

WUTC
HEADQUARTERS INSPECTION FORM
ALCOHOL MISUSE PREVENTION PROGRAM

Name of Operator:	City of Enumclaw		
OP ID No.	UTC Representative (s): Patti Johnson and Stephan Z		
HQ Address: 2041 Railroad	Inspection Date(s): January 7 - January		
Co. Official:	Jim Filsrand	Co. Official:	Jim Filsrand
Phone No.:	(360) 825 5541	Phone No.:	(360) 825 5541
Fax No.:		Fax No.:	
Emergency Phone No.:		Emergency Phone No.:	
Persons Interviewed	Title	Persons Interviewed	
Jim Filsrand	Gas Manager	Jim Filsrand	
Jodine Burke	Payroll Clerk	Jodine Burke	

Type of Facility:

Gas Transmission Pipeline
 Gas Distribution System

Hazardous Liquid Pipeline
 Liquefied Natural Gas

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

Operator
 Contractor
 Consortium

Operator
 Contractor
 Consortium

Contractor records maintained by:

Operator
 Contractor
 Consortium

Specimen collection conducted by:

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

WUTC
HEADQUARTERS INSPECTION FORM
ALCOHOL MISUSE PREVENTION PROGRAM

§199.202 Alcohol misuse plan		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.202	Does the operator maintain and follow a written Alcohol Misuse Plan (AMP)? Does the AMP contain:	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.202	Provisions for conducting alcohol tests in accordance with DOT procedures found in 49 CFR Part 40?	Note: Clarification of company policy vs. DOT requirements. Company policy should be identified by using bold and underlined type.
<input checked="" type="checkbox"/> <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? Testing: written Record Keeping: written Reporting: Education: SEE NOTE Training: In manual under required Record Keeping A6a-d. Enumclaw does pre employment testing. Must be negative. Annual in house awareness for drug and alcohol. Page 11 and mentions sign New Hire Acknowledgement form. This was always done but the form was created for this inspection and will be used in future Reviewed Drug Abuse and	

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

	Alcohol misuse training guide for CDL drivers pamphlet and New Hire Acknowledgement form and Annual Drug abuse and Alcohol misuse Awareness training	
--	---	--

Comments

WUTC
HEADQUARTERS INSPECTION FORM
ALCOHOL MISUSE PREVENTION PROGRAM

§199.209 Other requirements imposed by operators		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.209(a)	Does the plan address authority of operator or rights of employee with regard to use or possession of alcohol or rehabilitation? Page 5 in bold underline prohibits use.	
<input checked="" 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— Enumclaw does not do pre employment alcohol testing PV page 7 G under Rules on the Disclosure of Alcohol information and records Page 12 3 for contract employee Page 19 on consent form.	
<input checked="" 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. Do No do pre employment testing.	Whether a <u>new employee</u> or <u>someone who has transferred</u> to a position involving the performance of covered functions.
<input checked="" 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;	Must not test some covered employees and not others
<input checked="" 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; Do not do pre employment testing	
<input checked="" 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 Do not do	DOT Procedures found in 49 CFR Part 40
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Not allow any covered employee to begin performing covered	

WUTC
HEADQUARTERS INSPECTION FORM
ALCOHOL MISUSE PREVENTION PROGRAM

§199.209(b)(5)	functions unless the result of the employee's test indicates an alcohol concentration of less than 0.04. Page 5 under Alcohol Concentration of .04 or greater	
§199.211 Requirement for notice		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.211	Does the plan specify operator's procedures for notification to employees prior to conducting alcohol testing? Starts Page 3 For a suspension test would have 2 hours. Enumclaw has fired one person for this. 1998.	Plan must contain specific details on how this is accomplished and what information is provided to employees.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.211	Does the plan clearly delineate under what authority the alcohol testing is being conducted? Page 13 the Employee consent form and authorization for breath alcohol testing, and release of information.	

§199.215 Alcohol concentration		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" 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 Page 5 Prohibited alcohol related conduct	
<input checked="" 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 knowledge that an employee has an alcohol concentration of 0.04 or greater? Page 6 Possible disciplinary action for alcohol misuse and form on page 13	
§199.217 On-duty use		

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

<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.217	Does the plan specify that on-duty use of alcohol is prohibited? Page 5 Prohibited alcohol related conduct	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.217	Does the plan specify that no employee may be allowed to perform or continue to perform a covered function, if an employee has used alcohol while on-duty? Page 5 Prohibited Alcohol related conduct	
§199.219 Pre-duty use		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.219	Does the plan contain provisions that prohibit the use of an employee who has used alcohol within 4 hours of reporting for duty? Page 5 Pre Duty Use Within Four hours	

COMMENTS

WUTC
HEADQUARTERS INSPECTION FORM
ALCOHOL MISUSE PREVENTION PROGRAM

§199.219 Pre-duty use		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" 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? Page 5 Pre Duty use Within Four hours	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.219	Does the plan address that an operator who has actual knowledge that an employee has used alcohol, once being notified to respond to an emergency shall not allow the employee to perform covered functions? Page 5 Pre Duty us Within Four Hours	
§199.221 Use following an accident		
<input checked="" 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? Page 3 The requirements for each type of testing are as follows: 1	
<input checked="" 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? Page 4 The re requirements for each type of testing are as follows : 4	

COMMENTS

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

§199.223 Refusal to submit to a required alcohol test		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.223	Does the plan prohibit an employee's refusal to submit to a post-accident test? 199.225(a) Page 3 The requirements for each type of testing are as follows: 3 and	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.223	Does the plan prohibit an employee's refusal to submit to a reasonable suspicion test? 199.225(b) Page 4 under reasonable suspicious testing 5	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.223	Does the plan prohibit an employee's refusal to submit to a follow-up test? 199.225(d) Page 4 Return to Duty and page 5 Follow up testing it implies that they cannot refuse. AND Page 6 under Penalty for not submitting to an Alcohol test	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.223	Does the plan address that an employee's refusal to submit to a test shall result in that employee not being permitted to perform or continue to perform covered functions? Page 6 Penalty for Not submitting to an alcohol test	
§199.225 Alcohol tests required		
	Does the operator's plan provide for the following:	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)	Post-Accident Does the plan specify alcohol testing for post-accident and address the following:	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(1)	1. The operator shall conduct the testing as	

WUTC
HEADQUARTERS INSPECTION FORM
ALCOHOL MISUSE PREVENTION PROGRAM

	<p>soon as practicable. Page 3 when testing must occur The requirements or each type of testing are as follows; 2</p>	
--	--	--

COMMENTS

WUTC
HEADQUARTERS INSPECTION FORM
ALCOHOL MISUSE PREVENTION PROGRAM

§199.225 Alcohol tests required		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(1)	2. Each surviving covered employee shall be tested if an employee's performance either contributed or cannot be completely discounted. Page 3 The requirements for each type of testing are as follows 1	
<input checked="" 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. Page 3 The requirements for each type of testing are as follows 1 – would be documented in Accident for comments	This determination should be based on the best available information at the time of the accident.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(2)(i)	4. Is the test conducted within 2 hours? Page 3 The requirements for each type of testing are as follows 2	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(2)(i)	5. If test was not conducted within 2 hours, does the operator prepare and maintain a record stating why the test was not administered. Page 3 The requirements for each type of testing are as follows 2	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(2)(i)	6. Does the operator attempt testing up to 8 hours following an accident? Page 3 The requirements for each type of testing are as follows 2	The operator may attempt to test up to 8 hours after which time all attempts must cease.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(2)(i)	7. Is a record prepared and maintained as to why a test	

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

	<p>was not administered within 8 hours?</p> <p>Page 3 The requirements for each type of testing are as follows 2</p>	
<p><input checked="" 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.</p> <p>Page 3 The requirements for each type of testing are as follows 3</p>	

COMMENTS

WUTC
HEADQUARTERS INSPECTION FORM
ALCOHOL MISUSE PREVENTION PROGRAM

§199.225 Alcohol tests required		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(3)	Does the plan specify that failure to remain readily available will be deemed as a refusal to test? Page 3 The requirements for each type of testing are as follows 3	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(3)	Does the plan address provisions regarding the need for medical attention? Page 4 The requirements for each type of testing are as follows	Note: No operator shall delay medical treatment or delay emergency response pending an alcohol test.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(a)(3)	Does the plan provide provisions regarding the need to leave an accident scene to obtain assistance in responding to the accident? Page 3 top 3	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(1)	Reasonable Suspicion Does the plan specify reasonable suspicion alcohol testing and address the following elements: Page 4 Reasonable Suspicion testing 2	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(2)	1. Decisions to test shall be based on specific contemporaneous, articulable observations concerning the appearance, behavior, speech or body odor of the employee. Page 2 Reasonable Suspicion testing 2 and 7 Where Alcohol Tests will be preformed.	Note: The supervisor who makes the determination of reasonable suspicion shall not conduct the breath alcohol test on that employee.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(1)	2. The observations shall be made by one supervisor trained in detecting symptoms of alcohol misuse and must be documented. Page 3 under Reasonable	

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

	<p>Suspicion testing However it is documented that Mark Vanwieringen (completed date 3-8-06), is qualified.</p> <p>Suggest referring to Reasonable Suspicion of Alcohol Misuse Interview form on page 3 Reviewed Mark's certificate</p>	
--	---	--

COMMENTS

WUTC
HEADQUARTERS INSPECTION FORM
ALCOHOL MISUSE PREVENTION PROGRAM

§199.225 Alcohol tests required		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(3)	3. Does the plan authorize testing only when observations are made during, just before or just after performing covered functions? Page 5 Reasonable Suspicion Testing 3	When observations are required by §199.225(b)(2)
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(i)	4. Is the test conducted within 2 hours? Page 4 Reasonable Suspicion testing 4	Note: If test is not conducted within 2 hours, operator must document reason. Page 4 Reasonable Suspicion Testing 4
<input checked="" 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? Page 4 Reasonable Suspicion testing 4	
<input checked="" 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? Page 4 Reasonable Suspicion testing 4	The operator may attempt to test up to 8 hours after which time all attempts must cease. Page 4 Reasonable Suspicion testing 4
<input checked="" 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? Page 4 Reasonable Suspicion testing 4	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(iii)	Does the plan specify that an employee may not perform or continue to perform under the influence or be impaired by alcohol until:	
<input checked="" 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	

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

	<p>0.02; Page 7 Possible Disciplinary Action for alcohol Misuse B1</p>	
--	---	--

COMMENTS

WUTC
HEADQUARTERS INSPECTION FORM
ALCOHOL MISUSE PREVENTION PROGRAM

§199.225 Alcohol tests required		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(iii)(B)	2. The start of employee's next regular shift, but not less than 8 hours following determination to test. Page 7 Possible Disciplinary Action for alcohol Misuse B2	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(iv)	Does the plan stipulate that no action be taken by the operator against an employee based solely on employee's behavior and appearance in absence of a DOT alcohol test? Page 4 top 6	Note: Clarification of company policy vs. DOT requirements. Company policy should be identified by using bold and underlined type.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(b)(4)(iv)	Does the plan specify any independent authority imposed by the operator? Page 4 Top 6 Return-to-Duty	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(c)	Does the plan specify return-to-duty provisions? Page 4 Return to Duty Testing	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(c)	Does the plan specify prohibited conduct? Page 5 Prohibited Alcohol Related Conduct	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(c)	Does the plan specify the employee be administered a return-to-duty alcohol test? Page 5 Return to duty testing 2	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(c)	Does the plan indicate that an employee must have a return-to-duty test with an alcohol concentration below 0.02? Page 6 Possible Disciplinary	

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

	Actions for Alcohol Misuse	
--	-----------------------------------	--

COMMENTS

WUTC
HEADQUARTERS INSPECTION FORM
ALCOHOL MISUSE PREVENTION PROGRAM

§199.225 Alcohol tests required		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(d)	Follow-Up Tests Does the plan specify follow-up testing provisions to include:	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(d)(1)	1. Employees requiring assistance shall be subject to follow-up testing. Page 5, Follow up Testing	Assistance includes resolving problems associated with alcohol misuse.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(d)(1)	2. Employees shall be subject to testing in accordance with SAP determination. Page 5, Follow up Testing 1	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(d)(2)	3. Testing shall be conducted just before the employee is to perform; while an employee is performing; or just after the employee has ceased performing a covered function. Page 5, Follow up Testing 4	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(e)	Retesting Does the operator's plan specify retesting when:	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(e)	1. An employee's alcohol concentration is 0.02 or greater but less than 0.04. Page 6 Possible Disciplinary Actions for Alcohol Misuse B	

COMMENTS

WUTC
HEADQUARTERS INSPECTION FORM
ALCOHOL MISUSE PREVENTION PROGRAM

§199.225 Alcohol tests required		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.225(e)	2. An employee is to return-to-duty within 8 hours following administration of an alcohol test with an alcohol concentration of 0.02 or greater but less than 0.04. Page 7 Possible Disciplinary Actions for Alcohol Misuse B1 and B2	
§199.227/§40.333 Retention of records		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(a)	Does the operator maintain records in a secure location with controlled access? Page 7 Rules on the Disclosure of Alcohol Information and Records A and B	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)	Does the plan require the operator to keep the following records:	Do a review of records to verify that the plan is being carried out.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(1)	Records to be kept for 5 years 1. Employee alcohol tests results with alcohol concentration of 0.02 or greater. Page 9 Records will be maintained for the following periods B1a.	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(1)	2. Documentation of employee refusals to submit to required alcohol tests. Page 9 Records will be maintained for the following periods B1b	Each employer or its agent shall maintain these records.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(1)	3. Calibration documentation. Page 9 Records will be maintained for the following periods B1c	Each employer or its agent shall maintain these records.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(1)	4. Employee evaluations and referrals. Page 9 Records will be	Each employer or its agent shall maintain these records.

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

	maintained for the following periods B1d	
--	---	--

COMMENTS

WUTC
HEADQUARTERS INSPECTION FORM
ALCOHOL MISUSE PREVENTION PROGRAM

§199.227/§40.333 Retention of records		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(1)	5. Alcohol MIS annual report data Page 10 Records will be maintained for the following periods B1e	Each employer or its agent shall maintain these records
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §40.333	Records to be kept for 3 years Information obtained from previous employers under §40.25 concerning drug and alcohol test results of employees. Last employee came to work about 2000, before last inspection in 2002 no documentation. Page 8 c	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(2) / §40.333	Records to be kept for 2 years 1. Collection process records and training documentation. Page 10 Required Record keeping B2a and b.	Except calibration of EBT devices
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(b)(3) / §40.333	Records to be kept for 1 year 1. Records of all test results below 0.02 level. Page 10 Required record keeping B3 Page 11 under Required Records Keeping B Reviewed and all records have been kept	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)	Records related to collection process 1. Collection log books (if used). Page 10 Required Record Keeping B2a- Collection Sit information is	Each employer or its agent shall maintain these records

WUTC
HEADQUARTERS INSPECTION FORM
ALCOHOL MISUSE PREVENTION PROGRAM

	used No Alcohol test in 2005, 2006 or 2007	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(1)(ii)	2. Calibration documentation for EBT devices. Page 8 Required record keeping A1a	Each employer or its agent shall maintain these records
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(1)(iii)	2. Documents on BAT Training. Page 9 Required Record Keeping A1b	Each employer or its agent shall maintain these records

<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(1)(iv)	3. Documents supporting decisions to administer reasonable suspicion tests. *ok doc generated for decision for suspicious test –see form on page 14 is the Reasonable suspicious Alcohol Misuse interview form and Page 8 Required Record keeping A1c	Each employer or its agent shall maintain these records
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(1)(v)	4. Documents supporting decision to administer post-accident tests. *ok - doc generated for decision for post accident test – one has never been done but would use an incident report (have copy of it) Page 8 Required Record keeping A1d	
<input checked="" 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. Documentation verifying medical explanation of inability	

WUTC
HEADQUARTERS INSPECTION FORM
ALCOHOL MISUSE PREVENTION PROGRAM

	<p>to provide adequate breath for test would come from the testing facility (hospital) Page 8 Required Record keeping A1e</p>	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(2)(i)	Records related to results 1. Operator's copy of test form including copy of the test and result. Page 8 Required Record keeping A2a Enumclaw does not do alcohol testing OK	Must include results of test.
<input checked="" 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. Page 8 Required Record keeping A2b No Alcohol tests	
<input checked="" type="checkbox"/> §199.227(c)(2)(iii)	2. Documents supporting employee's dispute to result of alcohol test. Page 8 Required Record keeping A2c No Alcohol tests	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(3)	Records related to other violations of Part 199. Enumclaw has no other related violation records Page 8 Required Record keeping A3	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(4)(i)	Records related to evaluations 1. Records of determination by SAP concerning covered employee's need for assistance. Page 9 Required Record keeping A4a	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(4)(ii)	2. Records demonstrating employee's compliance with SAP recommendations.	

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

	Page 9 Required Record keeping A4 b	
--	--	--

COMMENTS

§199.227 Retention of records		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(5)	2. Records demonstrating operator's MIS annual testing data. Page 9 A5 Require Record Keeping	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(6)(i)	Records related to education and training 1. Alcohol Misuse Awareness materials. Page9 Required Record Keeping A6a Now have to sign that they got information	Obtain a copy of operator's policy on alcohol misuse.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(6)(ii)	2. Documents of compliance with requirements of access to facilities and records. 199.231 Page 9 Required Record Keeping A6b	
<input checked="" 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. Page 9 Required Record Keeping A6c	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.227(c)(6)(iv)	3. Documents certifying training requirements. Page 9 Required Record Keeping A6d	
§199.229 Reporting of alcohol testing results		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.229(a)/§40.25 and App H	Does the plan specify alcohol testing data to be maintained and reported to RSPA annually? Page 9 Required Report Keeping A5	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

WUTC
HEADQUARTERS INSPECTION FORM
ALCOHOL MISUSE PREVENTION PROGRAM

		(Jan. 1 – Dec. 31).
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.229(a))/§40.25 and App H	Does the operator provide documentation that information collected is being maintained? Page 11 B 1 e	

COMMENTS

§199.229 Reporting of alcohol testing results		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.229(a))/§40.25 and App H	Does the operator provide documentation that “missed” test information is being collected and maintained? Jodine Page 9 Required Record Keeping A5	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.
§199.231 Access to facilities and records		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.231(a)	Does the plan specify procedures regarding the release of employee information? Page 7 Rules on the Disclosure of Alcohol Information D	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.231(b)	Does the plan specify release of records pertaining to employee’s use of alcohol? Page 7 Rules on the Disclosure of Alcohol Information A-H	Records should include alcohol test results.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.231(b)	Does the plan address access to records by employee without payment restrictions? Page 7 Rules on the Disclosure of Alcohol Information E	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.231(c)	Does the plan specify access to records by the Secretary of Transportation, RSPA, or other DOT/State agency representatives? Page 10 A5 Required Record Keeping A5	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Does the plan specify release of	

WUTC
HEADQUARTERS INSPECTION FORM
ALCOHOL MISUSE PREVENTION PROGRAM

§199.231(d)	records including operator's alcohol testing results to the Secretary of Transportation, RSPA or other DOT/State agency representatives? Page 10 Required Record Keeping A5	
-------------	--	--

COMMENTS

WUTC
HEADQUARTERS INSPECTION FORM
ALCOHOL MISUSE PREVENTION PROGRAM

§199.231 Access to facilities and records		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.231(d)	Does the plan stipulate the release of name-specific alcohol test results when requested by appropriate officials? Page 7 Rules on the Disclosure of Alcohol Information and Records D	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.231(e)/§40.327(b)	Does the plan specify release of records to NTSB as part of an accident investigation? Page 10 Rules on the Disclosure of Alcohol Information and Records A 2 d	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.231(f)/§40.81(g)	Does the plan address provisions for release of records by operator to subsequent employer? Page 9 Rules on the Disclosure of Alcohol Information and Records I	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.231(f)/§40.320	Does the plan specify restrictions on release of records? Page 9 Rules on the Disclosure of Alcohol Information and Records H	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.231(g)/§40.323	Does the plan specify release of employee information to the employee, decision makers in a lawsuit, grievance, or other proceeding initiated by or on behalf of the individual? Page 9 Rules on the Disclosure of Alcohol Information and Records H	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.231(h) /§40.321(b)	Does the plan address the release of an employee's records upon the specific, written consent of the information to an identified person? Page 9 Rules on the Disclosure of Alcohol Information and	

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

	Records I	
--	------------------	--

COMMENTS

WUTC
HEADQUARTERS INSPECTION FORM
ALCOHOL MISUSE PREVENTION PROGRAM

§199.233 Removal from covered function		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.233	Does the plan specify provisions on removal from covered functions for violations of alcohol misuse? Under Reasonable Suspicion, When testing occur, Possible disciplinary action. Pages 3,4 and 6	Prohibited Conduct - alcohol concentration of 0.04 or greater, actual knowledge of on-duty use, actual knowledge of pre-duty use (4 hours prior to work), use of alcohol resulting in an accident and refusal to submit to an alcohol test.
§199.235 Required evaluation and testing		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.235	Does the plan address the requirement for a referral or evaluation, following an employee engaging in prohibited conduct? Page 5 Prohibited Alcohol Related Conduct and page 6 Possible Disciplinary Actions for Alcohol Misuse A 1-4 and B 1-2	
§199.237 Other alcohol-related conduct		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.237	Does the plan specify provisions where an employee has an alcohol concentration of 0.02 or greater but less than 0.04 to perform covered functions until: Page 6 Possible Disciplinary Actions for Alcohol Misuse A4 and B 1-2	Note: A covered employee may not perform or continue to perform covered functions if they have an alcohol concentration of 0.02 or greater.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.237(a)(1)	1. Employee's alcohol concentration is below 0.02, or Page 6 Possible Disciplinary Actions for Alcohol Misuse A4 and B 1-2	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.237(a)(2)	2. The employee's next scheduled tour of duty, or at least 8 hours have elapsed? Page 6 Possible Disciplinary	

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

	Actions for Alcohol Misuse A4 and B 1-2	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.237(b)	Does the plan specify that no action against an employee can be taken solely on a test result of less than 0.04? Page 6 Possible Disciplinary Actions for Alcohol Misuse A	However, this doesn't prohibit an operator from exercising their independent authority.

COMMENTS

WUTC
HEADQUARTERS INSPECTION FORM
ALCOHOL MISUSE PREVENTION PROGRAM

§199.239 Operator obligation to promulgate a policy on the misuse of alcohol		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(a)	Does the plan address educational materials that explain the alcohol requirements? Page 11 G under Employee and training and New Hire Acknowledge Form and Annual Drug Abuse and Alcohol Misuse Awareness Training	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(a)(1)	Does the plan stipulate that a copy of the material is provided to employees prior to the commencement of testing? Page 11 under Employee Training	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(a)(2)	Does the operator maintain written documentation to verify notice? Not in the past for this inspection a New Hire Acknowledgment form and Annual Drug --- Form	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(a)(2)	Does the plan specify that materials provided to employees address the following:	
<input checked="" 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. Page 11 Training	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(b)(2)	3. A list of covered employee categories. Page 17	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(b)(3)	3. Guidance on period of coverage during work day that an employee is subject to testing provisions. Page 2 Who must be tested	Note: Just before, during and just after ceasing to perform covered functions.

COMMENTS

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

WUTC
HEADQUARTERS INSPECTION FORM
ALCOHOL MISUSE PREVENTION PROGRAM

§199.239 Operator obligation to promulgate a policy on the misuse of alcohol		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(b)(6)	4. Procedures to be utilized to test for presence of alcohol. Page 5 Procedure to ensure integrity alcohol process	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(b)(8)	5. Explanation of refusals and consequences. Page 6 Penalty for not submitting to an alcohol test	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(b)(9)	6. Consequences of employee violation of the prohibitions of the plan and removal from performing covered functions. Page 6 Penalty for not submitting to an alcohol test	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.239(b)(10)	7. Consequences of testing at 0.02 or greater but less than 0.04 Page 6 Possible Disciplinary Action for Alcohol misuse B 1 and 2	
<input checked="" 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. Page 12 Employee Assistance Program B	
<input checked="" 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? Page 6 Possible Disciplinary Actions for Alcohol Misuse	Operators' policy related to alcohol possessions, and levels invoked by an operator's independent authority.
§199.241 Training for supervisors		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.241	Does the plan specify that at least 60 minutes of training for supervisors, who make	

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

	<p>reasonable suspicion determinations? Reviewed Mark Vanwieringen 3-8-06 and Phillip Lay 8-8-06 And page 3 Reasonable Suspicion testing 2</p>	
--	---	--

COMMENTS

WUTC
HEADQUARTERS INSPECTION FORM
ALCOHOL MISUSE PREVENTION PROGRAM

§199.241 Training for supervisors		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" 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? page 4 Reasonable Suspicion testing 2	
§199.243 Referral, evaluation, and treatment		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.243(a)	Does the plan provide that employees who engage in prohibited conduct shall be advised of available resources to evaluate and resolve problems associated with alcohol misuse? EAP page 11 and 12 City of Enumclaw Alcohol testing procedure	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.243(a)	Does the plan contain names, addresses, and phone numbers of SAPs, counselors, treatment programs, and third party provider networks? Yes page 11 and 12	It is acceptable if the plan provides that the Third Party provider network gives the name and phone number directly to the employee.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.243(b)	Does the plan address that employees who engage in prohibited conduct shall be referred to a SAP for evaluation? Page 6 possible disciplinary action a	
<input checked="" 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. Page 5 and page 4	An employee must have a test result of less than 0.02 before returning to perform covered functions.

COMMENTS

WUTC
HEADQUARTERS INSPECTION FORM
ALCOHOL MISUSE PREVENTION PROGRAM

§199.243 Referral, evaluation, and treatment		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.243(c)(2)(i)	Does the plan specify evaluation by SAP to determine that the employee has properly followed any prescribed program? Page 6 Possible disciplinary A	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.243(c)(2)(ii)	Does the plan specify that an employee shall be subject to unannounced follow-up testing? Page 5 Follow up testing 1-4	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.243(c)(2)(ii)	Does the plan stipulate that a minimum of six tests be conducted within the first 12 months following an employee's return-to-duty test? Page 5 Follow up testing 2	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.243(c)(2)(ii)	Does the plan specify that follow-up testing may include testing for drugs? Page 4 Follow up testing 1	Drug testing must be determined by the SAP.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.243(c)(2)(ii)	Does the plan specify that follow-up testing cannot exceed a 60 month period? Page 4 Follow up testing 1	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.243(c)(2)(ii)	Does the plan specify that the SAP may terminate follow-up testing after completion of the first six tests? Page 5 Follow up testing 1	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.243(d)	Does the plan specify evaluation and rehabilitation maybe provided by the operator, SAP under contract, or SAP not affiliated with the operator? Pages 18	

COMMENTS

WUTC
HEADQUARTERS INSPECTION FORM
ALCOHOL MISUSE PREVENTION PROGRAM

§199.243 Referral, evaluation, and treatment		
COMPLIANCE	CRITERION	GUIDANCE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.243(e)	Does the plan specify provisions regarding referral to SAPs and restrictions that may apply? Page 18 C	SAP can't refer an employee to the SAP's private practice, to a person or organization from which the SAP receives remuneration or in which the SAP has financial interests.
§199.245 Contractor employees		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.245(a)	Does the plan specify that the contractor may carry out alcohol testing, training, and education? Page 12 Contractor Employees Snelson is only contractors	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.245(b)	Does the plan stipulate that an operator is responsible for ensuring compliance with the alcohol provisions? Page 12 1-7	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.245(c)	Does the plan specify that the operator, RSPA Administrator, and DOT/State agency representatives have access to property and records? Page 13 7	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.245(c)	Does the plan have detailed specifications for monitoring contractor's compliance with the requirements of 49 CFR Parts 199 and 40? Page 13 7	

COMMENTS

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

THIS PAGE INTENTIONALLY LEFT BLANK.