

# CHECKLIST FOR ANTI-DRUG AND ALCOHOL PROGRAM AUDIT

**BOLD CAPITOLS** indicate where item should be found

- ☒ Statement of number of covered employees. **YOUR RECORDS**
- ☒ List of all new hires with hire date or date person began performing covered functions for last 2 years. Include terminated employees. **YOUR RECORDS**
- ☒ Random selection protocol/methodology WAA Plan pg. 07 Random selection lists for previous 2 years. **YOUR RECORDS**
- ☒ Drug and test results and custody and control forms for last 2 years. **YOUR RECORDS**
- ☒ Positive test results for last 5 years. **YOUR RECORDS** - If Applicable
- ☒ Documentation that contractors providing services have an FAA-approved anti-drug program and alcohol prevention program. **Your records**
- ☒ Documentation that employees testing positive were removed from safety-sensitive jobs. **YOUR RECORDS**
- ☒ Employer policy for anti-drug program. Current copy of anti-drug plan. **YOUR RECORDS** (Rev. No.08 02/27/04)
- ☒ Instructions provided to donors prior to collection and specimen collection instructions for collectors. WAA Form 502
- ☒ Employee Assistance Program training records for employees (Drugs Only). **WAA Technician/Pilot Training Record Form**
- ☒ Employee Assistance Program training records for supervisors (Alcohol & Drugs). **WAA Supervisory Training Record Form**
- ☒ Employee Assistance Program training materials for drugs only. **WAA provides video tape** - other brochures, etc. can be found at your local health dept.
- ☒ Supervisory Training Program drugs & alcohol. **WAA provides video tapes**
- ☒ Documentation that rehabilitation requirements were complied with. **YOUR RECORDS** If Applicable
- ☒ Medical Review Officer recommendation to return employee to work after a positive test. **YOUR RECORDS**
- ☒ Annual laboratory reports for last 2 years. **PACLAB**
- ☒ Annual reports for previous 2 calendar years. **PACLAB**
- ☒ Employee grievances pertaining to drug testing. **YOUR RECORDS** - If Applicable
- ☒ Notification of refusals - Part 61,63, and 65 holders. **YOUR RECORDS** - If Applicable
- ☒ New applicant release request for drug/alcohol test results from previous employer. **See form 503 sample**
- ☒ Download Poster from our web page and have it posted conspicuously near work stations. **YOUR RECORDS**
- ☒ Release forms for drug/alcohol test results received from another company as requested by a former employee. (Form 503) **Your Records**
- ☒ Breath Alcohol Testing (BAT) results. **YOUR RECORDS**
- ☒ BAT Proficiency Certificate. **Testing Facility**
- ☒ Quality Assurance Program w/NHTSA approval letter. **Testing Facility**
- ☒ Post Accident 2-hour/8-hour failure to test documentation. **YOUR RECORDS** - If Applicable
- ☒ SAP Evaluation. Only if employee has tested positive
- ☒ Notification of refusals - Parts 61, 63, and 65 holders. **YOUR RECORDS** - If Applicable
- ☒ Notice of Alcohol Misuse Prevention Policy to employee organizations. **Applicable only if in a Union**
- ☒ Employee grievances related to alcohol testing. **YOUR RECORDS. If Applicable**
- ☒ MRO, Name and Address: **Dr. James Billingsley, 4209 North Mason, Tacoma, WA 98407**
- ☒ Processing Laboratory for Drug Samples: **PATHOLOGY ASSOCIATES MEDICAL LABORATORIES / PAML 110 W. Cliff Ave. PO Box 2687, Spokane WA 99220 ( PACLAB – OR PAML)**