkbox"/> Team inspection was performed (Within the past five years.) or,	<b>Date:</b> 12/2005
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**Washington Utilities and Transportation Commission  
Standard Inspection Report for Intrastate Gas Transmission Pipelines  
Records Review and Field Inspection**

<input type="checkbox"/>	Other WUTC Inspector reviewed the O & M Manual (Since the last yearly review of the manual by the operator.)	Date:	
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GAS SYSTEM OPERATIONS			
<b>Gas Supplier</b>	Williams Northwest Pipeline		
Number of reportable safety related conditions last year	None	Number of deferred leaks in system	None
Number of <u>non-reportable</u> safety related conditions last year	None	Number of third party hits last year	None
Miles of transmission pipeline within unit (total miles and miles in class 3 & 4 areas)	1.6 miles		
<b>Operating Pressure(s):</b>		<b>MAOP (Within last year)</b>	<b>Actual Operating Pressure (At time of Inspection)</b>
Feeder:	250 psi	250 psi	240 psi
Town:	50 psig in plant ASME jurisdiction		
Other:			
Does the operator have any transmission pipelines?	yes		
Compressor stations? Use Attachment 4.	NA		

Pipe Specifications:			
Year Installed (Range)	1993	Pipe Diameters (Range)	10" mainline
Material Type	steel	Line Pipe Specification Used	API 5L
Mileage	1.6 miles	SMYS %	10.4%
Supply Company	Williams Pipeline West	Class Locations	3

**Operator Qualification Field Validation**

**Important:** Per OPS, the OQ Field Inspection Protocol Form (Rev 3, Feb 08) shall be used by the inspector as part of this standard inspection. When completed, the inspector will upload this information into the PHMSA OQ Database (OQDB) located at <http://primis.phmsa.dot.gov/oqdb/home.oq>      **Date Completed: 9-16-2008**

**Public Awareness combined in this form**

**IMP – Plan completed and 9-10-2002, program implemented, have found and corrected issues, i.e a rock rubbed off coating. Coating repaired**

**Do you have a written procedure for every 192 and WAC code??? Yes according to Camas.**

**No other company besides GP directly or indirectly uses gas. Specialties Minerals is on site, they do not use Camas gas, and they do use NWN gas.**

**Joe did follow up for 2005 inspection and send closure letter signed by Alan Rathbun**

**Non jurisdictional metering station that verifies Williams meters and cuts pressure to 50 psig inside plant fence. 250 psig from Williams, GP gives plan 250 psig to plant and cuts to 50 psig inside plant. Regulators that cut to 50 are Non jurisdictional because of ASME.**

**30 C Street, Camas is William’s gate station address.**

**Pipeline is ready to piggable.**

**GP does not odorize gas. NW odorizes all gas from Battle ground to Medford.**

**Williams’s line by transfer flange has remote shut off valve controlled by Salt Lake. Williams would shut valve if approved GP personnel requested it.**

**Mass flow meter installed in 2007 replaced old turbine meter (purpose of this meter is just to verify Williams meter)**

**Plant does have SCADA for alarms only, for pressure from 250 to 250.**

**Williams has 2 full monitor runs for Camas and can dump full system with Anderson Greenwood Relief, Williams used ultra Sonic. The line is filtered and prevents any water in pipeline. Williams go from 800 psig thru heater to 240 delivery pressure at gate.**

**MERT (Mill Emergency Response Team) controls gas emergency, Camas MERT policy is to shut down in emergency. Maintenance would only shut off system for repairs if necessary. They would use Plidco bolt on clamps.**

**Pipeline never been worked on (no welding) – no mechanical – just coating dings.**

**Dennis Lloyd helped design pipeline.**

**REPORTING RECORDS**

			S	U	N/A	N/C
1.	191.5	Telephonic reports to National Response Center (800-424-8802) None O&M Section 2.6.3	x			
2.	191.15	Written incident reports; supplemental incident reports (DOT Form RSPA F 7100.2) None O&M Section 2.6.1	x			

REPORTING RECORDS			S	U	N/A	N/C
3.	191.17 (a)	Annual Report (DOT Form RSPA F 7100.2-1) <b>O&amp;M Section 3.8.3</b>	x			
4.	191.23	Safety related condition reports <b>None</b> <b>O&amp;M Section 2.6.2</b>	x			
5.	192.727(g)	Abandoned facilities offshore, onshore crossing commercially navigable waterways reports <b>None</b>	x			
6.	480-93-200(1)	Telephonic Reports to UTC <b>Pipeline Safety Incident Notification 1-888-321-9146</b> (Within 2 hours) for events which; <b>O&amp;M Section 2.6.1.2</b>	x			
7.	480-93-200(1)(a)	Result in a fatality or personal injury requiring hospitalization; <b>None</b> <b>O&amp;M Section 2.6.1.2.1a</b>	x			
8.	480-93-200(1)(b)	Results in damage to property of the operator and others of a combined total exceeding fifty thousand dollars; <b>None</b> <b>O&amp;M Section 2.6.1.2.1b</b>	x			
9.	480-93-200(1)(c)	Results in the evacuation of a building, or high occupancy structures or areas; <b>None</b> <b>O&amp;M Section 2.6.1.2.1c</b>	x			
10.	480-93-200(1)(d)	Results in the unintentional ignition of gas; <b>None</b> <b>O&amp;M Section 2.6.1.2.1d</b>	x			
11.	480-93-200(1)(e)	Results in the unscheduled interruption of service furnished by any operator to twenty five or more distribution customers; <b>None</b> <b>O&amp;M Section 2.6.1.2.1e</b>	x			
12.	480-93-200(1)(f)	Results in a pipeline or system pressure exceeding the MAOP plus ten percent or the maximum pressure allowed by proximity considerations outlined in WAC 480-93-020; <b>MAOP 250 operating pressure 240 psig</b> <b>O&amp;M Section 2.6.1.2.1f</b>	x			
13.	480-93-200(1)(g)	Is significant, in the judgment of the operator, even though it does not meet the criteria of (a) through (e) of this subsection; or <b>None</b> <b>O&amp;M Section 2.6.1.2.1g</b>	x			
14.	480-93-200(2)	Telephonic Reports to UTC <b>Pipeline Safety Incident Notification 1-888-321-9146</b> (Within 24 hours) for; <b>None</b> <b>O&amp;M Section 2.6.1.2.2 &amp; 2.6.3</b>	x			
15.	480-93-200(2)(a)	The uncontrolled release of gas for more than two hours; <b>None</b> <b>O&amp;M Section 2.6.1.2.2 a</b>	x			
16.	480-93-200(2)(b)	The taking of a high pressure supply or transmission pipeline or a major distribution supply pipeline out of service; <b>None</b> <b>O&amp;M Section 2.6.1.2.2 b</b>	x			
17.	480-93-200(2)(c)	A pipeline operating at low pressure dropping below the safe operating conditions of attached appliances and gas equipment; or <b>None</b> <b>O&amp;M Section 2.6.1.2.2c</b>	x			
18.	480-93-200(2)(d)	A pipeline pressure exceeding the MAOP <b>None</b> <b>O&amp;M Section 2.6.1.2.2d</b>	x			
19.	480-93-200(5)	Written incident reports (within 30 days) including the following; <b>None</b> <b>O&amp;M Section 2.6.1.2.4</b>	x			
20.	480-93-200(4)(a)	Name(s) and address(es) of any person or persons injured or killed, or whose property was damaged; <b>None</b> <b>O&amp;M Section 2.6.1.2.4a</b>	x			

REPORTING RECORDS			S	U	NA	NC
21.	480-93-200(4)(b)	The extent of injuries and damage; <b>None</b> <b>O&amp;M Section 2.6.1.2.4b</b>	x			
22.	480-93-200(4)(c)	A description of the incident or hazardous condition including the date, time, and place, and reason why the incident occurred. If more than one reportable condition arises from a single incident, each must be included in the report; <b>none</b> <b>O&amp;M Section 2.6.1.2.4c</b>	x			
23.	480-93-200(4)(d)	A description of the gas pipeline involved in the incident or hazardous condition, the system operating pressure at that time, and the MAOP of the facilities involved; <b>None</b> <b>O&amp;M Section 2.6.1.2.4d</b>	x			
24.	480-93-200(4)(e)	The date and time the gas pipeline company was first notified of the incident; <b>None</b> <b>O&amp;M Section 2.6.1.2.4e</b>	x			
25.	480-93-200(4)(f)	The date and time the ((operators')) gas pipeline company's first responders arrived on-site; <b>None</b> <b>O&amp;M Section 2.6.1.2.4f</b>	x			
26.	480-93-200(4)(g)	The date and time the gas ((facility)) pipeline was made safe; <b>None</b> <b>O&amp;M Section 2.6.2.4.g</b>	x			
27.	480-93-200(4)(h)	The date, time, and type of any temporary or permanent repair that was made; <b>None</b> <b>O&amp;M Section 2.6.2.4.h</b>	x			
28.	480-93-200(4)(i)	The cost of the incident to the ((operator)) gas pipeline company; <b>None</b> <b>O&amp;M Section 2.6.2.4.i</b>	x			
29.	480-93-200(4)(j)	Line type; <b>None</b> <b>O&amp;M Section 2.6.2.4.j</b>	x			
30.	480-93-200(4)(k)	City and county of incident; and <b>None</b> <b>O&amp;M Section 2.6.2.4.k</b>	x			
31.	480-93-200(4)(l)	Any other information deemed necessary by the commission. <b>O&amp;M Section 2.6.2.4.l</b>	x			
32.	480-93-200(5)	Submit a supplemental report if required information becomes available <b>O&amp;M Section 2.6.2.4.m</b>	x			
33.	480-93-200(6)	Written report within 45 days of receiving the failure analysis of any <b>incident or hazardous condition due to construction defects or material failure</b> <b>O&amp;M Section 2.6.2.5</b>	x			
34.	480-93-200(7)	<b>Annual Reports</b> filed with the commission no later than <b>March 15</b> for the proceeding calendar year <b>O&amp;M Section 3.8.3</b>				
35.	480-93-200(7)(a)	A copy of PHMSA F-7100.1-1 and F-7100.2-1 annual report required by U.S. Department of Transportation, PHMSA/Office of Pipeline Safety <b>O&amp;M Section 3.8.3</b>	x			
36.	480-93-200(7)(b)	Damage Prevention Statistics Report including the following; <b>O&amp;M Section 3.7.1</b>	x			
37.	480-93-200(7)(b)(i)	Number of gas-related one-call locate requests completed in the field; <b>2007 received 28,</b> <b>O&amp;M Section 3.7.1.1</b>	x			
38.	480-93-200(7)(b)(ii)	Number of third-party damages incurred; and <b>2007 zero</b> <b>O&amp;M Section 3.7.2</b>	x			
39.	480-93-200(7)(b)(iii)	Cause of damage, where cause of damage is classified as one of the following: (A) Inaccurate locate; (B) Failure to use reasonable care; (C) Excavated prior to a locate being conducted; or (D) Excavator failed to call for a locate. <b>None</b> <b>O&amp;M Section 3.7.1.3</b>	x			

REPORTING RECORDS			S	U	N/A	NC
40.	480-93-200(7)(c)	<p>Reports detailing all construction defects and material failures resulting in leakage. Categorizing the different types of construction defects and material failures. The report must include the following:</p> <p>(i) Types and numbers of construction defects; and (ii) Types and numbers of material failures.</p> <p><b>O&amp;M Section 2.6.1.2.6 &amp; 3.18.20</b></p> <p>Georgia Pacific did not file a Construction Defects and Material Failures Report with the Commission in a timely manner.. Georgia Pacific did include the information on the Damage Prevention Report which was received in a timely manner. The Constructions Defects and Material Failure Report was turned in during the inspection.</p>	x			
41.	480-93-200(8)	<p>Providing updated emergency contact information to the commission and appropriate officials of all municipalities where gas pipeline companies have facilities</p> <p><b>Yes, Steve Young</b> <b>O&amp;M Section 3.18.21</b></p>	x			
42.	480-93-200(9)	<p>Providing by email, reports of daily construction and repair activities no later than 10:00 a.m.</p> <p><b>In O&amp;M, haven't had any, Section 3.18.22</b></p>	x			
43.	480-93-200(10)	<p>Submitting copy of DOT Drug and Alcohol Testing MIS Data Collection Form when required</p> <p><b>O&amp;M Section See Reporting section of drug and alcohol plans.</b></p>	x			

Documentation Reviewed:				
Document Title	Document Number	Revision Date	Date Range Reviewed	Pct of Data Reviewed

**Comments:**

Q42a 480-93-018  
Records.

(3) Each gas pipeline company must maintain a list of forms and data bases, including examples where applicable, that specify what records the company maintains. Each gas pipeline company must make this list available to the commission upon request.  
**Camas has a copy of every form in the O&M, Section 3.8**

(4) Each gas pipeline company must record and maintain records of the actual value of any required reads, tests, surveys or inspections performed. The records must include the name of the person who performed the work and the date the work was performed. The records must also contain information sufficient to determine the location and facilities involved. Examples of the values to be recorded include, but are not limited to, pipe to soil potential reads, rectifier reads, pressure test levels, and combustible gas indicator reads. A gas pipeline company may not record a range of values unless the measuring device being used provides only a range of values.  
**They have had foreign leaks – March, 2006 leak was found during leak survey in plant. It was not gas and at old dump site.. Heath sendssample to Test America for testing. Sampling had no ethane. Reviewed Test American report**

(5) Each gas pipeline company must update its records within six months of when it completes any construction activity and make such records available to appropriate company operations personnel.  
**OK system has never been changed**

GP has O&M says does not cover certain items because GP will never do, i.e. no pe pipe, no bare pipe, etc. Approved by pipeline

One Operations and Maintenance Manual Review for every year. Reviewed forms Verified 480-93-250 in it

Reviewed Section 3.7 Damage Prevention  
Suggested add 19.122 damage definition. Roy agreed and will insert definition of 19.122 “damage”



CONSTRUCTION RECORDS			S	U	N/A	N/C
What construction has been done or in progress. No natural gas piping has been done since 1993.						
44.	192.225	<p>Test Results to Qualify Welding Procedures  <b>O&amp;M Section 4.7.1</b>  <b>Section 4.7.1 for V groove, fillet, . Reviewed specification, reviewed the procedure qualification and the Braun Co testing information</b></p>	x			
45.	192.227 AOC 1	<p>Welder Qualification</p> <ul style="list-style-type: none"> <li>• <b>O&amp;M Section 4.7.3</b></li> <li>• <b>ASME Boiler Vessel Code Section 9, Mill and gas line procedures totally separate, boilers 600 psig steam lines and they weld on them. Just repaired an 1100 psig steam line.</b></li> <li>• <b>Most of the time, GP has 3 welders and have had up to 4. Weld ASME Section 9 and Test to API 1104 Section 6, 18<sup>th</sup> edition,</b></li> <li>• <b>192.7 19<sup>th</sup> edition became effective March 28, 2008. Most current welding test</b></li> </ul> <p style="padding-left: 40px;"> <b>AOC Ron Higdon, tested 4-4-2008, API Section 6 to 18<sup>th</sup></b>  <b>AOC Mark Woolridge, 8-12-2008, API 1104 Section 6 18<sup>th</sup> edition</b>  <b>AOC Randy Howe, 8-12-2008, API 1104 Section 6 18<sup>th</sup> edition</b> </p> <p><b>NOTE: NO ONE WELDED ON PIPELINE WHILE QUALIFIED TO 18TH</b>  <b>O&amp;M says test to 19<sup>th</sup> edition</b></p> <p><b>Tested by radiographic inspection. 3 full ex rays. Tested every 6 months</b></p> <p><b>1. <u>AOC CFR 192.227 Qualification of Welders</u></b>  <i>(a) Except as provided in paragraph (b) of this section, each welder must be qualified in accordance with section 6 of API 1104 (incorporated by reference, see § 192.7) or section IX of the ASME Boiler and Pressure Vessel Code (incorporated by reference, see § 192.7). However, a welder qualified under an earlier edition than listed in § 192.7 of this part may weld but may not requalify under that earlier edition.</i></p> <p><b><u>Finding</u></b>  <b>I</b>We realize that no welding has been performed on the pipeline since its completion. However, Each welder must qualify in accordance with section 6 of API 1104, 19<sup>th</sup> edition. Georgia Pacific's Operations and Maintenance (O&amp;M) Manual specifies the 19<sup>th</sup> edition. CFR 192.227 requires that after March 28, 2008 welder must be qualified to the 19<sup>th</sup> edition. Georgia Pacific has conducted three pipeline welder qualification tests since March 28, 2008. The following pipeline welders were qualified to the 18<sup>th</sup> edition not the 19<sup>th</sup> edition:</p> <ol style="list-style-type: none"> <li>1. Ron Higdon, tested 4-4-2008</li> <li>2. Mark Woolridge, tested 8-12-2008</li> <li>3. Randy Howe, 8-12-2008, API 1104 Section 6 18<sup>th</sup> edition</li> </ol>	x			
46.	480-93-080(1)(b)	<p>Use of testing equipment to record and document essential variables  <b>Yes, O&amp;M Section 4.7.1</b>  <b>For welding tests used GP used left over actual 10" pipeline pipe. Now they are tested on similar 10" schedule 40 pipe to keep it realistic.</b></p>	x			
	480-93-115(2)	<p>Test leads on casings (without vents) installed after 9/05/1992  <b>O&amp;M Section 3.3.13</b>  <b>One casing, bare steel, installed in 1993, with vents and test leads.</b></p>	x			
	480-93-115(3)	<p>Sealing ends of casings or conduits on Transmission lines and main  <b>O&amp;M Section 3.3.13</b>  <b>Ends of the casing are sealed O&amp;M Section 7</b></p>	x			
	480-93-115(4)	<p>Sealing ends (nearest building wall) of casings or conduits on services  <b>O&amp;M Section No Services</b>  <b>Na no services, or crossings</b></p>	x			
	192.241(a)	<p>Visual Weld Inspector Training/Experience  <b>O&amp;M Section 4.8</b>  <b>Inspected by welder and then By welding representative, the Mill welding expert, Section 4.8. AND every weld is 100% radiographic to API 1104.</b></p>	x			

CONSTRUCTION RECORDS		S	U	N/A	N/C
What construction has been done or in progress. No natural gas piping has been done since 1993.					
192.243(b)(2)	Nondestructive Technician Qualification <b>O&amp;M Section 4.8</b> <b>Radiographic certified SNT-TC-1A, interpretation of test by level 2 or level 3</b>	x			
192.243(c)	NDT procedures <b>O&amp;M Section 4 Appendix</b> <b>By Braun for qualification</b>	x			
192.243(f)	Total Number of Girth Welds <b>O&amp;M Section 4.8 all welds</b> <b>About 250 approx when line built, none since then</b>	x			
192.243(f)	Number of Welds Inspected by NDT <b>O&amp;M Section 4.8 all welds</b> <b>100%</b>	x			
192.243(f)	Number of Welds Rejected <b>O&amp;M Section 4.8 welds</b> <b>none</b>	x			
192.243(f)	Disposition of each Weld Rejected <b>O&amp;M Section 4.8</b> <b>none</b>	x			
480-93-080(1)(b)	Use of testing equipment to record and document essential variables <b>O&amp;M Section 4.7.1,</b>	x			
480-93-115(2)	Test leads on casings (without vents) installed after 9/05/1992 <b>O&amp;M Section 3.3.13</b> <b>One casing, bare steel, installed in 1993, with vents and test leads.</b>	x			
480-93-115(3)	Sealing ends of casings or conduits on Transmission lines and main <b>O&amp;M Section 3.3.13</b> <b>The one is sealed and vented.</b>	x			
480-93-115(4)	Sealing ends (nearest building wall) of casings or conduits on services <b>O&amp;M Section No Services</b> <b>none</b>	x			
192.303	<b>Construction Specifications</b> <b>The as built is in the manual, Reviewed 10-18-1993 As Built</b>	x			
192.325	Underground Clearance <b>O&amp;M Section 7 3.03</b>	x			
192.327	Amount, Location, Cover of each Size of Pipe Installed <b>O&amp;M Section 7 3.03</b> <b>When 10" installed, it was installed at 60 inches</b>	x			
480-93-160(1)	Detailed report filed 45 days prior to construction or replacement of transmission pipelines $\geq$ 100 feet in length <b>O&amp;M Section</b> <b>none</b>	x			
480-93-170(3)	Pressure Tests Performed on new and replacement pipelines <b>O&amp;M Section 7 1.04</b> <b>No replacement pipe, but did pressure for starting up. Was hydro tested to 1200 for design to get 800 psig MAOP even though Dennis' proximity allows for only 250 MAOP. (10.4% SYMS)</b>	x			
480-93-170(10)	Pressure Testing Equipment checked for Accuracy/Intervals (Manufacturers Recom or Operators schedule) <b>O&amp;M Section 7 1.04d</b> Reviewed hydro test instrument certification when built.  Paul Baker provided instrument calibration for Pressure Tests . Reviewed annual locked in read from Passport system for calibration. It is a fraud proof system  The Leak Survey FI unit used for the 2007 Leak survey was a rental and came with a letter dated 11-4-2007 certifying the calibration  Reviewed Health Calibration sheet copy in my notes	x			
480-93-175(1)	Study prepared and approved prior to moving and lowering of metallic pipelines > 60 psig <b>O&amp;M Section 4.15</b> <b>NONE</b>	x			

**Recent Pipeline Safety Advisory Bulletins: (Last 2 years)**

<u>Number</u>	<u>Date</u>	<u>Subject</u>
ADB-06-01	January 17, 2006	Pipeline Safety: Notice to Operators of Natural Gas and Hazardous Liquid Pipelines to Integrate Operator Qualification Regulations into Excavation Activities
ADB-06-02	June 16, 2006	Submission of Public Awareness Programs for Review
ADB-06-03	November 22, 2006	Pipeline Safety-Notice to Operators of Natural Gas and Hazardous Liquid Pipelines to Accurately Locate and Mark Underground Pipelines Before Construction-Related Excavation Activities Commence Near the Pipelines
ADB-06-04	December 28, 2006	Pipeline Safety: Lessons Learned From a Security Breach at a Liquefied Natural Gas Facility
ADB-07-01	April 27, 2007	Pipeline Safety: Senior Executive Signature and Certification of Integrity Management Program Performance Reports
ADB-07-02	September 6, 2007	Pipeline Safety: Updated Notification of the Susceptibility to Premature Brittle-Like Cracking of Older Plastic Pipe
ADB-07-02	February 29, 2008	Correction - Pipeline Safety: Updated Notification of the Susceptibility to Premature Brittle-Like Cracking of Older Plastic Pipe
ADB-08-02	February 28, 2008	Identifying Issues with Mechanical Couplings that Could Lead to Failure
ADB-08-03	March 10, 2008	Dangers of Abnormal Snow and Ice Build-Up on Gas Distribution Systems

Comments:

Facility Type	Facility ID Number	Location

<b>Comments:</b>
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CORROSION CONTROL RECORDS			S	U	N/A	N/C
192.491	Remedial: Replaced or Repaired Pipe; coated and protected; corrosion evaluation and actions .483/.485 none		x			

Document Number	Revision Date	Date Range Reviewed	Pct of Data Reviewed

*Comments: 480-93-110  
Corrosion control.*

*(4) Each gas pipeline company's procedures manual must have written procedures explaining how cathodic protection related surveys, reads, and tests will be conducted. Examples of such procedures include, but are not limited to, how to determine IR drop (as defined in 49 CFR § 192 Appendix D), how to conduct electrical surveys, how to test casings for electrical isolation, how to test casings for shorted conditions, and how to measure and interpret 49 CFR § 192 Appendix D criteria.  
Procedure in O&M 3.3.6 Section, suggested detail procedure need to be more detailed Roy making for interrupters, ir drops*

PIPELINE INSPECTION (Field)			S	U	N/A	N/C
192.161	Supports and anchors		x			
192.179	Valve Protection from Tampering or Damage <b>All double locked</b>		x			
480-93-015(1)	Odorization levels		x			
192.463	Levels of Cathodic Protection		x			
192.465	Rectifiers <b>Inside salvage building</b>		x			
192.467	CP - Electrical Isolation		x			
192.469	Test Stations (Sufficient Number) <b>18 on 1.6 mile pipeline</b>		x			
192.479	Pipeline Components Exposed to the Atmosphere <b>OQ test</b>		x			
192.481	Atmospheric Corrosion - monitoring		x			
480-93-115(2)	Casings – Test Leads (Casings w/o vents installed after 9/05/1992) <b>One casing on Union St</b>		x			
192.605	Knowledge of Operating Personnel		x			
613(b), 703	Pipeline condition, unsatisfactory conditions, hazards, etc.		x			
480-93-124	Pipeline Markers		x			
192.751	Warning Signs		x			
192.719	Pre-pressure Tested Pipe ( <b>Markings and Inventory</b> )		x			
192.739	Pressure Limiting and Regulating Devices ( <b>Mechanical</b> )		x			
192.743	Pressure Limiting and Regulating Devices ( <b>Capacities</b> )		x			
192.745	Valve Maintenance		x			
192.801 - 192.809	Operator qualification questions – Refer to OQ Field Inspection Protocol Form (Rev 3, Feb 08)		x			

**Facility Sites Visited:**

CORROSION CONTROL RECORDS			S	U	N/A	N/C
192.453	CP procedures (system design, installation, operation, and maintenance) must be carried out by qualified personnel <b>Roy Rogers is NACE certified</b>	x				
192.455(a)(2)	CP system installed on and operating within 1 yr of completion of pipeline construction (after 7/31/71)	x				
192.465(a)	Annual Pipe-to-soil Monitoring (1 per yr/15 months) for short sections (10% per year; all in 10 years) <b>18 test stations, Reviewed Corrosion Control inspection report for 2006 and 2007 for casing also , have chart with native before line installed, they have instant offs for every year since plant was built.</b>	x				
192.491	Maps or Records .491(a)	x				
192.491	Examination of Buried Pipe when Exposed .459 <b>Only exposed once in 2004</b>	x				
480-93-110(8)	CP test reading on all exposed facilities where coating has been removed <b>No underground coating has every been removed</b>	x				
192.491	Annual Pipe-to-soil Monitoring (1 per yr/15 months) .465(a) <b>Done at test stations</b>	x				
192.491	Rectifier Monitoring (6 per yr/2½ months) .465(b) Reviewed Corrosion Control inspection report for 2006 and 2007 Reviewed <b>Corrosion Control inspection report for 2006 and 2007</b>	x				
192.491	Interference Bond Monitoring – Critical (6 per yr/2½ months) .465(c) <b>none</b>	x				
192.491	Interference Bond Monitoring – Non-critical (1 per yr/15 months) .465(c) <b>none</b>	x				
192.491	Prompt Remedial Actions .465(d) <b>Section 3.3.9</b>	x				
192.491	Unprotected Pipeline Surveys, CP active corrosion areas (1 per 3 cal yr/39 months) .465(e) <b>No unprotected pipe</b>	x				
192.491	Electrical Isolation (Including Casings) .467 <b>Reviewed Corrosion Control inspection report for 2006 and 2007</b>	x				
480-93-110(2)	Remedial action taken within 90 days (Up to 30 additional days if other circumstances. Must document) .465(d) <b>Reviewed Corrosion Control inspection report for 2006 and 2007</b>	x				
480-93-110(3)	CP Test Equipment and Instruments checked for Accuracy/Intervals (Mfet Rec or Opr Sched) Reviewed procedure Multi Meter Accuracy test, In manual Section 3.3.16 Bench Fluke meter is calibrated annually reviewed certificate of calibration back to 2005	x				
480-93-110(5)	Casings inspected/tested annually not to exceed fifteen months <b>Reviewed Corrosion Control inspection report for 2006 and 2007</b>	x				
480-93-110(5)(a)	Casings w/no test leads installed prior to 9/05/1992. Demonstrate other acceptable test methods <b>Line installed in 1993 NA</b>	x				
480-93-110(5)(b)	Possible shorted conditions – Perform confirmatory follow-up inspection within 90 days <b>Section 3.3.6.3</b>	x				
480-93-110(5)(c)	Casing shorts cleared when practical <b>none</b>	x				
480-93-110(5)(d)	Shorted conditions leak surveyed within 90 days of discovery. Twice annually/7.5 months <b>Section 3.3.6.3</b>	x				
192.491	Interference Currents .473 <b>Section 3.3.13, Do monitor for transmission electrical line. Currently is 8v, if it exceeds 12v will be corrected.</b>	x				
192.491	Internal Corrosion; Corrosive Gas Investigation .475(a)	x				
192.491	Internal Corrosion; Internal Surface Inspection; Pipe Replacement .475(b)	x				
192.491	Internal Corrosion Control Coupon Monitoring (2 per yr/7½ months) .477 <b>No coupons, installing moisture monitor in Battleground, Williams checks filters and Roy ICDA concluded no internal wall loss at first 90. Did detailed ultra sonic of first 90</b>	x				
192.491	Atmospheric Corrosion Control Monitoring (1 per 3 cal yr/39 months onshore; 1 per yr/15 months offshore) .481 Reviewed Corrosion Control inspection report for 2006 and 2007 In field currently painting recoating the all exposed surfaces	x				

OPERATIONS and MAINTENANCE RECORDS			S	U	N/A	N/C
192.709	Pressure Limiting and Regulating Stations (1 per yr/15 months) .739 See Williams tests - Review email from Williams with their overprotection		x			
	The reg stations that cuts from 250 to 50. Is per Dennis under jurisdiction of international Mechanical code. From custody flange ASME B 313 is for plant piping. Also, it is inside the plant fence					
192.709	Pressure Limiting and Regulator Stations – Capacity (1 per yr/15 months) .743 Maintenance group does maintenance on regulators, it is a dual monitor system, but we do not have jurisdiction.		x			
192.709	Valve Maintenance (1 per yr/15 months) .745 Reviewed 2006 and 2007 valve maintenance. In 2007, the mill 3 year maintenance shut down occurred and all valves including the 3 emergency valves were 100 % operated. 480-93-100 Valves. (1) Each gas pipeline company must have a written valve maintenance program detailing the valve selection process, inspection, maintenance, and operating procedures. The written program must detail which valves will be maintained under 49 CFR § 192.745, 49 CFR § 192.747, and this subsection. <b>FOUND IN SECTION 3.15</b> The written program must also outline how the gas pipeline company will monitor and maintain valves during construction projects to <b>FOUND IN SECTION 3.15</b> ensure accessibility. The following criteria and locations must be incorporated in the written program. The written program shall explain how each of the following are considered in selecting which valves require annual inspections and maintenance under 49 CFR § 192.747: <b>NA BECAUSE THEY INSPECT EVERY VALVE ANNUALLY O&amp;M SAYS IN SECTION 3.15</b> (4) Each gas pipeline company must select which valves to inspect based on the unique operating conditions of the company's pipeline system(s). <b>100% INSPECTED</b> (5) Each gas pipeline company must install and maintain valves for the purpose of resulting from a gas pipeline emergency and to aid in the timely control of an uncontrolled release of gas. . Each gas pipeline company must also incorporate its valve programs established in plan and other plans and procedures designed to protect life and property in the event of an emergency. Wording for protection of life and property not in valve section, it is in the Life and safety section 2 of O&M. Williams' remote valve takes care of physical aspect.		x			
192.709	Vault Maintenance (≥200 cubic feet)(1 per yr/15 months) .749 <b>NONE</b>		X			
192.603(b)	Prevention of Accidental Ignition (hot work permits) .751 <b>Section 4.9</b>		x			
192.603(b)	Welding – Procedure .225(b) <b>Section 4.1 Titled Repair Procedures</b>		x			
192.603(b)	Welding – Welder Qualification .227/.229 <b>ASME Boiler Vessel Section 9, tested API 1104 Section 6 19<sup>th</sup> editions O&amp;M 4.7. 03</b>		x			
192.603(b)	NDT – NDT Personnel Qualification .243(b)(2)		x			
192.709	NDT Records (Pipeline Life) .243(f) <b>O&amp;M Section 4.8,</b>		x			
192.709	Repair: pipe (Pipeline Life); Other than pipe (5 years) <b>O&amp;M Section 4.8, save for life of pipeline</b>		x			

Documentation Reviewed:				
Document Title	Document Number	Revision Date	Date Range Reviewed	Pct of Data Reviewed

Comments:  
Is WAC 480-93-250 in O&M into effect 6-2008 – yes and Roy will include 19.122 definition of damage

OPERATIONS and MAINTENANCE RECORDS			S	U	N/A	N/C												
480-93-185(3)	Leaks originating from a foreign source reported promptly/notification by mail/record retained <b>No certified letter sent because it was inside plant and they discovered it</b>		x															
480-93-187	Gas Leak records <b>none</b>		x															
480-93-188(1)	Gas Leak surveys <b>Annually, and found no leaks</b>		x															
480-93-188(2)	Gas detection instruments tested for accuracy/intervals (Mfct rec or monthly not to exceed 45 days) <b>Goes someplace else detailed procedures can cross reference to OQ</b>		x															
480-93-188(3)	Leak survey frequency (Refer to Table Below)		x															
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480-93-188(4)(a)	Special leak surveys - Prior to paving or resurfacing, following street alterations or repairs <b>Only special survey done in mid 1990. O&amp;M Section 3.2.2</b>		x															
480-93-188(4)(b)	Special leak surveys - areas where substructure construction occurs adjacent to underground gas facilities, and damage could have occurred <b>none</b>		x															
480-93-188(4)(c)	Special leak surveys - Unstable soil areas where active gas lines could be affected <b>Only special survey done in mid 1990</b>		x															
480-93-188(4)(d)	Special leak surveys - areas and at times of unusual activity, such as earthquake, floods, and explosions <b>Only special survey; don in mid 19 90s.</b>		x															
480-93-188(5)	Gas Survey Records <b>Reviewed annual gas leak records for 2006 and 2007</b>		x															
480-93-188(6)	Leak Survey Program/Self Audits Reviewed the 2006 Continuing Surveillance Summary Section 2 Leak survey. <b>This report is prepared by Roy and given Camas</b>		x															
192.709	Patrolling (Refer to Table Below) .705 <b>Do bi monthly (6 times a year) Reviewed Pipeline Right of Way Survey, for 2007 and 2006</b>		x															
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192.709	Leak Surveys (Refer to Table Below) .706		x															
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80-93-188																		
192.603b/.727g	Abandoned Pipelines; Underwater Facility Reports .727		x															
192.709	Compressor Station Relief Devices (1 per yr/15 months) .731(a) <b>No compressor station</b>		x															
192.709	Compressor Station Emergency Shutdown (1 per yr/15 months) .731(c) <b>No compressor station</b>		x															
192.709	Compressor Stations – Detection and Alarms (Performance Test) .736(c) <b>No compressor station</b>		x															



OPERATIONS and MAINTENANCE RECORDS		S	U	NA	NC
	<p>* Refer to API RP 1162 for additional requirements, including general program recommendations, supplemental requirements, recordkeeping, program evaluation, etc.</p> <p>30 mailing on list – Don't have residence names – Roy physically drove up and down streets and got every address. People didn't want to talk to him because they do not buy gas from GP and Camas would not be here if not for GP. People are aware of GP gas main. GP does everything annually. Reviewed Hugh packet sent to public officials, Reviewed pages sent to residence along line. Reviewed mailing list of 50 residents on line. Upper management would be Greg Collins and he is directly involved in process, therefore no formal notification was sent to him. Steve is responsible for interaction with regulatory agencies. This is in process so he was not notified. Ok. Camas is measuring effectiveness by # of damages and there has only been one pipe exposure in 15 years by a Mill Contractor therefore program is effective. Reviewed Public Awareness Program 2007 Effectiveness Review</p>				
192.603(b)	<p>The program conducted in English and any other languages commonly understood by a significant number of the population in the operator's area. .616(g)  <b>Only English, no other prevalent languages</b></p>	x			
192.603(b)	<p>Analyzing accidents and failures including laboratory analysis where appropriate to determine cause and prevention of recurrence .617  <b>No failures but have had Heath do foreign leak test</b></p>	x			
192.517	<p>Pressure Testing  <b>No pressure testing since the line was built. In O&amp;M Section 6, all information would be included if they did pressure test</b></p>	x			
.553(b)	<p>Uprating  <b>Don't plan on any</b></p>	x			
192.709	<p>Maximum Allowable Operating Pressure (MAOP) .619  <b>250 psi but designed for 800 psi</b></p>	x			
480-93-015(1)	<p>Odorization of Gas – Concentrations adequate  <b>Provided by NW Natural at Williams Battleground Compressor station</b></p>	x			
480-93-015(2)	<p>Monthly Odorant Sniff Testing  <b>2007 Reviewed 1-2006 thru 12-2007</b></p>	x			
480-93-015(3)	<p>Prompt action taken to investigate and remediate odorant concentrations not meeting the minimum requirements  <b>Would be see O&amp;M Section 3.1.2</b></p>	x			
480-93-015(4)	<p>Odorant Testing Equipment Calibration/Intervals (Annually or Manufacturers Recommendation)  <b>Use Heath Odorator, Reviewed Certification of calibration odorator serial number 2023-3 on 11/7/05,  Same piece of equipment on 12/9/2006 and 11/29/2007</b></p>	x			
480-93-124(3)	<p>Pipeline markers attached to bridges or other spans inspected? 1/yr(15 months)  (1) Each gas pipeline company must place pipeline markers at the following locations:  (a) Where practical, over pipelines operating above two hundred fifty psig;  <b>Whole line every 250 feet and every 50 feet in Mill</b>  (b) Over mains and transmission lines crossing navigable waterways (custom signage may be required to ensure visibility);  2 Sign on island, markers on each bank  (c) Over mains and transmission lines at river, creek, drainage ditch, or irrigation canal crossings where hydraulic scouring, dredging, or other activity could pose a risk to the pipeline (custom signage may be required to ensure visibility);  <b>non navigable water way only fishing</b>  (d) Over gas pipelines at railroad crossings;  <b>none</b>  (e) At above ground  <b>Valves have markers, where it cuts from 250 to 50 are markers</b></p> <p>(7) Each gas pipeline company must have records such as maps or drawings sufficient to indicate class  <b>yes</b></p>	x			
480-93-124(4) & (7)	<p>Markers reported missing or damaged replaced within 45 days?  <b>Ok, do by monthly patrols, Reviewed Pipeline R/W inspection conducted by monthly for 2007</b></p>	x			
480-93-185(1)	<p>Reported gas leaks investigated promptly/graded/record retained  <b>none</b></p>	x			

OPERATIONS and MAINTENANCE RECORDS		S	U	NA	NC											
192.603(b)	Periodic review of personnel work – effectiveness of normal O&M procedures .605(b)(8) <b>O&amp;M Section</b> <b>Roy is subject matter expert and does work so no formal evaluation of self. Company is happy</b>	x														
192.603(b)	Periodic review of personnel work – effectiveness of abnormal operation procedures .605(c)(4) <b>O&amp;M Section</b> <b>Haven't had any, so only reference is training for potential abnormal operating condition. Section 6.8. If any evaluation were to be done, the OQ book would be used and OQ procedure followed</b>	x														
Q 80, 192.709	Damage Prevention (Miscellaneous) .614 <b>*Section 3.7</b> *Reviewed List of contractors	x														
192.709	Class Location Study (If Applicable) .609	x														
192.603(b)	Location Specific Emergency Plan .615(b)(1) One duty officer on shift 24 7, and take all initial calls, includes gas odor in plant most are not natural gas, medical. Reviewed OQ Manual , Emergency Section 2 of O&M, Reviewed copy of training (have copy) Are OQed, <b>*Roy does locates and Stands by during excavation when possible, if he can't stand by maintenance employees do stand by</b>	x														
192.603(b)	Emergency Procedure training, verify effectiveness of training .615(b)(2) <b>See notes from above</b>	x														
192.603(b)	Employee Emergency activity review, determine if procedures were followed. .615(b)(3) <b>No emergency to review, they do drills last drill was 2006</b>	x														
192.603(b) Request copy of blue	Liaison Program with Public Officials .615(c) Reviewed Mutual Aid Agreement. Mutual aid with Camas and Washougal. they train together. and MERT does Haz Mat for all, fire dept has trucks, MERT does water safety and rescue <i>(a) Each operator shall establish and maintain liaison with appropriate fire, police, and other public officials to: Mutual aid Agreement and training Addressed in Public Awareness. There are 3 Groups 1.Public Agency 2. General Public, and 3Contractors. Section 2.3.1, Mill Wide Emergency Disaster Plan. Names on the Public agency list</i> <i>(1) Learn the responsibility and resources of each government organization that may respond to a gas pipeline emergency; Mutual Air Agreement</i> <i>(2) Acquaint the officials with the operator's ability in responding to a gas pipeline emergency; Mutual Aid Agreement</i> <i>(3) Identify the types of gas pipeline emergencies of which the operator notifies the officials; and, Mutual Aid Agreement</i> <i>(4) Plan how the operator and officials can engage in mutual assistance to minimize hazards to life or property. Mutual Aid Agreement</i>	x														
192.603(b)	<b>Public Awareness Program .616</b>															
	.616(e & f) Documentation properly and adequately reflects implementation of operator's Public Awareness Program requirements - Stakeholder Audience identification, message type and content, delivery method and frequency, supplemental enhancements, program evaluations, etc. (i.e. contact or mailing rosters, postage receipts, return receipts, audience contact documentation, etc. for emergency responder, public officials, school superintendents, program evaluations, etc.). See table below:	x														
	Operators in existence on June 20, 2005, must have completed their written programs no later than June 20, 2006. See 192.616(a) and (j) for exceptions.															
	<b>API RP 1162 Baseline* Recommended Message Deliveries</b>															
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OPERATIONS and MAINTENANCE RECORDS			S	U	NA	NC
	192.603(a)	<p>Procedural Manual Review – Operations and Maintenance (1 per yr/15 months) .605(a)  <b>O&amp;M Section</b>  Reviewed the 2007, 2006, Operations and Maintenance Manual Update. It states which section have been updated</p> <p>a) <i>192.603 General. Each operator shall prepare and follow for each pipeline, a manual of written procedures for conducting operations and maintenance activities and for emergency response. For transmission lines, the manual must also include procedures for handling abnormal operations. O&amp;M Section 3 listed</i></p> <p>b) .  Appropriate parts of the manual must be kept at locations where operations and maintenance activities are conducted.  <b>Following persons/places have copies; 1. Contractors, 2. Greg Collins, 3. MERT, 4. Steve Young and 5. Utilities have readily available in the offices. The O&amp;M is always within 3000 feet (inside plant). If maintenance employee would do gas work they would make copy of task and carry with them. Roy does physical pipeline work etc. It would be rare that a GP employee did any. GP employees are not just natural gas and they do not keep O&amp;M with them.</b></p> <p>(3) . . . Welder and plastic joiner qualification cards are subject to commission inspection at all times when qualified personnel are working on facilities subject to commission jurisdiction. <b>Camas employees within 3000 feet of their qualification. They do not carry cards in accordance with 480-93-080. Number of Camas employees only carry badge because it is a controlled access facility and they are in mill work clothes. If Welding on pipeline is done Roy said that they would have welding certification on site.</b></p> <p><b>Last time the O&amp;M manual was updated was in 2006, because of the 2005 order, copies of updates received, reviewed and accepted commission 2006. GP reviewed the manual but did not updated in 2007</b></p> <p><b>Section 3.5 GP said make sure employees know changes. Roy does AOC and manual review every year for MERT and maintenance people Reviewed 2007 training day agenda have copy</b></p> <p><b>NOTE: Their valves manufacture (PVB) says don't maintain only use special lube when closing</b></p>	x			
	192.603(b)	<p><u>192.605 Procedural manual for operations, maintenance, and emergencies</u>  (c) <i>Abnormal operation. For transmission lines, the manual required by paragraph (a) of this section must include procedures for the following to provide safety when operating design limits have been exceeded:</i></p> <p>(1) <i>Responding to, investigating, and correcting the cause of:</i></p> <p>(i) <i>Unintended closure of valves or shutdowns; FOUND IN Section 3.1.5. and procedure 3.1.6 ok reviewed 9-30-2008 at plant</i></p> <p>(ii) <i>Increase or decrease in pressure or flow rate outside normal operating limits; OQ001, OQ manual over pressurization of pipeline , page 2 of 4 reviewed annually with field workers ok</i></p> <p>(iii) <i>Loss of communications;</i></p> <p>(iv) <i>Operation of any safety device; and, OQ001 pg 3 of 4, reviewed</i></p> <p><b>Failure of pipeline components section</b></p> <p>(v) <i>Any other foreseeable malfunction of a component, deviation from normal operation, or personnel error which may result in a hazard to persons or property.</i></p> <p><b>O&amp;M Section</b></p>	x			
	192.603(b)	<p>Availability of construction records, maps, operating history to operating personnel .605(b)(3)  <b>O&amp;M Section Yes, always within 3000 feet</b></p>	x			

**CONSTRUCTION RECORDS**

What construction has been done or in progress. No natural gas piping has been done since 1993.

			S	U	N/A	N/C
192.455	Cathodic Protection O&M Section 3.3 Whole system protected with one rectifier.		x			

**Documentation Reviewed:**

Document Title	Document Number	Revision Date	Date Range Reviewed	Pct of Data Reviewed
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**Comments:**

Requested Williams 2007 overpressure protection  
Reviewed WGP Regulator inspection report dated 11/26/2007

**OPERATIONS and MAINTENANCE RECORDS**

			S	U	N/A	N/C
192.14	<b>Conversion To Service Performance and Records</b>					
192.14 (a)(2)	Visual inspection of right of way, aboveground and selected underground segments O&M Section None		x			
192.14 (a)(3)	Correction of unsafe defects and conditions O&M Section None		x			
192.14 (a)(4)	Pipeline testing in accordance with Subpart J O&M Section At initial start up of pipeline		x			
192.14 (b)	Pipeline records: investigations, tests, repairs, replacements, alterations (life of pipeline) O&M Section None		x			
192.16	Customer Notification (Verification – 90 days – and Elements) O&M Section NA no external customers Georgia Pacific only customer – no others		x			