

**WUTC  
HEADQUARTERS INSPECTION FORM  
ANTI-DRUG PROGRAM**

<b>Name of Operator:</b>	City of Enumclaw	
<b>OP ID No.</b>	<b>UTC Representative (s):</b>	
<b>HQ Address: 2041 Railroad Ave</b>	<b>Inspection Date(s): 1-07-08</b>	
<b>Co. Official:</b>	Mark Bauer	
<b>Phone No.:</b>		
<b>Fax No.:</b>		
<b>Emergency Phone No.:</b>		
<b>Persons Interviewed</b>	<b>Title</b>	<b>Phone No.</b>
Jim Filsrand	Gas Manager	
Jodine Burke	Supervisor of Payroll Section and clerk	

**Type of Facility:**

Gas Transmission Pipeline  
 Gas Distribution System

Hazardous Liquid Pipeline  
 Liquefied Natural Gas

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

Operator  
 Contractor (consultant)  
 Consortium

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

Operator  
 Contractor  
 Consortium

A consultant wrote Enumclaw's plan and the Association of Washington Cities (AWC) the testing program. AWC does all testing

**Contractor records maintained by:**

Operator  
 Contractor  
 Consortium

**Specimen collection conducted by:**

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

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<b>§199.1 Scope and compliance</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> §199.1	1. Does the operator test covered employees for the presence of drugs & alcohol? <b>Section A</b>	
<b>§199.3 Definitions</b>		
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.3/§195.50	1. Does plan contain applicable accident or incident definitions as defined in §§191.3 or 195.50? <b>Section A</b>	Plan must contain one or both definitions.
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.3/§40.3	2. Does plan contain complete definition of "covered employee"? <b>Yes Section A</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 checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.3	3. Does operator plan address testing for only the following drugs?  Marijuana ____ Opiates ____ Cocaine ____ Amphetamines ____ Phencyclidine(PCP) ____ <b>Section A under definition and Section T III C</b>	<b>Will only use 199 definitions in the drug and alcohol</b>

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<b>§199.101 Anti-drug 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> §199.101(a)	1. Does the operator maintain and follow a written anti-drug plan that confirms to §§ Part 199 & 40 (Procedures for Transportation Workplace)? <b>Has written plan</b> <b>*1 Collection for urine in Section T – technician trained included under certified laboratory</b> <b>*2. Laboratory Section J</b> <b>*3 MRO procedures</b>  <b>199.101(a)(4) requires procedures for notifying employees of the coverage and provisions of the plan. Reviewed New Hire Acknowledgement Form and Annual Drug Abuse and Alcohol Misuse Awareness Training</b>  2. The plan must contain:	Plan must address requirements of Part 40, specifically the collection, laboratory and MRO procedures.  <b>* Section T III B is split sample- and Section T I 9</b>  <b>NIDA-5 is ok</b>
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.101(a)(1)	a. Methods and procedures for compliance with all requirements of CFR 49 Part 199, including an employees assistance program:  b. The name/address of each laboratory that analyzes the specimens collected for drug testing; and <b>Section D is LABCORP Seattle, 1229 Madison, Ste 500, Seattle, WA 98104 1800 0180 DOT Account #002514</b>	Note: Clarification of company policy vs. DOT requirements. Company policy should be identified by using bold and underlined type.  <b>Not putting in bold but clear delineation</b>
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.101(a)(2)	(This row is currently empty in the image)	(This row is currently empty in the image)

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<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.101(a)(3)	<p>c. The name/address of the operator's medical review officer (MRO) and Substance Abuse Professional (SAP).</p> <p><b>Section D, MRO is Health force Partners OCC Medicine, Dr Calvin Jones, 6720 Fort Dent WAY #110, Tukwila, WA 98188 Reviewed a copy of MRO Cert and qualifications</b></p> <p>During the inspection we called the SAP office and found that the Associated Washington City Consortium (Carol Wilhelm) changed the SAP but did not notify Enumclaw. Manual was corrected SAP in manual now and is Kerry Fitzgibbons, MA, LMFT, CEAP 411 West Mercer St, Seattle, WA 98119.</p>
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***COMMENTS***

**Jodine** and Jim explained that no new gas hires from outside of the city have been hired since 1997 (when Jodine started). Therefore they have not had to request a new hires previous drug and alcohol tests. However, Jodine has had to provide drug and alcohol test materials to individuals who have left the cities employment.

Reviewed form titled Heath Force Confidential Pool information that Jodine sends to AWC when employees change jobs or terminate. (have blank copy)

Reviewed 2006 Health Force is contracted by Associated Washington Cities (AWC) for all testing.

- US Department of Transportation Drug and Alcohol Testing MIS Data Collection Form for both Gas and Motor Carrier

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Reviewed The 12/22/06 Random Selection-Selected participants. Suggested test date 1/30/07. Brian C Peters was selected.

Reviewed Health Force Random Selection-Eligible Pool from batch R0003928 dated 12/22/06. Has 6 eligible participants. Manual says 11 participants.

Reviewed Heath Force Results of DOT controlled substance Test for Brian C Peters. Was ok negative

Reviewed Federal custody and control form (change of custody) for Brian C Peters

Reviewed December 2006 Health Force (WAC) review. At that time there were only 6 participants. The manual says there is 11 participates. Chris and Jodine with WAC decided that the supervisors no longer need to be in testing pool. This is good but the manual was not updated to reflect the change. The manual lists 11 job titles. The Public Works Director, Public Works Operations Manager, Administrative Assistant

Section S – one Gas Manager, one Gas Department Supervisor, one Gas Department Lead Worker, three Gas Department Worker and two Meter reader are in the drug gas pool.

Reviewed AWC March 8 2006 letter with certificates for 4 supervisors who went to 60 training.

<b>§199.101 Anti-drug 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> §199.101(a)(4)	d. Specify procedures for notifying employees of the coverage and provision of the plan. <b>Section L</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:	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.103(a)(1)	a. Fails a drug test required by §199.105 and the MRO	<b>*Section E 1.9 includes that previous</b>

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<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.103(a)(2)</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.103(b)</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.103(b)(1)</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.103(b)(2)</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.103(b)(3)</p>	<p>determines there is no legitimate medical explanation for the confirmed positive test other than unauthorized use of a prohibited drug?</p> <p><b>Section E Pre Employment Section G Random 1.12.2 Section F Post Accident 1.7 and 1.11 Section H Reasonable Cause 1.7 Section I Return to Duty 1.5.1</b> Follow up testing is included under each classification about</p> <p>b. Refuses to take a drug test required by Part 199? <b>All section includes refuses to submit and definition. ok</b></p> <p>2. Does the plan specify that a person may be used in a covered function if that person has:</p> <p style="padding-left: 20px;">a. Passed a DOT drug test? <b>Yes for each of the drug test required in 199. 105 A-F</b></p> <p>b. Been recommended by the SAP to return-to-duty? <b>Yes for each section 199.105 A-F</b></p> <p>c. Not failed a drug test required by Part 199 returning to duty? <b>Yes for each section 199.105 A-F</b></p>	<p><b>employment drug test information is acquired. Enumclaw will not hire if has failed a test.</b></p> <p style="text-align: center; margin-top: 100px;">Plan should specify action taken if individual fails drug test after returning to duty.</p>
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<b>§199.105 Drug tests required</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
	<b>Pre-Employment Testing</b>	

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<p><input checked="" type="checkbox"/> <b>YES</b>   <input type="checkbox"/> <b>NO</b>   <input type="checkbox"/> <b>N/A</b> §199.105(a)</p>	<p>Does the operator conduct the pre-employment testing which includes the following:</p> <p style="margin-left: 20px;">a. All individuals pass a DOT drug test for the employer prior to employment or assignment in a covered function?</p> <p><b>Yes, Section E 1.1 and 1.4</b></p> <p><b>Post-Accident Testing</b></p> <p>Does the operator conduct the post-accident testing which includes the following:</p> <p style="margin-left: 20px;">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 F 1.5, 1.7</b></p>	<p>Persons already covered by an anti-drug program conforming to Part 199 need not test.</p>
<p><input checked="" type="checkbox"/> <b>YES</b>   <input type="checkbox"/> <b>NO</b>   <input type="checkbox"/> <b>N/A</b> §199.105(b)</p>	<p>Does the operator conduct the post-accident testing which includes the following:</p> <p style="margin-left: 20px;">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 F 1.5, 1.7</b></p>	<p>Persons already covered by an anti-drug program conforming to Part 199 need not test.</p>

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<b>§199.105 Drug tests required</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.105(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 contributed to the accident? <b>Section F 1.2, 1.7</b>	Documentation pertaining to decision to test or not to test should be maintained by operator or contractor.
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §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 F 1.2</b> <b>Random Testing</b>  1. Does the operator's anti-drug plan have specific procedures that provide for:	Needs to say if employee does not report for test for valid reason only consequence is that
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.105(c)	a. Random employee selection process? <b>Section G 1.3</b>	Specify type of random selection process.
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.105(c)(2)	b. Determination of 25% annualized rate? (DOT notice dated 12/28/2006) <b>Section G 1.4</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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<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §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 J 2.1 is general statement</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 checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §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>Enumclaw pool is 11 positions from Section S and other cities</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 checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.105(c)(7)	e. Is plan spread reasonably through-out the year? <b>Quarterly Section G 1.3 Reasonable Cause</b>	<b>(Semi-annual and annual are unacceptable.)</b>
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.105(d)	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 H 1.1</b>	

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<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> §199.105(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 H starting at 1.3</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 checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §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 H 1.1 and 1.2 Return-to-Duty</b>	The concurrence between the two supervisors may be by telephone.
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.105(e)/§40.281-313	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 I 1.5 Follow-up testing</b>	May include testing for alcohol in accordance with 49 CFR Part 40 as directed by the SAL.
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.105(f)	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 I 1.1</b>	May include testing for alcohol in accordance with 49 CFR Part 40 as directed by the SAL.
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §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 I 1.1</b>	May include testing for alcohol in accordance with 49 CFR Part 40 as directed by the SAL.

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<b>§199.107 Drug testing laboratory</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> §199.107(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>VERIFY – lab is LABCORP Seattle, 1229 Madison, STE 500, Seattle, WA 98104</b>	Check labs listed by operator against latest HHS/SAMHA certified lab list (dated 12/26/2006).
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.107(b)(1)	2. Does the lab permit inspections by the operator prior to being awarded a testing contract?  <b>LABCORP 1800 898 0180 Called referred to Michael Daggett, Manager of Responsible person of Toxicology had to call back, would need notice to clear with compliance office but could do any time.</b>	Must allow un-announced inspections by the operator, plan administrator, or jurisdictional state agency representative.
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.107(b)(2)	3. Does the lab allow un-announced inspections, including examination of records, at any time?  <b>Called and asked to come in. They said ok</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 checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.109(a)	<b>MRO Qualifications and Responsibilities</b>  1. Does the operator's plan designate a medical review officer?	

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<p><input checked="" type="checkbox"/> <b>YES</b>   <input type="checkbox"/> <b>NO</b>   <input type="checkbox"/> <b>N/A</b> §199.109(b)/§40.121</p>	<p style="text-align: center;"><b>Section D 1.2</b></p> <p>3. Does the operator's plan state that the MRO is a licensed physician and has the required qualifications required under §40.121?</p> <p style="text-align: center;"><b>Section D 1.2</b></p>	<p>What documentation is available to determine MRO's qualifications?</p>
<p><input checked="" type="checkbox"/> <b>YES</b>   <input type="checkbox"/> <b>NO</b>   <input type="checkbox"/> <b>N/A</b> §199.109(c)/§40.123</p>	<p>3. Does the MRO perform functions for the operator as required under §40.123?</p> <p style="text-align: center;"><b>Section K and Section T Attachment B</b></p>	<p><b>Enumclaw must use 40.123 not 40.33</b></p>
<p><input checked="" type="checkbox"/> <b>YES</b>   <input type="checkbox"/> <b>NO</b>   <input type="checkbox"/> <b>N/A</b> §199.109(d)/§40.163</p>	<p>4. Does the MRO report all drug test results to the operator as required by §40.163? <b>Form sent to Jodine from Health Force with his signature</b></p> <p><b>Yes Reviewed Federal Drug Testing custody and control form for Brian Peters.</b></p>	
<p><input type="checkbox"/> <b>YES</b>   <input type="checkbox"/> <b>NO</b>   <input type="checkbox"/> <b>N/A</b> §199.109(f)</p>	<p>5. Does the operator ensure that the SAP does not refer covered employees requiring assistance, to the SAP's private practice?</p> <p>Reviewed Section 1.6</p>	

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<b>§199.111 Retention of sample and retesting</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.111(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 T 4 A 7</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 checked="" 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 P 1.2, Section T attachment B IV c</b>	
<input checked="" 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 certified lab.  <b>Section T attachment B IV C</b>	
<input checked="" 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 T in Request for Urine Sample Retest form. He will add wording in plan also</b>	
<input checked="" 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 T attachment B IV C</b>	
<input checked="" 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	

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	laboratory follow approved chain-of-custody transfer procedures? <b>Section T attachment BIV C</b>	
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**§199.111 Retention of sample and retesting**

COMPLIANCE	CRITERION	GUIDANCE
<input checked="" 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 T</b>	

**§199.113 Employee Assistance Program (EAP)**

<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.113(a)	1. Does the operator provide an EAP for its employees and supervisory personnel? <b>Section L Employee Assistance program</b>	
<input checked="" 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>Yes and in Section A1.5 and Section L</b>	
<input checked="" 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:  a. Information material? <b>Yes, have example of brochure</b>	
<input checked="" 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?	

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<input checked="checked" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.113(b)	<p><b>Yes, have example of brochure</b></p> <p>c. The employer's policy regarding the use of prohibited drugs?</p> <p><b>Yes, have example of brochure</b></p>	
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<b>§199.113 Employee Assistance Program (EAP)</b>		
<b>COMPLIANCE</b>	<b>CRITERION</b>	<b>GUIDANCE</b>
<input checked="checked" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.113(c)	<p>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?</p> <p><b>Section L 4.1</b></p>	
<b>§199.115 Contractor employees</b>		
<input checked="checked" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.115	<p>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?</p> <p><b>Section M 1.5</b></p>	<p>The contractor can provide the services through a consortia or third-party provider.</p>
<input checked="checked" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.115(a)	<p>1. Does the operator remain responsible for ensuring compliancy with the requirements of 49 CFR 199, and</p> <p><b>Section M 1.5</b></p>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A §199.115(b)	<p>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?</p>	<p>How does the employer "monitor" the contractor's compliance with Parts 199 and 40?</p>

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**Section M 1.7**

***COMMENTS***



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<b>§199.117 Recordkeeping</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> §199.117(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?	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §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>Record O 1.8</b> <b>Enumclaw had records since 1997 forward</b>	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §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>Record O 1.8</b> <b>Enumclaw had records since 1997 forward</b>	

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<b>§199.117 Recordkeeping</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> §199.117(a)(3)	Records showing an employee passed a drug test for <b>at least 1 year</b> . <b>Record O 1.8</b> <b>Enumclaw had records since 1997 forward</b>	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §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> .	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.117(b)	2. Does the procedures prohibit the release of an individual's drug test results or rehabilitation except as follows:	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.117(b)	a. Upon written consent of the individual; or <b>Section T IV D Release of Drug Testing Information.</b>	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.117(b)	b. Upon provided by DOT procedures (49 CFR Part 40); <b>Section O 1.6</b>	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.117(b)	(2) As part of an accident investigation; or <b>Section O 1.4</b>	
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.117(b)	(2) For statistical evaluation (only without names); and training records. <b>Section O 1.6</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 checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §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?	For “large” operators with more than 50 covered employees.
<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.119(c)	Does the operator correctly calculate the total number of covered employees eligible for random testing throughout the year? <b>AWC does this Record O 1.8 Enumclaw had records since 1997 forward</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 checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §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>Request from AWC who they are testing.</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 checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> §199.119(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? Section <b>Reviewed MIS plan</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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