



**Pipeline and Hazardous Materials Safety Administration  
Office of Pipeline Safety**

**Substance Abuse Program:**

**Comprehensive Audit and Inspection Protocol Form**

**Alcohol Testing Sites**

**Form No.: 3.1.8**

**January 29, 2010**

**Protocol Area P: Alcohol Testing Sites**

**Service Provider Profile and General Site Information**

<b>Official Company Name of Service Provider:</b>			
<b>Official Address</b>			
<b>Business Tax ID Number</b>			
<b>Operator/Contractor Name and Op ID or Business Tax ID number utilizing the above Service Provider:</b>			
<b>Operator's/Contractor's Substance Abuse Program Mgr / DER:</b>		<b>Phone No.:</b>	
<b>Service Provider Company Contact Information</b>		<b>Service Provider's Official Representative Contact</b>	
<b>Other Company Name or ID:</b>		<b>Name:</b>	
<b>Ph. No.:</b>		<b>Ph. No.:</b>	
<b>Fax No.:</b>		<b>Fax No.:</b>	
<b>Email/Web Address</b>		<b>Email</b>	
<b>Mailing Address: (If different from official address)</b>		<b>PHMSA (Lead) Representative:</b>	
		<b>Date of Audit/ Inspection:</b>	
<b>Technician Interviewed</b>	<b>Qualification Expiration Date</b>	<b>Telephone Number</b>	<b>Comment</b>

<b>Key Persons</b>	<b>Name/Title</b>	<b>Phone/Email Address</b>
<b>Primary Service Provider Representative Interviewed or Providing Information</b>		
<b>Others Interviewed, Providing Information or Present at Audit:</b>		

Name/Title	Office/Organization	Email Address

**Any questions or requests for guidance related to this audit protocol document should contact:**

**E-mail Address: Stanley.Kastanas@DOT.GOV**

## This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## Protocol Area P. Alcohol Testing Sites – Audit Information

- [P.01](#) Alcohol Testing Personnel
- [P.02](#) Alcohol Testing Sites, Forms and Supplies
- [P.03](#) Alcohol Screening Tests
- [P.04](#) Alcohol Confirmation Tests
- [P.05](#) Problems in Alcohol Testing

### *P.01 Alcohol Testing Personnel*

Verify that training and usage of personnel is in compliance with the applicable requirements of Part 40.

**P.01.a.** Does the operator's plan specify training for BATs and STTs that is in compliance with §40.213 and does the documentation certify that all requirements are met [§40.213(g)]?

<b>P.01.a. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

**P.01.b.** Does the plan specify that a supervisor shall not serve as the BAT or STT if that supervisor makes the reasonable cause determination [§40.211(c) and §199.225(b)(2)].

<b>P.01.b. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

### *P.02 Alcohol Testing Sites, Forms and Supplies*

Verify that alcohol testing sites, forms and supplies are in compliance with the applicable physical and security requirements of Part 40.

**P.02.a.** Does the alcohol testing site comply with the applicable physical and security requirements of §40.221 and §40.223?

<b>P.02.a. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

**P.02.b.** Does the plan specify that only EBTs and ASDs listed on the NHTSA CPL will be used for DOT alcohol testing [§40.229]? Also, does the plan specify that an EBT must be used for conducting the confirmation tests [§40.231(a)]?

<b>P.02.b. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

**P.02.c.** Does the operator follow the Quality Assurance Plan (QAP) for the EBT that is used [§40.233(c)(1)]? If this service is contracted out does the operator ensure that the QAP is being followed [§40.233(c)]?

<b>P.02.c. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

**P.02.d.** Does the plan specify that the operator or its agents shall comply with the QAP and manufacturer's instructions and does the operator follow the QAP for the ASD that is used [§40.235 and §40.235(c)]?

<b>P.02.d. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

### ***P.03 Alcohol Screening Tests***

Verify that alcohol screening tests are performed in compliance with the applicable requirements of Part 40.

**P.03.a.** Does the plan prescribe that only the DOT-approved Alcohol Testing Form (ATF) shall be utilized [§40.225(a)]?

<b>P.03.a. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

**P.03.b.** Does the plan specify that the employee shall provide a positive identification through use of photo ID or by employer representative [§40.241(c)]?

<b>P.03.b. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

**P.03.c.** Does the plan indicate that the BAT or STT shall explain the testing process to the employee [§40.241(e)]?

<b>P.03.c. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

**P.03.d.** Does the plan contain specific instructions for conducting alcohol screening tests in compliance with §40.241 and §40.243 requirements?

<b>P.03.d. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

**P.03.e.** Does the plan contain specific instructions for conducting alcohol screening tests using a saliva ASD in compliance with §40.245 requirements?

<b>P.03.e. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

**P.03.f.** Does the plan specify actions that are taken after receipt of alcohol screening test results that are in compliance with §40.247?

<b>P.03.f. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

#### ***P.04 Alcohol Confirmation Tests***

Verify that alcohol confirmation tests are performed in compliance with the applicable requirements of Part 40.

**P.04.a.** Does the plan provide guidance for the actions a new BAT must complete to conduct a confirmation test in compliance with §40.251(b)?

<b>P.04.a. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

**P.04.b.** Does the plan specify procedures to be followed in conducting a confirmation test that are in compliance with §40.253 and §40.255?

<b>P.04.b. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

***P.05 Problems in Alcohol Testing***

Verify that procedures for addressing problems in alcohol testing are in compliance with the applicable requirements of Part 40.

**P.05.a.** Does the plan address the situations for which the employee is considered to have refused to take an alcohol test [§40.261(a)(1) to (7)]?

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<b>P.05.a. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

**P.05.b.** Does the plan specify procedures concerning an employee's inability to provide an adequate amount of saliva for testing and instructions for requiring the employee to attempt again to provide adequate amount of saliva for testing [§40.263]?

<b>P.05.b. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	



**P.05.c.** Does the plan specify procedures concerning an employee's inability to provide an adequate amount of breath for testing in compliance with §40.265?

<b>P.05.c. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

**P.05.d.** Does the plan specify under what conditions that an alcohol test shall be cancelled [§40.267 and §40.269]?

<b>P.05.d. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

**P.05.e.** Does the plan specify procedures concerning the potential inability to complete an alcohol test and trying to successfully complete the test [§40.271]?

<b>P.05.e. Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

Protocol Area P - Documents Reviewed			
Document Number	Rev	Date	Document Title