

PHMSA Pipeline Drug & Alcohol Questions

Instructions

1. Use in conjunction with Unit inspections
2. Interview the primary operator contact for the Unit inspection you are conducting and enter their responses. Do not request the operator substance abuse expert to provide responses to these questions.
3. Send completed form to stanley.kastanas@dot.gov

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|--|---------------------------|----------------|---------------------|
| Name of Operator | Cascade Natural Gas | Op ID # | 31522(CNG) |
| Inspector | Lex Vinsel | Unit # | Lamb Westin/BSW |
| Date of Inspection | May 25-27, 2010 | | |
| Inspection Location City & State | Moses Lake, WA | | |
| Operator Employee Interviewed | Keith Meissner | Phone # | 206-381-6734 |
| Position/Title | Compliance Contact | | |
| Operator Designated Employer Representative (DER), (a.k.a. Substance Abuse Program Manager) | | Bob Harris | |
| DER Phone # | 206-381-6712 | | |

| §199 | Pipeline Safety Regulations Drug and Alcohol Testing | Yes | No | Does Not Know |
|---|--|-----|----|---------------|
| .3, .101 .201, .245 | 1. Does the company have a plan for drug and alcohol testing of employees and contractors performing, or ready to perform, covered functions of operations, maintenance, and emergency response? | X | | |
| Comments | | | | |
| .3 .105(c) .225(b) | 2. Does the company perform random drug testing and reasonable suspicion drug and alcohol testing of employees performing covered functions? For random drug testing, enter the number of times per year employees are selected and the number of employees in each selection in Comments below. | X | | |
| Comments | | | | |
| .3 .105(b) | 3. Does the company conduct post-accident/incident drug and alcohol testing for employees who have caused or contributed to the consequences of an accident/incident? Enter the position/title of the employee who would make the decision to conduct post-accident/incident testing in Comments below. | X | | |
| Comments | Bob Harris would make the determination. | | | |
| .113(c) .117(a)(4) .227(b)(2) .241 | 4. Does the company provide training for supervisors on the detection of potential drug abuse (minimum 60 minutes) and alcohol misuse (minimum 60 minutes)? | X | | |
| Comments | | | | |
| .3 .113(b) .117(a)(4) .239(b)(11) | 5. Does the company give covered employees an explanation of the drug & alcohol policies and distribute information about the Employee Assistance Program, including a hotline number? Provide details in Comments below. | X | | |
| Comments | EAP Newsletter – First Choice Health – 800-777-4114 | | | |