

**FEDERAL AVIATION ADMINISTRATION (FAA)
ANTI-DRUG AND ALCOHOL MISUSE PREVENTION PLAN**

WENDOVER AIRPORT



**Tooele County
Wendover Airport
47 South Main
Tooele, UT 84074**

**DOT/FAA Mandated
Drug and Alcohol Misuse Prevention Testing
Policy**

**Original Implementation Date: January 12, 2011
Updated: - April 2012**

Tooele County complies with the drug and alcohol testing regulations of the Department of Transportation (DOT) (49 CFR part 40) and the Federal Aviation Administration (FAA) (14 CFR part 120). “Any employee who tests positive on a drug or alcohol test, or refuses to submit to testing, will be terminated.”

Employee Categories Subject To Testing. All persons performing any of the following safety-sensitive functions are subject to the DOT/FAA drug and alcohol testing program:

- Flight crewmember
- Flight attendant
- Flight instruction
- Aircraft dispatch
- Aircraft maintenance/preventive maintenance
- Ground security coordinator
- Aviation screening
- Air traffic control

For More Information About DOT and FAA Requirements or our Company Policy, contact Pamela Ayala, Human Resources Director 435-843-3157

For more information relating to the FAA/DOT program requirements, visit the following Web sites:

For FAA: https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/drug_alcohol/

For DOT: <http://www.dot.gov/ost/dapc/>

TESTING INFORMATION for DOT/FAA DRUG TESTING

Community Service Hotline. If you have any personal problems or questions concerning drug abuse and need to confide in an employee assistance professional, you are encouraged to contact:

Name: **Blomquist Hale Consulting – Employee Assistance Program**

Telephone: **1-800-926-9619**

Consequences of Using Drugs While Performing Safety-Sensitive Functions

An employee who has engaged in prohibited drug use during the performance of a safety-sensitive function will be immediately removed from performing safety-sensitive functions and is permanently precluded from performing that safety-sensitive function for any FAA-regulated employer.

Consequences of a Verified Positive Drug Test

A covered employee who receives one (1) verified positive drug test result on a FAA required test will be immediately removed from safety-sensitive duties. An employee who has a positive FAA drug test cannot return to the performance of safety-sensitive functions until and unless the employee successfully completes the return-to-duty process outlined in 49 CFR Part 40, Subpart O.

A covered employee who receives a second verified positive drug test on a FAA required test will be immediately removed from performing safety-sensitive functions and is permanently prohibited from performing that safety-sensitive function for any FAA-regulated employer.

Consequences of Refusing to Submit to a Required Drug Test

A covered employee who refuses to submit to a required drug test or who receives a verified adulterated or substituted drug test result must be immediately removed from performing safety-sensitive functions. The employee may not return to the performance of safety-sensitive duties until and unless the employee successfully completes the return-to-duty process outlined in 49 CFR Part 40, Subpart O.

Tooele County must ensure that their Medical Review Officer reports to the FAA within 2 working days any employee who holds an airman medical certificate issued under 14 CFR Part 67 and has a verified positive drug result on a FAA/DOT test. In addition, any employee who holds an airman certificate under 14 CFR Part 61, Part 63, or Part 65 and who has refused to submit to a FAA required drug test will be reported to the FAA.

Performing a safety-sensitive function: an employee is considered to be performing a safety-sensitive function during any period in which he or she is actually performing, ready to perform, or immediately available to perform such functions.

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**ANTI-DRUG AND ALCOHOL MISUSE PREVENTION PLAN
(IN ACCORDANCE WITH APPENDIX I & J of 14 CFR PART 121)**

I. STATEMENT OF POLICY

A. *General Provisions*

WENDOVER AIRPORT (hereafter “the Company”), recognizes that the use and/or abuse of controlled substances and alcohol by commercial aviation presents a serious threat to the safety and health of the individual employee, the general public and the aviation transportation industry. It is therefore the policy of the Company that its employees should be free of the effects of the use of controlled substances and alcohol.

In order to further our goal of obtaining a drug-free aviation system, and to come into compliance with Federal Aviation Administration Regulations, the Company has decided to implement an Anti-Drug and Alcohol Misuse Prevention Plan which we believe will help reduce the potential for drug related aviation accidents and foster the identification of commercial aviation employees who use drugs or abuse alcohol. We believe that the implementation of this plan will help prevent potential injuries or fatalities and property losses due to the accidents attributed to neglect or error on the part of employees performing safety-sensitive or security-related functions whose motor skills or cognitive abilities may be impaired by the effects drugs or alcohol. We further believe that implementation of this program will potentially reduce lost productivity and medical and insurance costs associated with on-the-job accidents, as well as improve the overall safety of our workplace. Lastly, we believe that implementation of this program will also increase public confidence in the commercial aviation industry.

The Company’s drug and alcohol testing program is incorporated in an overall Anti-Drug and Alcohol Misuse Prevention Program that is designed to facilitate drug-free aviation system and provide help to those employees who may be suffering from problems of substance abuse. The program has been developed in compliance with existing federal regulations and in a manner that ensures accurate and reliable test results, thereby eliminating the possibility of any “false positives”. It also incorporates procedures designed to recognize and respect the dignity and privacy of all of our employees. We recognize that our employees are our most valuable resource and we want to assist any employee who may have a problem with chemical dependency or alcoholism. We there fore have available information and access to appropriate employee assistance programs designed to help those individuals desirous of addressing their problems.

B. *Employment Terms*

Neither the implementation of this policy nor any of the terms of this policy is intended to modify the nature of the employment relationship at the Company or to otherwise create any contract, express or not express, between the Company and the employee. Employment with the Company is considered “at-will,” meaning it has no set duration and can be terminated by the Company or the employee at any time, for any reason, except where prohibited by statute or public policy.

C. *Requirements under Company Authority*

Sections of this policy which are in bold and underlined are based on “Company Authority”and are not required by Federal Aviation Administration Regulations or Department of Transportation Regulations.

II. QUALIFICATIONS FOR EMPLOYMENT AND PROHIBITED CONDUCT

A. *Prohibited Conduct*

Under federal law it is unlawful for a person to use, in violation of law or Federal regulations, alcohol and controlled substance and perform any functions covered by this program. Company policy and Federal Aviation Administration safety regulations further prohibit any person from performing any function specified in Section III:

1. Within eight (8) hours after the consumption of any alcohol containing liquid for flight crew members and within four (4) hours for all other functions;
2. While consuming alcohol;
3. While using any controlled substance that affects the person's faculties or abilities in any way that may affect personal, co-worker, or public safety;
4. While having a breath alcohol concentration of .04 or greater;
5. While having a prohibited drug or drug metabolite as defined in this Plan in his/her system;
6. If that person has failed or refused any drug or alcohol test required under this Plan;

The Company under its own authority, prohibits the use of any controlled substance that is not legally prescribed and taken as prescribed by a licensed healthcare practitioner. A prescription for a controlled substance must involve a face to face evaluation with the healthcare practitioner and must be purchased legally from a licensed pharmacy.

Regarding drug and/or alcohol testing, refusal to test, refuse to submit to testing, and refused to test include the following:

1. Fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer.
2. Fail to remain at the testing site until the drug or alcohol testing process is complete; provided, that an employee who leaves the testing site before the testing process commences for a pre-employment test is not deemed to have refused to test;
3. Fail to provide a specimen for any drug or alcohol test required by this part or DOT agency regulations; provided, that an employee who does not provide a specimen because he or she has left the testing site before the testing process commences for a pre-employment test is not deemed to have refused to test;
4. In the case of a directly observed or monitored collection in a drug test, fail to permit the observation or monitoring of your provision of a urine specimen;
5. Fail to provide a sufficient amount of urine, breath or saliva when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;
6. Fail or decline to take a second test the employer or collector has directed you to take;
7. Fail to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER. In the case of a pre-employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment;
8. Fail to cooperate with any part of the drug or alcohol testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process);
9. Submit a specimen that is reported as a verified adulterated or substituted test result; or
10. Fail to sign the certification at Step 2 of the Alcohol Testing Form.

B. Disqualification

The above rules govern only an employee's qualification to perform any functions covered by this Plan. Under these rules, any employee found to be in violation of this Plan will not be qualified to perform any of the functions specified in Section III C. Therefore, any employee who tests positive for a controlled substance or has an alcohol concentration of 0.04 or greater on a breath alcohol test, or who refuses to submit to any drug or alcohol test required under this policy will be disqualified from performing any covered functions until such time that the employee has met the return to duty requirements specified in 49 CFR Part 40, Subpart O. Any employee who holds an airman medical certificate issued under Part 67 and who engages in conduct prohibited by FAA regulations must have the approval of the Federal Air Surgeon prior to return to safety-sensitive duties.

C. Permanent Disqualifications:

Any individual determined to have **two positive drug tests or two positive alcohol tests** on tests conducted after September 19, 1994, under FAA requirements, **is permanently precluded from performing for any employer the safety-sensitive duties** the employee performed prior to the second positive test.

Any employee who engages in prohibited drug use during the performance of a safety-sensitive function after September 1, 1994, **is permanently disqualified** from performing that safety-sensitive function for any employer.

In addition to any FAA disqualification under this policy, the employee will also be subject to discipline, including immediate discharge, for any conduct in violation of this Plan or in relation to a drug or alcohol test, as described in Section VIII, Discipline.

III. SUBSTANCES TESTED AND INDIVIDUALS SUBJECT TO TESTING

A. Controlled Substances

Although the above rules apply to all prohibited drugs, any drug test required under this program will use an individual's urine to test for the presence of the following substances or metabolites of the same.

1. Marijuana
2. Cocaine
3. Opiates
4. Amphetamines
5. Phencyclidine

The Company, under its own authority, reserves the right to test for other substances than these and to use other types of samples. The Company will inform the individual that this additional testing is done under Company authority and is not required by Federal Aviation Administration regulations.

B. Alcohol

Alcohol tests conducted under this program will use an individual's breath or saliva specimen to test for the alcohol concentration present in expired breath or saliva. Alcohol tests will only be conducted just before, during or just after the individual is performing safety-sensitive functions.

C. Safety-Sensitive Functions

The provisions of this Program will apply to any individual who performs or performed directly or by contract, any of the following safety-sensitive or security-related functions.

1. Flight crew member duties
2. Flight attendant duties
3. Flight instruction duties
4. Ground security coordinator duties
5. Aircraft dispatcher duties
6. Aircraft maintenance or preventive maintenance duties
7. Aviation screening duties

The provisions of this Plan also apply to any individual who performs any covered functions for the Company pursuant to any contract, lease or other agreement with the Company, even though such individual may not actually be an employee of the Company. As a result, any contractor who performs any covered services for the company will be required to comply with this Plan or to provide the Company with adequate proof of his/her current participation in another aviation entity's FAA Anti-drug and Alcohol Misuse Prevention Plan. **The application of this policy to any such person will not operate to make that person or contractor an employee of the Company, unless such other circumstances indicate the existence of an employer-employee relationship.**

A list of contractors performing safety-sensitive functions for the Company is provided as **Appendix F**. Those contractors whose personnel are subject to this Plan are so indicated. Any contractor not subject to this Plan has provided documentation of participation in another FAA Plan.

IV. TESTS REQUIRED

A. *Pre-employment*

Any person applying for or transferred to a position that requires the performance of any covered functions will be required to pass a drug test before performing safety-sensitive functions for the Company. **Any** individual who refuses to submit to or tests positive in any drug test required by this part will be disqualified from further consideration for employment with the Company.

B. *Reasonable Cause*

Whenever the Company reasonably suspects that an employee performing a covered function is using a prohibited drug or has used alcohol in violation of this policy, it will require the employee to undergo a drug and/or alcohol test. At least two (2) supervisors or company officials, one of whom received training in the detection of the possible symptoms of drug and alcohol use, will substantiate and concur in a decision to test an employee who is reasonably suspected of engaging in prohibited drug or alcohol use. For employers with less than 50 employees performing FAA safety-sensitive functions only one trained supervisor is required to make the determination to conduct a reasonable cause drug test. In the case of suspected alcohol misuse, only one trained supervisor is required to make the determination to conduct a reasonable cause alcohol test. The decision to test an employee must be based upon a reasonable and articulable belief that he/she has engaged in prohibited drug or alcohol use on the basis of specific, contemporaneous physical, behavioral, or performance indicators of probable drug or alcohol use.

In any reasonable cause circumstance, a Company representative will transport the individual to an appropriate collection facility and await the completion of the collection procedure. The Company representative will then transport the employee back to the Company's premises, where a spouse, family member or other individual will be contacted to transport the individual to

his/her home. If the individual refuses transportation and tries to drive from the work site, the Company will take appropriate efforts to discourage him from doing so, up to and including contacting local law enforcement officials. **Any employee failing to cooperate with any of the procedures described above will be subject to discharge.**

C. *Post-Accident*

Any employee who performs a covered function will be required to submit to drug and alcohol testing if that employee's performance either contributed to or cannot be completely discounted as a contributing factor to an accident. The employee will be tested as soon as possible, but not later than 8 hours after the accident for the alcohol test, and 32 hours after the accident for the drug test. Every effort should be made to conduct the alcohol test within 2 hours after the accident, and any delay must be documented. Any decision not to administer a test under these circumstances must be based on a determination, using the best information available at the time of the accident that the employee's performance could not have contributed to the accident.

For purposes of this section, an "accident" is defined as an occurrence associated with the operation of an aircraft which takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death or serious injury or in which the aircraft receives substantial damage. A "serious injury" is defined as an injury which:

- (i) Requires hospitalization for more than 48 hours, commencing within 7 days from the date of the injury was received;
- (ii) Results in a fracture of any bone (except simple fractures of fingers, toes, nose);
- (iii) Causes severe hemorrhages, nerve, muscle or tendon damage;
- (iv) Involves any internal organ; or
- (v) Involves second or third degree burns, or any burns affecting more than 5 percent of the body surface.

"Substantial damage" to the aircraft is defined as damage or failure which adversely affects the structural strength, performance or flight characteristics of the aircraft, and which would normally require major repair or replacement of the affected component. Engine failure or damage limited to an engine if only one engine fails or is damaged, bent, fairings or cowling, dented skin, small punctured holes in the skin or fabric, ground damage to rotor or propeller blades; and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wingtips are not considered substantial damage.

The Company, under its own authority, reserves the right to post-accident test for other reasons than these. The Company will inform the individual that this additional testing is done under Company authority and is not required by Federal Aviation Administration regulations.

D. *Random*

In order to deter the use of controlled substances and misuse of alcohol, the Company will randomly select employees performing covered functions to submit to unannounced testing. Covered employees will be randomly selected to submit to unannounced drug and alcohol tests through the use of a random number table or a computer-based, number generator that is matched with an employee's social security, payroll identification number or other identifier.

Random drug testing will be reasonably spread throughout a 12-month period to maintain an annualized testing rate of not less than 25% of employees performing covered functions. Random alcohol testing will be reasonably spread throughout a 12-month period to maintain an annualized rate of not less than 10% of employees performing covered functions. The random selection process will be completely objective and anonymous. Appropriate safeguards will be in

place to ensure that the identity of the individual selected cannot be determined prior to or at the time of the selection and all covered employees will have an equal chance of being selected. Prior selection for a random test will not exempt a covered employee from future tests and any employee who has been randomly selected in the past will still be subject to testing if his/her name is again selected at any time in the future. Employees may be selected for both drug and alcohol tests, for a drug test only, for an alcohol test only. The annual percentages may be changed based on requirements of the FAA.

E. *Return To Duty Testing*

Prior to returning to duty to perform a covered function after failing or refusing to submit to a drug or alcohol test required under this policy, an employee must have a negative drug and/or alcohol test. A Return to Duty alcohol test is required if the violation was alcohol misuse; a drug test is required if the violation was drug use. The substance abuse professional may recommend return to duty testing for both alcohol and drugs based on the follow-up evaluation conducted on the employee. Return to duty testing will also be required for any employee who is hired to perform a covered function after failing or refusing to submit to a required drug or alcohol test for another employer, if he/she has not been previously subject to return to duty testing.

F. *Follow-Up Testing*

Upon returning to safety-sensitive duties, following a drug or alcohol violation, an employee shall be subject to unannounced follow-up tests. The number and frequency of such testing shall be determined by the SAP, but shall consist of at least 6 tests in the first 12 months following the employee's return to duty. Follow-up testing may extend to 60 months after the date the employee returned to safety-sensitive duty. The SAP may direct that an employee undergo both drug and alcohol follow-up testing. Follow-up testing requirements apply to an employee hired by the Company who had a violation of the DOT drug or alcohol rules while working for another employer, provided that the employee has not completed the required minimum follow-up tests while in a safety-sensitive position.

V. SPECIMEN COLLECTION PROCEDURES

A. *Urine Specimen Collection*

Any person required to undergo a drug test must provide a urine sample at a designated collection site. In order to ensure integrity of the specimen collection procedure, a Federal Urine Custody and Control Form will be used. This form shall be completed by the employee, (and Company), and collection site personnel. The Company shall designate collection sites and qualified collection personnel to conduct the urine specimen collection. All urine specimens will be collected in a clean, single-use collection container that is securely wrapped until filled with the specimen. The employee/applicant will ordinarily be afforded privacy while providing the urine specimen. The urine specimen will be collected and analyzed in accordance with DOT Part 40 urine testing procedures.

The following circumstances will require the employee/applicant to provide a specimen with direct observation by a same sex collector:

1. The collector determines that the specimen may be adulterated or substituted (i.e., temperature out-of-range, unusual color or odor).
2. The collector observes behavior or conduct indicating an attempt to adulterate or substitute specimen (i.e., adulterant products in the donor's pockets).
3. A previous test was canceled by the MRO because it was an invalid test and there was no medical explanation for the specimen unsuitability.

4. A previous positive or adulterated/substituted test result was canceled by the MRO because the split specimen was unavailable for testing upon the donor's request.
5. At the discretion of the Company, all return to duty and follow-up drug tests may be collected under direct observation.

The collector will pour the urine specimen into two specimen bottles. The specimen bottles shall be clear single-use bottles wrapped or sealed when presented to the donor. The collector will unwrap the bottles in the donor's presence. The collector will seal and label each bottle in the donor's presence. If an applicant/employee is unable to provide an adequate urine specimen, he/she must remain at the collection site under the supervision of the collector until successful. The applicant/employee will be provided up to 40oz of fluids and up to 3 hours to provide the required specimen (at least 45mL). If after 3 hours, the applicant/employee is still not able to provide a sufficient specimen, the collection is discontinued and the Company representative is contacted. The Company will direct the applicant/employee to undergo, within 5 days, a medical examination by a licensed physician acceptable to the Medical Review Officer. If the sample is being collected from an employee in need of medical attention (e.g., as part of post-accident test given in an emergency medical facility), necessary medical attention shall not be delayed in order to collect the specimen. Urine collection procedures are provided in detail at Appendix B.

B. *Breath Specimen Collection*

Any person required to submit to an alcohol test must provide a breath specimen for analysis. Breath alcohol testing will take place at a testing site designated by the Company. In a post-accident or reasonable cause circumstances, the breath alcohol test may be conducted at the accident/incident location. The employee and Breath Alcohol Technician will complete a DOT Alcohol Testing Form to document the test. The breath specimen will be obtained and analyzed in accordance with the Part 40 Alcohol Testing Procedures (Appendix E).

All alcohol testing will be conducted by a qualified Breath Alcohol Technician using breath testing devices approved by the National Highway Traffic Safety Administration (NHTSA).

VI. TESTING METHODOLOGY

A. *Drug Testing Laboratory Analysis*

All urine specimens to be tested for the presence of controlled substances must be analyzed by a laboratory certified by DHHS. The designated laboratory for Wendover Airport is: **Quest Diagnostics**

All urine specimens will be screened for prohibited drugs using the cut-off levels specified by DHHS. If drugs are detected in the specimen by the initial screening test, a confirmation analysis using GC/MS technology will be conducted. All cut-off levels and analytical procedures will be in accordance with DHHS and DOT requirements. In addition each specimen will undergo specimen validity testing at the laboratory to determine if the specimen is adulterated or substituted. Specimen validity testing will be conducted in accordance with DHHS and DOT protocols. All specimens confirmed as positive, adulterated or substituted will be retained in long term frozen storage by the laboratory for at least one year, or longer upon written request from the employee, employer, MRO, or DOT agency. Likewise the laboratory shall retain the split specimen of a positive, adulterated, or substituted specimen for at least one year (regardless or whether the split was analyzed for reconfirmation).

B. *Alcohol Testing Methodology*

Alcohol testing will be conducted using the procedures and methods outlined in 49 CFR Part 40. The initial test will be conducted using a breath testing or saliva screening device approved by NHTSA. If the result on the initial test is ≥ 0.02 , a second breath test will be conducted after at least a 15 minute wait, but not more than 30 minutes, using a NHTSA approved Evidential Breath Testing (EBT) device. If the confirmation test result is ≤ 0.02 , the test is negative. If the confirmation result is different than the initial test result, the confirmation test is the final result.

C. *Reporting of Test Results*

The laboratory will report drug test results to the Company's Medical Review Officer. Any specimen which was negative on an initial or confirmatory test will be reported as negative. The only specimens reported as positive will be those which have been confirmed as positive through gas chromatography/mass spectrometry. Specimens that fail the laboratory's validity tests will be reported as dilute, adulterated or substituted. Specimens, for which the laboratory cannot obtain a valid result, will be reported as invalid.

Prior to reporting test results to the Company, the Medical Review Officer shall verify all results in accordance with the procedures outlined in section VII of this policy. **The Company does not have a "stand-down waiver", and thus test results will not be released to the Company until the MRO has completed the verification process.**

The Breath Alcohol Technician (BAT) will report alcohol test results to the Company via telephone, facsimile, or written copy. The BAT must immediately report any confirmation result of ≥ 0.02 alcohol concentration to the Company. Any initial or confirmation test of < 0.02 alcohol concentration is a negative result.

VII. TEST RESULTS

A. *Medical Review Officer Duties*

All test results will be reported by the laboratory to a Medical Review Officer (MRO) for review and interpretation prior to any decision concerning an employee's qualification for continued employment due to the results of a drug test. The MRO will be a licensed physician with knowledge of substance abuse disorders and successful completion of the qualification training requirements of §40.121, who will explore possible alternative medical explanations for any non-negative test results. Prior to making a final decision to verify a non-negative test result, the MRO will conduct a medical interview with the individual, whether in person or over the telephone, and give that individual the opportunity to discuss the test results with him/her. Results of tests on specimens not obtained or processed in accordance with this policy and 49 CFR Part 40, will not be considered by the MRO.

The Medical Review Officer for Wendover Airport is: **Paul Teynor, MD**

MRO State License: Utah
MRO Certification: American Association of Medical Review Officers, 1992, 1998, 2003, & 2008
MRO Address: 76 East 6790 South, Salt Lake City, UT 84047
MRO Telephone 801-486-5400

If the Medical Review Officer determines that an acceptable medical explanation, consistent with Part 40 requirements, exists, the MRO will report the test as negative (legal drug use verified), or canceled (medical explanation for adulteration, substitution or invalid specimen verified). If the MRO determines there is no acceptable medical explanation for the positive, adulterated, or substituted result, the MRO verifies the test as positive (drugs detected), or Refusal to Test

(adulterated or substituted). For a verified positive or refusal to test (adulterated or substituted) finding, the employee/applicant has the right to request reconfirmation by analysis of the split specimen at a second DHHS certified laboratory. Split specimen analytical procedures will be conducted in accordance with DOT and DHHS protocols. The employee/applicant must make his/her request for split specimen analysis to the MRO within 72 hours of notification of the verified test result. The employee/applicant will not be permitted to perform safety-sensitive functions pending the outcome of the split specimen analysis.

In some circumstances, the MRO may require the employee to undergo a medical examination as part of the verification process. If the employee refuses to comply with the MRO's direction to undergo a medical examination by a physician acceptable to the MRO, it is considered a refusal to test.

In circumstances where the MRO cannot contact the employee/applicant after 3 attempts in 24 hours, the MRO will contact the designated Company official for assistance in reaching the employee/applicant. If the employee/applicant does not contact the MRO within 72 hours after being directed by the Company to do so, the MRO will verify and report the test result without interviewing the employee/applicant. Otherwise, if neither the MRO nor Company representative, can contact the employee/applicant within 10 days, the MRO will verify and report the test result without interviewing the employee/applicant.

As part of the test result verification process, the MRO must ask the employee/applicant if he/she holds a Part 67 medical certificate. If so, the MRO must report a verified positive, adulterated or substituted test result to the Federal Air Surgeon.

The MRO will keep confidential all medical information provided to him/her by the employee/applicant, except when required to report information affecting the performance of safety-sensitive duties. The MRO must report medical information learned as part of the test verification process when:

1. The continued performance of safety-sensitive functions is likely to pose a significant safety risk; or
2. The employee is likely to be medically unqualified under an applicable DOT agency regulation.

B. Drug Test Results Reporting

The MRO will report all test results to the designated Company representative(s), DER(s). Test results will be reported as negative, negative-dilute, positive (drugs detected), positive-dilute, refusal to test, or canceled. For all non-negative results, the MRO will provide the DER with a signed copy of the CCF or a signed test result providing all the information required in §40.163.

The verified test result reported by the MRO is the final result. A canceled test is neither a negative nor a positive, and may require recollection of a specimen from the donor in order to satisfy a regulatory requirement. **If the MRO reports a negative-dilute result, the Company will require the employee/applicant to provide another specimen.** If the result of the second test is also negative-dilute, the Company will accept the result as a negative test. If the MRO reports a positive-dilute result, the Company will accept the result as a valid positive result and take actions as outline in this policy.

All drug test result reports are confidential and can only be released with the employee's written consent, except as required by 49 CFR Part 40 (§ 40.329 and 40.331), FAA rules, or other

applicable law. An employee is entitled to a copy of his/her test result and may obtain it by making a written request to the Designated Employer Representative.

C. *Alcohol Test Results Reporting*

Alcohol test results will be reported by the Breath Alcohol Technician to the Designated Employer Representative (DER). Copies of the Alcohol Test Form (ATF), with the result recorded thereon will be provided to the DER by the alcohol test technician. For confirmed alcohol test results 0.02 or greater, the Breath Alcohol Technician shall notify the DER via telephone, or other immediate communication, and provide a signed copy of the ATF, including the test result as soon as practical thereafter.

VIII. CONSEQUENCES OF ENGAGING IN PROHIBITED CONDUCT AND DISCIPLINARY ACTIONS

A. *Removal from Duty*

Any employee who engages in prohibited conduct as defined in Section II of this policy will be immediately removed from safety-sensitive duties. In addition, the employee will be subject to disciplinary actions as described below.

Any employee whose alcohol test result has an alcohol concentration of 0.02—0.039 shall be temporarily removed from duty for at least eight hours, or until the start of his./her next duty period, whichever is longer. In addition, the employee will be subject to disciplinary actions as described below.

The Company shall not permit any employee who has engaged in prohibited alcohol and/or drug conduct to return to safety sensitive functions until the employee has met the return to duty requirements of 49 CFR Part 40, Subpart O. These requirements include:

1. Initial evaluation by a Substance Abuse Professional (SAP) acceptable to the Company, and who meets the qualification standards of Part 40, Subpart O, to determine what assistance/treatment the individual needs for resolving problems associated with alcohol and/or drug abuse;
2. Follow-up evaluation by the SAP to determine compliance with the treatment/rehabilitation recommended by the SAP;
3. A negative result on the return to duty alcohol and/or drug test; and
4. Establishment of a follow-up testing program based on the SAP's recommendations (Minimum of 6 tests in the first 12 months after return to safety-sensitive duty).
5. The Company cannot permit an employee who is required to hold a medical certificate under part 67 of this chapter to perform a safety-sensitive duty to resume that duty until the employee has received a medical certificate or a special issuance medical certificate from the Federal Air Surgeon and the Company has ensured that the employee meets the return-to-duty requirements in accordance with 49 CFR part 40.

B. *Referral to a Substance Abuse Professional*

Any employee who has engaged in prohibited conduct shall be provided with the name, address and contact information of a qualified Substance Abuse Professional. **Substance Abuse Professional information and referral will be provided by the Company's Designated**

Employer Representative. The employee is responsible for all arrangements for the SAP evaluation, including all associated costs.

C. *Disciplinary Actions*

Any employee who engages in prohibited conduct as described in this policy shall be subject to disciplinary actions including immediate termination of employment with the Company.

Any employee whose alcohol test result is an alcohol concentration of 0.02-0.039 shall be suspended without pay for at least eight hours after the test is completed, or until the start of the next scheduled duty period, whichever is longer, and is required to complete a Substance Abuse Professional evaluation and comply with any recommended assistance/treatment recommended by the SAP. Any employee, who has a second alcohol test result of 0.02-0.039 alcohol concentration within five years of the first suspension, shall be subject to disciplinary actions including immediate termination of employment with the Company.

D. *Reporting to FAA*

Each employer shall notify the FAA within 2 working days of any employee who holds a certificate issued under part 61, part 63, or part 65 of this chapter who has refused to submit to a required drug or alcohol test. Notification should be sent to: Federal Aviation Administration, Office of Aviation Medicine, Drug Abatement Division (AAM-800), 800 Independence Avenue, SW., Washington, DC 20591. Employers are not required to notify the FAA of refusals to submit to pre-employment or return to duty testing.

Employees who have a Part 67 Medical Certificate and who have a verified positive drug test must be reported by the **MRO** to the Federal Air Surgeon; the name of the individual, along with identifying information and supporting documentation, within 12 working days after verifying a positive drug test result required under FAA regulations. Employees who have a Part 67 Medical Certificate and who have violated the alcohol misuse prohibitions must be reported by the **Company** to the Federal Air Surgeon; the name of the individual, along with identifying information and supporting documentation, within 2 working days.

IX. *EMPLOYEE ASSISTANCE AND REHABILITATION*

A. *Education*

All covered employee and supervisors will be required to undergo drug awareness training that includes education on the effects and consequences of drug abuse on personal health, safety, and the work environment, and the manifestations and behavioral clues that may indicate drug use. The Company will document the employees' participation in the required training using the form presented at **Appendix D**.

The Company will also provide employees with information about available community resources, employee assistance programs, and appropriate treatment, rehabilitation and assistance providers. The Company will also provide a copy of the Anti-drug and Alcohol Misuse Prevention Plan to all covered employees.

B. *Supervisory Training*

In addition to the training outlined above, any supervisory personnel responsible for determining whether a reasonable suspicion drug and/or alcohol test will be conducted, must complete a 60 minute training session on the specific, contemporaneous, physical, behavioral, and performance

indicators of probable drug use, and a 60 minute training session on the indicators of probable alcohol misuse. The Company shall maintain documentation of the completed training. As required by FAA regulation, supervisory personnel are required to participate in recurrent training.

C. *Employee Assistance Program*

In addition to the education and training programs described above, the Company has an internal Employee Assistance Program. The Company will provide information and referral to qualified Substance Abuse Professionals to assist employees in resolving problems associated with alcohol and drug abuse.

Employees are encouraged to voluntarily seek assistance for any problems related to alcohol and/or drug abuse. Employees who voluntarily come forward for assistance with alcohol and/or drug abuse problems will ordinarily be afforded the opportunity to take a medical leave of absence in order to participate in an appropriate rehabilitation program.

X. *DISCLOSURE OF INFORMATION, RECORDKEEPING, AND REPORTING*

A. *Disclosure and Release of Information*

The Company will maintain all records generated under this policy in a secure manner so that disclosure to unauthorized persons does not occur. Thus, the results of any tests administered under this policy and/or any other information generated pursuant to this policy will not be disclosed or released to anyone without the express written consent of the employee, except where otherwise required or authorized by DOT regulations. In addition, the Company's contracts with its designated service agents require them to maintain all employee test records in confidence.

The Company or its service agent(s) must release information under the following circumstances:

1. Upon specific, written consent from an employee authorizing the release of information about that employee's drug or alcohol tests to an identified person, including to a subsequent employer.
2. Upon request of DOT agency representatives, including:
 - a. Access to facilities used for DOT agency drug and alcohol program functions.
 - b. All written, printed, and computer-based drug and alcohol program records and reports (including copies of name-specific records or reports), files, materials, data, documents/documentation, agreements, contracts, policies, and statements that are required by this part and DOT agency regulations.
3. Upon request by the National Transportation Safety Board as part of an accident investigation, provide information concerning post-accident tests administered after the accident.
4. Upon request by a Federal, state or local safety agency with regulatory authority over the Company, provide drug and alcohol test records concerning any covered employee.

However, the laboratory or the Company may disclose information required to be maintained under this policy to the employee, the employer or the decision-maker in a lawsuit, grievance, or other proceeding initiated by or on behalf of the individual, and arising from the results of an alcohol and/or drug test administered under this policy, or from the employer's determination that

the employee engaged in conduct prohibited by this policy (including, but not limited to, a worker's compensation, unemployment compensation, or other proceeding relating to a benefit sought by the employee.)

B. Access to Facilities and Records

Upon written request by any covered employee, the Company will promptly (within 10 days of the employee's written request) provide copies of any records pertaining to the employee's use of alcohol or drugs, including any records pertaining to his or her alcohol or drug tests. Access to a covered employee's records will not be contingent upon payment for records other than those specifically requested.

The Company will also permit access to all facilities utilized and alcohol or drug testing documents generated in complying with FAA requirements to the Secretary of Transportation, any DOT agency with regulatory authority over the employer or any of its covered employees, or to a State oversight agency, as applicable. When requested by the National Transportation Safety Board as part of an accident investigation, the Company will disclose information related to the employer's administration of a post-accident alcohol and/or drug test administered following the accident under investigation.

Records will also be made available to an identified person or a subsequent employer upon receipt of a written request from an employee, but only as expressly authorized and directed by the terms of the employee's written consent. The subsequent release of such information by the person receiving it will be permitted only in accordance with the terms of the employee's consent.

C. Retention of Records

The Company shall maintain drug and alcohol testing records in a secure location with controlled access. The following records will be maintained:

1. Records retained for five years include:
 - i. Copies of annual reports submitted to the FAA;
 - ii. Records of notification to the Federal Air Surgeon of violations of the drug use and alcohol misuse prohibitions by covered employees who hold medical certificates issued under Part 67);
 - iii. Records of alcohol test results indicating an alcohol concentration of 0.02 or greater;
 - iv. Records of verified positive drug test results;
 - v. Documentation of refusals to take required alcohol and/or drug tests (including substituted or adulterated drug test results);
 - vi. SAP reports;
 - vii. All follow-up tests and schedules for follow-up tests;
 - viii. Records of other violations of drug and alcohol prohibited conduct.
2. Records retained for three years include:
 - i. Information obtained from previous employers under §40.25 concerning drug and alcohol test results of employees
3. Records retained for two years include:
 - i. Records of the inspection, maintenance, and calibration of EBTs, for two years.
 - ii. Documents related to the random selection process
 - iii. Documents generated in connection with decisions to administer reasonable suspicion and post-accident tests
 - iv. Documents verifying the existence of medical explanations for the inability to provide adequate urine and/or breath specimens.
 - v. Documentation of employee and supervisory training.
4. Records retained for one year include:

- i. Negative and cancelled drug test results and alcohol test results with a concentration of less than 0.02.

D. Management Information System (MIS) Reporting Requirements

The Company will submit, no later than 15 March of each year, an annual statistical report to the FAA summarizing the drug and alcohol testing activity for the year. The statistical report shall not include any name or employee specific information. The Company shall submit the information in the MIS format required by the FAA.

XI. BLIND PERFORMANCE TEST PROCEDURES

A. General Requirements

Since the Company has less than 2000 covered employees, it is not required under DOT regulations to submit blind performance specimens to the laboratory.

ALCOHOL MISUSE PREVENTION POLICY (AMPP) for DOT/FAA ALCOHOL TESTING

Functions and Period of the Work Day Employees are Covered by the AMPP

Any employee performing a safety-sensitive function is subject to alcohol testing and must refrain from consuming any alcohol (not just alcoholic beverages) whenever they are performing, ready to perform, or immediately available to perform these functions.

Conduct Prohibited by the AMPP

Alcohol and Alcohol Use

- Alcohol is defined as the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols, including methyl or isopropyl alcohol.
- Alcohol use is defined as the consumption of any beverage, mixture, or preparation, including any medication (prescribed or over-the-counter, intentional or unintentional), containing alcohol.

Alcohol Concentration

- Covered employees may not report for duty or remain on duty in a position requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater.

Pre-Duty Use

- Employees may not perform flight crewmember, flight attendant, or air traffic controller duties within 8 hours after consuming alcohol.
- Employees may not perform flight instruction, aircraft dispatcher, aircraft maintenance or preventive maintenance, ground security coordinator, or aviation screening duties within 4 hours after consuming alcohol.

On-Duty Use

- Covered employees may not consume alcohol in any form while performing safety-sensitive functions.
- This prohibition also applies to covered employees who are at work and immediately available to perform safety-sensitive functions.

Use After an Accident

- Covered employees with knowledge of an accident involving an aircraft for which they performed a safety-sensitive function at or near the time of the accident may not use alcohol for 8 hours after the accident unless they have been given a post-accident test,

or Tooele County has determined that their performance could not have contributed to the accident.

- Accident is defined as an occurrence associated with the operation of an aircraft which takes place between the time any person boards the aircraft with the intention of flight and the time that all such persons have disembarked, and in which any person suffers death or serious injury or in which the aircraft receives substantial damage.

Refusal to Submit to Testing

- Covered employees may not refuse to submit to a post-accident, random, reasonable suspicion, return-to-duty, or follow-up alcohol test. Tooele County will not permit an employee who refuses to submit to such a test to perform or continue to perform safety-sensitive functions.
- Refusal to submit to a pre-employment test is not a violation of the FAA AMPP rule, but a refusal will preclude any person from being hired for a safety-sensitive function, unless he or she completes the SAP and return-to-duty processes.

Circumstances Under Which a Covered Employee will be Tested for Alcohol

Covered employees are subject to the following federally mandated alcohol tests. It is an employer's option whether to require alcohol pre-employment testing. If a company elects to do so, all applicants/employees must be subject to testing after a contingent offer of employment is made or the employee is transferred and prior to the first performance of safety-sensitive function

Post-Accident

- As soon as practicable following an accident, each covered employee must be alcohol tested if that employee's performance either contributed to the accident or cannot be discounted as a contributing factor to the accident.
- A covered employee who is subject to post-accident alcohol testing will remain readily available for testing or may be deemed by Tooele County to have refused to submit to testing.
- Attempts to conduct post-accident alcohol testing will cease 8 hours after the accident, even if no alcohol test has been conducted.

Random

- Covered employees will be selected for random alcohol testing through a scientifically valid method.
- Random tests will be spaced throughout the year and will be unannounced.
- Employees notified of selection for random testing must proceed immediately to the testing site.
- Random tests will be conducted while the employee is performing safety-sensitive functions, just before the employee is to perform safety-sensitive functions, or just after the employee has ceased performing safety-sensitive functions.

Reasonable Suspicion

- A covered employee must submit to an alcohol test if Tooele County has determined that reasonable suspicion exists that the employee has violated the alcohol misuse prohibitions.
- This determination must be based on a trained supervisor's specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the employee.
- Even if an alcohol test cannot be administered, no employee who is under the influence of or impaired by alcohol, as shown by behavioral, speech, or performance indicators of alcohol misuse, should report for duty or remain on duty requiring the performance of safety-sensitive functions until a test can be administered and the results are below 0.02 or until the commencement of the employee's next duty period if at least 8 hours has elapsed.
- Similarly, even if an alcohol test cannot be administered, Tooele County will not permit any employee who is under the influence of or impaired by alcohol, as shown by behavioral, speech, or performance indicators of alcohol misuse, to report for duty or remain on duty requiring the performance of safety-sensitive functions until a test can be administered and the result is below 0.02 or until the commencement of the employee's next duty period if at least 8 hours has elapsed.
- A supervisor who identifies an employee for a reasonable suspicion test cannot conduct the alcohol test as the breath alcohol technician for that employee.

Return-to-Duty

- Before a covered employee returns to duty in a safety-sensitive function after engaging in prohibited conduct, he or she will undergo a return-to-duty test.
- The employee cannot perform a safety-sensitive function until a result indicating an alcohol concentration of less than 0.02 is obtained.

Follow-Up

- Each covered employee who has been identified by a substance abuse professional (SAP) as needing assistance in resolving a problem with alcohol misuse and who has returned to duty performing a safety-sensitive function will be subject to follow-up testing.
- Follow-up tests will be unannounced.
- The schedule for follow-up alcohol testing is established by the SAP.

Retests

- If Tooele County desires to permit an employee to perform a safety-sensitive function within 8 hours following administration of an FAA-mandated alcohol test indicating an alcohol concentration of 0.02 or greater but less than 0.04, Tooele County will first retest the employee.

- The employee may return to the safety-sensitive function if the retest result indicates an alcohol concentration of less than 0.02.

PROCEDURES THAT WILL BE USED TO TEST FOR THE PRESENCE OF ALCOHOL; PROTECTING THE EMPLOYEE AND THE INTEGRITY OF THE BREATH TESTING PROCESS; SAFEGUARDING THE VALIDITY OF THE TEST RESULTS; AND ENSURING THAT THOSE RESULTS ARE ATTRIBUTED TO THE CORRECT EMPLOYEE.

Tooele County will be using Wendover Ambulance/Collections Inc; IMDT on-site collections; or Mountain West Worx Clinic to conduct alcohol testing. All tests will use one of the following procedures:

Preparation for Breath Alcohol Testing

- When the employee enters the alcohol testing location, the breath alcohol technician (BAT) /screening test technician (STT) will require the employee to provide positive identification (photo I.D. or identification issued by Tooele County On request, the BAT/STT will provide positive identification to the employee. The BAT/STT will explain the testing procedures to the employee.

Screening Tests

- The BAT/STT will complete Step 1 on the alcohol testing form (ATF), and the employee will then complete Step 2 on the form, signing the certification. Refusal by the employee to sign this certification will be regarded as a refusal to take the test.

Breath Tests

- An individually sealed mouthpiece will be opened in view of the employee and the BAT and will be attached to the evidential breath-testing device (EBT) in accordance with the manufacturer's instructions.
- The BAT will instruct the employee to blow forcefully into the mouthpiece for at least 6 seconds or until the EBT indicates that an adequate amount of breath has been obtained.
- If the EBT does not have a printer capable of generating a printed result showing a sequential test number, the manufacturer's name for the device, the device's serial number, and the time and date of the test, the BAT will record the displayed result, test number, testing device, serial number of the testing device, date, time and quantified result in Step 3 of the form. The BAT will then complete the rest of Step 3 in its entirety.
- If the EBT provides a printed result, but does not print the results directly onto the form, the BAT will show the employee the result displayed on the EBT. The BAT will then affix the test result printout to the breath alcohol test form (ATF) in the designated space, using a method that will provide clear evidence of removal (e.g., tamper-evident tape).
- If the EBT prints the test results directly onto the form, the BAT will show the employee the result displayed on the EBT and on the alcohol test form (ATF).

- In any case in which the result of the screening test is a breath alcohol concentration of less than 0.02, the BAT will date the form and sign the certification in Step 3 of the form.
- If a test result printed by the EBT does not match the displayed result, the BAT will note the disparity in the remarks section. Both the employee and the BAT will initial or sign the notation. The test is then invalid and Tooele County and the employee will be so advised.
- No further testing is authorized. The BAT will transmit the result of less than 0.02 to Tooele County in a confidential manner and Insert Company's Name will receive and store the information so as to ensure that confidentiality is maintained as required.

Saliva Alcohol Screening Device (ASD)

- The BAT/STT will check the expiration date on the device or on the package containing the device and show it to the employee. A device must not be used after its expiration date.
- The BAT/STT will open an individually wrapped or sealed package containing the device in the presence of the employee.
- The BAT/STT will offer the employee the opportunity to use the device. The BAT/STT will instruct the employee to insert it into his/her mouth and use it in a manner described by the device's manufacturer.
- If the employee chooses not to use the device, or in all cases in which a new test is necessary because the device did not activate, the BAT/STT must insert the device into the employee's mouth and gather saliva in the manner described by the device's manufacturer.
- When the device is removed from the employee's mouth, the BAT/STT must follow the manufacturer's instructions regarding the necessary next steps to ensure that the device has activated.
- The BAT/STT must read the result displayed on the device no sooner than the device's manufacturer instructs. In all cases the result displayed must be read within 15 minutes of the test. The BAT/STT must then show the device and its reading to the employee and enter the result on the alcohol test form (ATF).
- The BAT/STT must note the fact that a saliva alcohol screening device (ASD) was used in Step 3 of the ATF.

Breath Tube Alcohol Screening Device (ASD)

- The BAT/STT will check the expiration date on the detector device and the electronic analyzer or on the package containing the device and the analyzer and show it to the employee. A device or the analyzer must not be used after their expiration date. The BAT/STT must not use an analyzer which is not specifically pre-calibrated for the device being used in the collection.
- The BAT/STT will remove the device from the package and secure an inflation bag onto the appropriate end of the device, as directed by the manufacturer on the device's instructions.
- The BAT/STT will break the tube's ampoule in the presence of the employee.

- The BAT/STT will offer the employee the opportunity to use the device. If the employee chooses to use the device, the BAT/STT will instruct the employee to blow forcefully and steadily into the blowing end of the device until the inflation bag fills with air (approximately 12 seconds).
- If the employee chooses not to hold the device, the Bat/STT must hold it and provide the use instructions.
- Once the employee completes the breath process, the BAT/STT will take the device from the employee, remove the inflation bag, and prepare the device to be read by the analyzer in accordance with the manufacturer's directions.
- After waiting the required amount of time directed by the manufacturer for the detector device to incubate, the BAT/STT must place the device in the analyzer in accordance with the manufacturer's directions. The result must be read from the analyzer no earlier than the required incubation time of the device. In all cases, the result must be read within 15 minutes of the test.
- The BAT/STT must follow the manufacturer's instructions for determining the result of the test. The BAT/STT must show the analyzer result to the employee and record the result on Step 3 of the alcohol test form (ATF).
- The BAT/STT must note the fact that a breath tube device was used in Step 3 of the ATF.

Confirmation Tests

- If the result of the screening test is an alcohol concentration of 0.02 or greater, a confirmation test will be performed. If a different BAT will conduct the confirmation test, the BAT who conducts the screening test will complete and sign step 3 of the alcohol test form (ATF). The BAT will provide the employee with Copy 2 of the form.
- In the presence of the employee, the BAT will conduct an "air blank" to ensure that the device is working correctly. You must show the reading to the employee. The air blank result must be 0.00. If the reading is greater than 0.00, the BAT will conduct one more air blank. If the reading is greater than 0.00, testing will not proceed using the instrument. However, testing may proceed on another instrument.
- The BAT will instruct the employee not to eat, drink, put any object or substance in his or her mouth, and, to the extent possible, not belch during a waiting period before the confirmation test. This time period begins with the completion of the screening test, and will not be less than 15 minutes. The BAT will explain to the employee the reason for this requirement (i.e., to prevent any accumulation of mouth alcohol leading to an artificially high reading) and the fact that it is for the employee's benefit. The BAT will also explain that the test will be conducted at the end of the waiting period, even if the employee has disregarded the instruction, the BAT will so note in the "Remarks" section of the ATF.
- If a BAT other than the one who conducted the screening test is conducting the confirmation test, the new BAT will initiate a new breath alcohol testing form. The BAT will complete step 1 on the form. The employee will then complete Step 2 on the form, signing the certification. Refusal by the employee to sign this certification will be regarded as a refusal to take the test. The BAT will note in the "Remarks" section of the form that a different BAT conducted the screening process.

- If the employee does not sign the certification in Step 4 of the form, it will not be considered a refusal to be tested. In this event, the BAT will note the failure to sign in the “Remarks” section of the form.
- A breath alcohol test is invalid under the following circumstances:
 - The EBT does not pass its next external calibration check (invalidates all test results of 0.02 or greater on tests conducted since the last valid external calibration test); this does not invalidate negative tests).
 - The breath alcohol technician does not observe the minimum 15-minute waiting period prior to the confirmation test.
 - The breath alcohol technician does not perform an air blank on the EBT before a confirmation test, or such an air blank does not result in a reading of 0.00.
 - The breath alcohol technician does not sign the form.
 - An EBT fails to print a confirmation test result.
 - The sequential test number or alcohol concentration displayed on the EBT is not the same as the sequential test number or alcohol concentration on the printed result.
- Employee records pertaining to alcohol testing will be maintained in a secure location with controlled access.
- These records will be promptly released to the employee, or a person identified by the employee (including subsequent employers), upon written request of the employee. This release of information will not be contingent upon payment for records other than those specifically requested.
- These records must be released to Department of Transportation agency representatives upon request.
- These records may must be released to the National Transportation Safety Board when requested as part of an accident investigation.
- These records may be released to a Federal, state, or local safety agency with regulatory authority over the employer or the employee upon request.

REQUIREMENTS THAT A COVERED EMPLOYEE SUBMIT TO ALCOHOL TESTS

- The Federal Aviation Administration (FAA) Alcohol Misuse Prevention Program (AMPP) prohibits certain conduct by, and requires alcohol testing of persons who perform specified safety-sensitive functions. Persons who violate this regulation will be subject to consequences, including removal from safety-sensitive functions.

AN EXPLANATION OF WHAT CONSTITUTES A REFUSAL TO SUBMIT TO AN ALCOHOL TEST AND THE ATTENDANT CONSEQUENCES

- As a safety-sensitive employee, you are considered to have refused to take an alcohol test if you:
 1. Fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer. This includes the failure of an

- employee (including an owner-operator) to appear for a test when called by a C/TPA (see 49 CFR Part 40.241(a));
2. Fail to remain at the testing site until the testing process is complete; *Provided*, that an employee who leaves the testing site before the testing process commences (see 49 CFR Part 40.243(a)) for a pre-employment test is not deemed to have refused to test;
 3. Fail to provide an adequate amount of saliva or breath for any alcohol test required by this part or DOT agency regulations; *Provided*, that an employee who does not provide an adequate amount of breath or saliva because he or she has left the testing site before the testing process commences (see 49 CFR Part 40.243(a)) for a pre-employment test is not deemed to have refused to test;
 4. Fail to provide a sufficient breath specimen, and the physician has determined, through a required medical evaluation, that there was no adequate medical explanation for the failure (see 49 CFR Part 40.265 (c));
 5. Fail to undergo a medical examination or evaluation, as directed by the employer as part of the insufficient breath procedures outlined at 49 CFR Part 40.265(c);
 6. Fail to sign the certification at Step 2 of the ATF (see 49 CFR Part 40.241 (g) and 49 CFR Part 40.251(d); or
 7. Fail to cooperate with any part of the testing process.
- Any covered employee who holds an airman certificate issued under 14 CFR Part 61, Part 63, or Part 65 and refuses to submit to required random, post-accident, reasonable suspicion, or follow-up alcohol testing will be reported to the FAA's Drug Abatement Division.
 - The attendant consequences are described in the following section.

THE CONSEQUENCES FOR COVERED EMPLOYEES FOUND TO HAVE VIOLATED THE PROHIBITIONS OF THE AMPP, INCLUDING THE REQUIREMENT THAT THE EMPLOYEE BE REMOVED IMMEDIATELY FROM PERFORMING SAFETY-SENSITIVE FUNCTIONS, AND THE PROCESS IN 49 CFR PART 40, SUBPART O:

Immediate Removal from Safety-Sensitive Functions

- Covered employees are prohibited from performing safety-sensitive functions if they have engaged in prohibited conduct under the FAA rule or another DOT agency's alcohol misuse rule (including refusal to submit to random, reasonable suspicion, post-accident, or follow-up testing). Any employee who has violated the rules of the AMPP will be immediately removed from performing safety-sensitive functions.

Permanent Prohibition From Service

- If a covered employee is determined to have violated the on-duty use of alcohol prohibition, he or she is permanently precluded from performing the safety-sensitive duties he or she performed before such a violation.

- If a covered employee is determined to have violated the prohibited alcohol-related conduct provision, other than on-duty use, two times after the employee becomes subject to the prohibitions, he or she is permanently precluded from performing the safety-sensitive duties he or she performed before such a violation.
- The bar on two-time violators will apply both to persons who go through rehabilitation and to those who, after evaluation by an SAP, are determined not to need treatment.

Notice to the Federal Air Surgeon

- Any covered employee who holds an airman medical certificate issued under 14 CFR Part 67 and violates the provisions of the rule will be reported to the Federal Air Surgeon.
- No covered employee who holds a Part 67 airman medical certificate will perform a safety-sensitive function after a violation unless and until, in addition to the required return-to-duty steps in 49 CFR Part 40, the Federal Air Surgeon has recommended that the employee be permitted to perform such duties.

Return to Duty Process and Follow Up Procedures (49 CFR Part 40, Subpart O)

- As an employee, when you have violated DOT drug and alcohol regulations, you cannot again perform any DOT safety-sensitive duties for any employer until and unless you complete the SAP evaluation, referral, and education/treatment process set forth in 49 CFR Part 40, Subpart O and in applicable DOT agency regulations.
- A verified positive DOT drug test result, a DOT alcohol test with a result indicating an alcohol concentration of 0.04 or greater, a refusal to test (including by adulterating or substituting a urine specimen) or any other violation of the prohibition on the use of alcohol or drugs under a DOT agency regulation constitutes a DOT drug and alcohol regulation violation.
- An employer must provide to each employee (including an applicant or new employee) who violates DOT drug and alcohol regulation a listing of SAPs readily available to the employee and acceptable to the employer. The list of SAPs must include names, addresses, and telephone numbers. The employer cannot charge the employee any fee for compiling or providing this list.
- An employer is not required to provide a SAP evaluation or any subsequent recommended education or treatment for an employee who has violated a DOT drug and alcohol regulation. However, if an employer offers that employee an opportunity to return to a DOT safety-sensitive duty following a violation, the employer must, before the employee again performs that duty, ensure that the employee receives an evaluation by a SAP meeting the requirements of 40.281 and that the employee successfully complies with the SAPs evaluation recommendations. Payment for SAP evaluations and services is left for employers and employees to decide and may be governed by existing management-labor agreements and health care benefits.
- A SAP is charged with:

1. Making a face-to-face clinical assessment and evaluation to determine what assistance is needed by the employee to resolve problems associated with alcohol and/or drug use;
2. Referring the employee to an appropriate education and/or treatment program;
3. Conducting a face-to-face follow-up evaluation to determine if the employee has actively participated in the education and/or treatment program and has demonstrated successful compliance with the initial assessment and evaluation recommendations;
4. Providing the DER with a follow-up drug and/or alcohol testing plan for the employee; and
5. Providing the employee and employer with recommendations for continuing education and/or treatment.

If an employer decides to permit the employee to return to the performance of safety-sensitive functions, the employer must ensure that the employee takes a return-to-duty test (RTD).

This test cannot occur until:

1. The employee has been evaluated by a SAP to determine what education and/or treatment the employee needs to resolve problems related to alcohol use. A minimum of education is required;
 2. The employee has successfully complied with the prescribed education and/or treatment;
 3. The employee has been re-evaluated by the SAP to ensure that the employee has properly followed the education and/or treatment program.
- A SAP must establish a written follow-up testing plan for each employee who has committed a DOT drug or alcohol regulation violation and who seeks to resume the performance of safety-sensitive functions. The SAP does not establish this plan until after it is determined that the employee has successfully complied with the education and/or treatment recommendations. The SAP must present a copy of the follow-up testing plan directly to the employer's designated representative. The SAP is the sole determiner of the number and frequency of follow-up tests and whether these tests will be for drugs, alcohol, or both, unless otherwise directed by the appropriate DOT agency regulation. For example, if the employee had a positive drug test, but the SAP evaluation or the treatment program professionals determined that the employee had an alcohol problem as well, the SAP should require that the employee have follow-up tests for both drugs and alcohol. However, the SAP must, at a minimum, direct that the employee be subject to six (6) unannounced follow-up tests in the first 12 months of safety-sensitive duty following the employee's return to safety-sensitive functions. The SAP may require a greater number of follow-up tests during the first 12-month period of safety-sensitive duty. The SAP may also require follow-up tests during the 48 months of safety-sensitive duty following this first 12-month period. The SAP is not to establish the actual dates for the follow-up tests he/she prescribes. The decision on specific dates to test is the employer's. An

employer must not impose additional testing requirements (e.g., under company authority) on the employee that go beyond the SAP's follow-up testing plan.

THE CONSEQUENCES FOR COVERED EMPLOYEES FOUND TO HAVE AN ALCOHOL CONCENTRATION OF 0.02 OR GREATER BUT LESS THAN 0.04

- If a covered employee is found to have an alcohol concentration of 0.02 or greater but less than 0.04, that employee will be immediately removed from performing safety-sensitive functions, until the employee is retested with a result below 0.02, or until the start of the employee's next regularly scheduled duty period, if it occurs at least 8 hours following administration of the test.

INFORMATION CONCERNING ALCOHOL

EFFECTS OF ALCOHOL MISUSE ON AN INDIVIDUAL'S HEALTH, WORK, AND PERSONAL LIFE:

- Alcohol is a central nervous system depressant. Taken in large quantities it causes not only the euphoria associated with "being drunk" but also adversely affects your judgment, your ability to think, and your motor functions. Drink enough alcohol fast enough and it can kill you.
- Long term overuse of alcohol can cause liver damage, heart problems, sexual dysfunction, and other serious medical problems.
- In some case, alcohol use can lead to physical and psychological dependence on alcohol. Alcoholism is a serious chronic disease. Left untreated it will inevitably get worse.
- Workers who use alcohol (and/or other drugs) affect everyone. Studies show that compared to alcohol and drug-free workers, substance abusers are far less productive, miss more workdays, are more likely to injure themselves or someone else, and file more workers compensation claims.
- The measurable dollar costs of workplace substance abuse from absenteeism, overtime pay, tardiness, sick leave, insurance claims, and workers compensation can be substantial. However, the hidden costs resulting from diverted supervisory and managerial time, friction among workers, damage to equipment, and damage to the company's public image mean that workplace substance abuse can further cut profits and competitiveness.
- Alcohol can also destroy relationships, lead to serious problems with the law (e.g., drunk driving), and even cause harm to the people you love.
- If drinking affects your work life, it could lead to job loss and all of the financial problems that would follow.

SIGNS AND SYMPTOMS OF AN ALCOHOL PROBLEM

- Any one or more of the following signs may indicate a drinking problem:

1. Family or social problems caused by drinking.
2. Job or financial difficulties related to drinking.
3. Loss of consistent ability to control drinking.
4. "Blackouts" or the inability to remember what happened while drinking.
5. Distressing physical and/or psychological reactions if you try to stop drinking.
6. A need to drink increasing amounts of alcohol to get the desired effect.
7. Marked changes in behavior or personality when drinking.
8. Getting drunk frequently.
9. Injuring yourself-someone else-while intoxicated.
10. Breaking the law while intoxicated.
11. Starting the day with a drink.

AVAILABLE METHOD OF EVALUATING AND RESOLVING PROBLEMS ASSOCIATED WITH THE MISUSE OF ALCOHOL

- Outpatient programs exist in a variety of settings:
 1. Community mental health centers.
 2. Family service agencies.
 3. Private physicians' and therapists offices.
 4. Occupational settings
 5. Specialized alcoholism treatment facilities.

- Inpatient services, designed for those with more serious alcohol problems, can be found in hospitals, residential care facilities, community halfway houses, and some alcoholism clinics.

- Your local phone directory will list helpful referral organizations such as:
 1. Local council on alcoholism.
 2. Alcoholics Anonymous.
 3. Community alcoholism or mental health clinic.
 4. Social services or human resources department.
 5. County medical society.

INTERVENING WHEN AN ALCOHOL PROBLEM IS SUSPECTED, (INCLUDING CONFRONTATION, REFERRAL TO ANY AVAILABLE EMPLOYEE ASSISTANCE PROGRAM), AND/OR REFERRAL TO MANAGEMENT):

Why You Should Get Involved:

- Although Tooele County may have a below average history of substance abuse problems, we recognize that alcoholism and alcohol misuse are problems throughout America.

- There are three good reasons why you should be concerned if any of your coworkers is using drugs or alcohol on the job:
 1. Your and your coworkers' health and safety may be at risk.
 2. Alcohol misuse costs you money.
 3. Alcohol creates a negative work environment.
- The U.S. Department of Labor has determined that drug and alcohol use on the job costs society an estimated \$102 billion a year. Since most of the costs is passed on to you in the form of higher health insurance rates or in the prices you pay for things, drug and alcohol use on the job costs you and your fellow workers.
- The U.S. Department of Labor has also determined that absenteeism among problem drinkers or alcoholics is 3.8 to 8.3 times greater than normal. If your fellow workers don't come to work, you may have to do their jobs in addition to your own.
- Workers who misuse alcohol don't function at their full potential. Not only is absenteeism a problem, when they are at work these employees may have reduced capabilities and productivity. Since our product is the safe transportation of the public, alcohol misuse is an especially serious issue.
- No matter what your position is in the organization, there are things that you can do to ensure that drug and alcohol use on the job never becomes a problem at Tooele County. Acceptance of any misuse puts you, this company, and the public at risk.

APPENDIX A

SUPERVISOR'S REPORT OF REASONABLE SUSPICION

Employee: _____ Date: _____
Location: _____ Time: _____

OBSERVATIONS

Breath (Odor of Alcoholic Beverage): Strong Faint Moderate None

Eyes Bloodshot Glassy Normal Watery Clear
 Heavy Eyelids Fixed Pupils Dilated Pupils Normal

Speech Confused Stuttered Thick-Tongued Accent Mumbled
 Fair Slurred Mush Mouthed Good Not
 Cotton Mouthed Other Understandable

Attitude Excited Combative Hilarious Indifferent Talkative
 Insulting Care-Free Cocky Sleepy Cooperative
 Profane Polite Other

Unusual Hiccoughing Belching Vomiting Fighting Crying
Action Laughing Other

Balance Needs Support Falling Wobbling Swaying Other

Walking Falling Staggering Stumbling Swaying Other

Turning Falling Staggering Stumbling Swaying Hesitant Other

Indicate any other unusual actions, statements or observations:

Signs of complaints of illness or injury:

Safety-sensitive function: Yes No
Describe: _____

SUPERVISOR'S OPINION

Apparent effects of alcohol/drug use: None Slight Obvious Extreme
Additional Comments: _____

Supervisor: _____ Witnesses: _____
Signature: _____ Signature: _____
Date: _____ Time: _____ Date: _____ Time: _____

APPENDIX B

COMPANY DESIGNATED SERVICE PROVIDERS FOR DRUG AND ALCOHOL TESTING CONDUCTED UNDER THE TERMS OF THIS POLICY

1. Designated Employer Representative (DER)

For all questions concerning the Company's policy or implementation of the Company's drug and alcohol testing program, employees should contact the individual(s) named below:

Name: Pam Ayala
Title: HR Director
Address: 47 South Main
Tooele, Utah 84074
Phone: 435-843-3157
Fax: 435.843.3158

2. Drug Testing Laboratory

The following DHHS-certified laboratory has been designated by the Company to conduct the analysis of all urine specimens tested under the terms of this policy.

Name:	Quest Diagnostics	Quest Diagnostics
Address:	10101 Renner Blvd Lenexa, KS 66219	7600 Tyrone Ave Van Nuys, CA 91405
Telephone:	800-877-7484	800-877-7484

3. Medical Review Officer

The following physician(s) has been designated by the Company to perform Medical Review Officer functions for all drug tests conducted under the terms of this policy.

Name: Paul Teynor, MD/Intermountain MRO Services, Inc. (IMRO)
Address: 76 East 6790 South
Midvale, UT 84074
Phone: (801) 486-5400
Fax: (801) 486-5454

4. Substance Abuse Professional

Substance Abuse Professional (SAP) services, including information, referral, assessment, and evaluation, are available from the following Company-designated individuals and/or organizations:

FAA Anti-drug and Alcohol Misuse Prevention Plan

Name: Marlin Andrus
Address: 1196 West South Jordan Parkway, Suite A3
South Jordan, Utah 84095
Phone: (801) 253-3169
Fax: 385.468.0573

5. **Approved Specimen Collection Sites**

The facilities listed below are authorized to conduct urine specimen collection in accordance with 49 CFR Part 40 for the purpose of any controlled substance test required by the Company:

Name: Wendover Ambulance/Collections Inc.
Address: 427 Mes Street
Wendover, NV 89883
Phone: 775.664.2081
Fax: 774.664.2244

Name: IMDT
Address: 2702 S. 3600 W. STE G
WVC, Ut 84119
Phone: 801.965.0665
Fax: 801.965.0670

Name: Mountain West Worx
Address: 2055 North Main
Tooele, Utah 84074
Phone: 435-843-3689

5. **Approved Alcohol Testing Sites**

The facilities listed below are authorized to conduct alcohol testing in accordance with 49 CFR Part 40 for the purpose of any alcohol test required by the Company.

Name: IMDT
Address: 2702 S. 3600 W. STE G
WVC, Ut 84119
Phone: 801.965.0665
Fax: 801.965.0670

Name: Mountain West Worx
Address: 2055 North Main
Tooele, Utah 84074
Phone: 435-843-3689

Name: Wendover Ambulance/Collections Inc.
Address: 427 Mes Street
Wendover, NV 89883
Phone: 775.664.2081
Fax: 774.664.2244

6. Training and Education Records

Employee/New hire:

Name: Richard Brown, Airport Manager
345 Airport Apron
Wendover, UT 84083
Phone: 435.665.2308
Fax: 435.665.0172

Supervisor:

Name: Pam Ayala
Title: HR Director
Address: 47 South Main
Tooele, Utah 84074
Phone: 435-843-3157
Fax: 435.843.3158

APPENDIX C

CERTIFICATION OF COMPLETION OF DRUG AND ALCOHOL AWARENESS PROGRAM

I, _____, hereby certify that I have completed the Company's Drug and Alcohol Awareness Program and that I am familiar with the information covered during the training program. I have received informational materials and have been advised that the informational material is also displayed at the Wendover Airport. I further acknowledge that I have received a copy of Tooele County's Wendover Airport Drug and Alcohol Policy and that I can also access the Anti-Drug and Alcohol Misuse Plan/Policy and a list of resources available for dealing with problems concerning drug and alcohol abuse at the County's web site located at: <http://www.co.tooele.ut.us/hr.html>

I also understand should I have further questions I can direct them to my supervisor or to Human Resources.

Date: _____ Employee: _____

APPENDIX D

Safety-Sensitive Contractors

Required Content of Anti-Drug & Alcohol Misuse Plan Certification Statements:

1. Each AMPP certification statement submitted by a contractor company shall provide the following information:

- (a) The name, address, and telephone number of the employer/contractor company and for the employer/contractor company Anti-Drug & Alcohol Misuse Plan manager;
- (b) FAA operating certificate number (if applicable);
- (c) The date on which the employer or contractor company will implement its Anti-Drug & Alcohol Misuse Plan;
- (d) A statement signed by an authorized representative of the employer or contractor company certifying an understanding of and agreement to comply with the provisions of the FAA's alcohol misuse prevention regulations.

The following contractors have met these requirements:

APPENDIX E

REQUIRED TO URINE DRUG TEST & BREATH ALCOHOL TEST

I, _____, am aware of Wendover Airport's Federal Aviation Administration (FAA)/Department of Transportation mandated Drug and Alcohol Misuse Prevention Plan (www.co.tooele.ut.us); and that I will be assigned to duties which subject me to FAA mandated drug and alcohol testing. I understand that having a negative pre-employment drug test is a condition of employment and that I will be subject to additional mandatory testing after employment.

The urine drug test will test for: 6-Monoacetylmorphine, MDA-Analogues, Marijuana, Cocaine, Opiates, Amphetamines, & Phencyclidine.

I do hereby understand I am required to the following when requested by Wendover Airport:

1. Urine specimen collection;
2. Laboratory testing of my urine specimen;
3. Release of my urine specimen test results to the Medical Review Officer and then to the Company Designated Employer Representative (DER); and
4. Breath/saliva alcohol testing & release of test results to the Company DER.

Employee Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Web site: www.co.tooele.ut.us

By signing this statement I acknowledge that I know how to access Tooele County Personnel Policies & Procedures and Wendover Airport Drug and Alcohol Misuse Prevention Policy and associated policies. I understand if I have further questions I can direct them to my supervisor or to Human Resources.

04/10/2012

APPENDIX F

Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Name: _____ Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

New Employer Name: _____

Address: _____ Phone #: _____

_____ Fax #: _____

Designated Employer Representative: _____

I-B.

Previous Employer Name: _____

Address: _____ Phone #: _____

_____ Fax #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing

- | | |
|---|------------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | YES ___ NO ___ |
| 2. Did the employee have verified positive drug tests? | YES ___ NO ___ |
| 3. Did the employee refuse to be tested? | YES ___ NO ___ |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES ___ NO ___ |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | YES ___ NO ___ |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A ___ YES ___ NO ___ |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in *Section II-A*: _____

Title: _____

Phone #: _____ Date: _____

APPENDIX G

Previous Drug/Alcohol Use Acknowledgement Form

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If you have had a positive test or a refusal to test, you can not perform safety-sensitive functions for Tooele County until and unless you can document successful completion of the return-to-duty process.

- Yes
- No

Signature

Date

APPENDIX H

**FORM
COMMONLY ABUSED DRUG INFORMATION/TRAINING MATERIAL**

I, _____, hereby certify that I have received a copy of the NIDA Commonly Abused Drugs Form and that I can also a list of resources available for dealing with problems concerning drug and alcohol abuse at the County's web site located at: <http://www.co.tooele.ut.us/hr.html>

I also understand should I have further questions I can direct them to my supervisor, Human Resources or the Employee Assistant Program (801.262.9619).

Date: _____ Employee: _____

APPENDIX H – ATTACHMENT FOR COMMONLY ABUSED DRUGS

		<h2 style="margin: 0;">Commonly Abused Drugs</h2> <p style="margin: 0;">Visit NIDA at www.drugabuse.gov</p>		National Institutes of Health U.S. Department of Health and Human Services	
Substances: Category and Name	Examples of Commercial and Street Names	DEA Schedule/ How Administered**	Acute Effects/Health Risks		
Tobacco					
Nicotine	Found in cigarettes, cigars, bids, and smokeless tobacco (snuff, spit tobacco, chew)	Not scheduled/smoked, snorted, chewed	Increased blood pressure and heart rate/chronic lung disease; cardiovascular disease; stroke; cancers of the mouth, pharynx, larynx, esophagus, stomach, pancreas, cervix, kidney, bladder, and acute myeloid leukemia; adverse pregnancy outcomes; addiction		
Alcohol					
Alcohol (ethyl alcohol)	Found in liquor, beer, and wine	Not scheduled/swallowed	In low doses, euphoria, mild stimulation, relaxation, lowered inhibitions; in higher doses, drowsiness, slurred speech, nausea, emotional volatility, loss of coordination, visual distortions, impaired memory, sexual dysfunction, loss of consciousness/increased risk of injuries, violence, fetal damage (in pregnant women); depression; neurologic deficits; hypertension; liver and heart disease; addiction; fatal overdose		
Cannabinoids					
Marijuana	Blunt, dope, ganja, grass, herb, joint, bud, Mary Jane, pot, reefer, green, trees, smoke, sinsemilla, skunk, weed	I/smoked, swallowed	Euphoria; relaxation; slowed reaction time; distorted sensory perception; impaired balance and coordination; increased heart rate and appetite; impaired learning, memory; anxiety; panic attacks; psychosis/cough; frequent respiratory infections; possible mental health decline; addiction		
Hashish					
	Boom, gangster, hash, hash oil, hemp	I/smoked, swallowed			
Opioids					
Heroin	<i>Diacetylmorphine</i> : smack, horse, brown sugar, dope, H, junk, skag, skunk, white horse, China white; cheese (with DTC cold medicine and antihistamine)	I/injected, smoked, snorted	Euphoria; drowsiness; impaired coordination; dizziness; confusion; nausea; sedation; feeling of heaviness in the body; slowed or arrested breathing/constipation; endocarditis; hepatitis; HIV; addiction; fatal overdose		
Opium					
	<i>Laudanum, paregoric</i> : big O, black stuff, block, gum, hop	II, III, V/swallowed, smoked			
Stimulants					
Cocaine	<i>Cocaine hydrochloride</i> : blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, too	II/snorted, smoked, injected	Increased heart rate, blood pressure, body temperature, metabolism; feelings of exhilaration; increased energy, mental alertness; tremors; reduced appetite; irritability; anxiety; panic; paranoia; violent behavior; psychosis/weight loss; insomnia; cardiac or cardiovascular complications; stroke; seizures; addiction		
Amphetamine	<i>Biphetamine, Dexedrine</i> : bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, uppers	II/swallowed, snorted, smoked, injected	Also, for cocaine —nasal damage from snorting		
Methamphetamine	<i>Desoxy</i> : meth, ice, crank, chalk, crystal, fire, glass, go fast, speed	II/swallowed, snorted, smoked, injected	Also, for methamphetamine —severe dental problems		
Club Drugs					
MDMA (methylenedioxymethamphetamine)	Ecstasy, Adam, clarity, Eve, lover's speed, peace, uppers	V/swallowed, snorted, injected	MDMA—mild hallucinogenic effects; increased tactile sensitivity/empathic feelings; lowered inhibition; anxiety; chills; sweating; teeth clenching; muscle cramping/sleep disturbances; depression; impaired memory; hyperthermia; addiction		
Flunitrazepam**	<i>Rohypnol</i> : forget-me pill, Mexican Valium, R2, roach, Roche, roofies, roofinol, rope, rophies	II/swallowed, snorted	Flunitrazepam—sedation; muscle relaxation; confusion; memory loss; dizziness; impaired coordination/addiction		
GHB**	<i>Gamma-hydroxybutyrate</i> : G, Georgia home boy, grievous bodily harm, liquid ecstasy, soap, scoop, goop, liquid X	V/swallowed	GHB—drowsiness; nausea; headache; disorientation; loss of coordination; memory loss/unconsciousness; seizures; coma		
Dissociative Drugs					
Ketamine	<i>Ketalar SV</i> : cat Valium, K, Special K, vitamin K	III/injected, snorted, smoked	Feelings of being separate from one's body and environment; impaired motor function/paralysis; tremors; numbness; memory loss; nausea		
PCP and analogs	<i>Phencyclidine</i> : angel dust, boat, hog, love boat, peace pill	I, II/swallowed, smoked, injected	Also, for ketamine —analgesia; impaired memory; delirium; respiratory depression and arrest; death		
Salvia divinorum	Salvia, Shagbark's Herb, Maria Pastora, magic mint, Sally-D	Not scheduled/chewed, swallowed, smoked	Also, for PCP and analogs —analgesia; psychosis; aggression; violence; slurred speech; loss of coordination; hallucinations		
Dextromethorphan (DXM)	Found in some cough and cold medications: Robotripping, Robo, Triple C	Not scheduled/swallowed	Also, for DXM —euphoria; slurred speech; confusion; dizziness; distorted visual perceptions		
Hallucinogens					
LSD	<i>Lysergic acid diethylamide</i> : acid, blotter, cubes, microdot, yellow sunshine, blue heaven	V/swallowed, absorbed through mouth tissues	Altered states of perception and feeling; hallucinations; nausea		
Mescaline	Buttone, cactus, mesc, peyote	V/swallowed, smoked	Also, for LSD and mescaline —increased body temperature, heart rate, blood pressure; loss of appetite; sweating; sleeplessness; numbness; dizziness; weakness; tremors; impulsive behavior; rapid shifts in emotion		
Psilocybin	Magic mushrooms, purple passion, shrooms, little smoke	V/swallowed	Also, for LSD —Flashbacks, Hallucinogen Persisting Perception Disorder		
Other Compounds					
Anabolic steroids	<i>Anadrol, Oxandrin, Durabolin, Depo-Testosterone, Equipoise</i> :roids, juice, gym candy, pumpers	III/injected, swallowed, applied to skin	Also, for psilocybin —nervousness; paranoia; panic		
Inhalants	<i>Solvents (paint thinners, gasoline, glue)</i> ; <i>gases (butane, propane, aerosol propellants, nitrous oxide)</i> ; <i>nitriles (isoamyl, isobutyl, cyclohexyl)</i> : laughing gas, poppers, snappers, whippets	Not scheduled/inhaled through nose or mouth	Steroids—no intoxication effects/hypertension; blood clotting and cholesterol changes; liver cysts; hostility and aggression; acne; in adolescents—premature stoppage of growth; in males—prostate cancer, reduced sperm production, shrunken testicles, breast enlargement; in females—menstrual irregularities, development of beard and other masculine characteristics		
			Inhalants (varies by chemical)—stimulation; loss of inhibition; headache; nausea or vomiting; slurred speech; loss of motor coordination; wheezing/cramps; muscle weakness; depression; memory impairment; damage to cardiovascular and nervous systems; unconsciousness; sudden death		

Substances: Category and Name	Examples of Commercial and Street Names	DEA Schedule/ How Administered**	Acute Effects/Health Risks
Prescription Medications			
CNS Depressants	For more information on prescription medications, please visit http://www.nida.nih.gov/DrugPages/PrescripDrugsChart.html .		
Stimulants			
Opioid Pain Relievers			

* Schedule I and II drugs have a high potential for abuse. They require greater storage security and have a quota on manufacturing, among other restrictions. Schedule I drugs are available for research only and have no approved medical use; Schedule II drugs are available only by prescription (unrefillable) and require a form for ordering. Schedule III and IV drugs are available by prescription, may have five refills in 6 months, and may be ordered orally. Some Schedule V drugs are available over the counter.

** Some of the health risks are directly related to the route of drug administration. For example, injection drug use can increase the risk of infection through needle contamination with staphylococci, HIV, hepatitis, and other organisms.

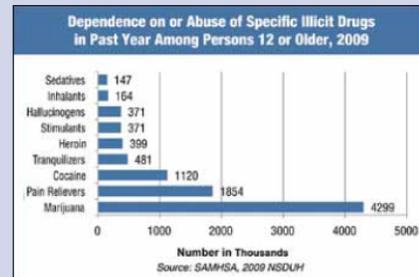
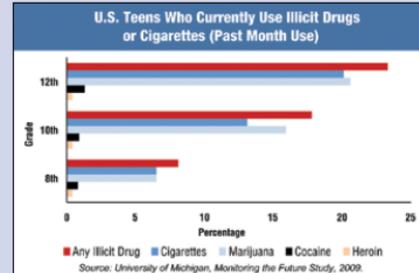
*** Associated with sexual assaults.

Principles of Drug Addiction Treatment

More than three decades of scientific research show that treatment can help drug-addicted individuals stop drug use, avoid relapse and successfully recover their lives. Based on this research, 13 fundamental principles that characterize effective drug abuse treatment have been developed. These principles are detailed in *NIDA's Principles of Drug Addiction Treatment: A Research-Based Guide*. The guide also describes different types of science-based treatments and provides answers to commonly asked questions.

- Addiction is a complex but treatable disease that affects brain function and behavior.** Drugs alter the brain's structure and how it functions, resulting in changes that persist long after drug use has ceased. This may help explain why abusers are at risk for relapse even after long periods of abstinence.
- No single treatment is appropriate for everyone.** Matching treatment settings, interventions, and services to an individual's particular problems and needs is critical to his or her ultimate success.
- Treatment needs to be readily available.** Because drug-addicted individuals may be uncertain about entering treatment, taking advantage of available services the moment people are ready for treatment is critical. Potential patients can be lost if treatment is not immediately available or readily accessible.
- Effective treatment attends to multiple needs of the individual, not just his or her drug abuse.** To be effective, treatment must address the individual's drug abuse and any associated medical, psychological, social, vocational, and legal problems.
- Remaining in treatment for an adequate period of time is critical.** The appropriate duration for an individual depends on the type and degree of his or her problems and needs. Research indicates that most addicted individuals need at least 3 months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment.
- Counseling—individual and/or group—and other behavioral therapies are the most commonly used forms of drug abuse treatment.** Behavioral therapies vary in their focus and may involve addressing a patient's motivations to change, building skills to resist drug use, replacing drug-using activities with constructive and rewarding activities, improving problem-solving skills, and facilitating better interpersonal relationships.
- Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.** For example, methadone and buprenorphine are effective in helping individuals addicted to heroin or other opioids stabilize their lives and reduce their illicit drug use. Also, for persons addicted to nicotine, a nicotine replacement product (nicotine patches or gum) or an oral medication (bupropion or varenicline), can be an effective component of treatment when part of a comprehensive behavioral treatment program.
- An individual's treatment and services plan must be assessed continually and modified as necessary to ensure it meets his or her changing needs.** A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling and psychotherapy, a patient may

- require medication, medical services, family therapy, parenting instruction, vocational rehabilitation and/or social and legal services. For many patients, a continuing care approach provides the best results, with treatment intensity varying according to a person's changing needs.
- Many drug-addicted individuals also have other mental disorders.** Because drug abuse and addiction—both of which are mental disorders—often co-occur with other mental illnesses, patients presenting with one condition should be assessed for the other(s). And when these problems co-occur, treatment should address both (or all), including the use of medications as appropriate.
- Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.** Although medically assisted detoxification can safely manage the acute physical symptoms of withdrawal, detoxification alone is rarely sufficient to help addicted individuals achieve long-term abstinence. Thus, patients should be encouraged to continue drug treatment following detoxification.
- Treatment does not need to be voluntary to be effective.** Sanctions or enticements from family, employment settings, and/or the criminal justice system can significantly increase treatment entry, retention rates, and the ultimate success of drug treatment interventions.
- Drug use during treatment must be monitored continuously, as lapses during treatment do occur.** Knowing their drug use is being monitored can be a powerful incentive for patients and can help them withstand urges to use drugs. Monitoring also provides an early indication of a return to drug use, signaling a possible need to adjust an individual's treatment plan to better meet his or her needs.
- Treatment programs should assess patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases, as well as provide targeted risk-reduction counseling to help patients modify or change behaviors that place them at risk of contracting or spreading infectious diseases.** Targeted counseling specifically focused on reducing infectious disease risk can help patients further reduce or avoid substance-related and other high-risk behaviors. Treatment providers should encourage and support HIV screening and inform patients that highly active antiretroviral therapy (HAART) has proven effective in combating HIV, including among drug-abusing populations.



Order NIDA publications from DrugPubs:
1-877-643-2644 or 1-240-645-0228 (TTY/TDD)

This chart may be reprinted. Citation of the source is appreciated.

Revised October 2010