



## ALCOHOL TESTING CHECKLIST

**Instructions:** This checklist covers alcohol testing procedures. Whenever feasible, read through the checklist completely before submitting to testing(s) so that you fully understand the testing procedures and to know your rights. Do not provide a copy to management.

After completing the checklist, please provide a copy to your FACREP or your designated Union Representative as soon as possible. Feel free to attach additional paper to explain the circumstances you may have encountered.

Be aware of the following points:

- ❖ Article 73 of the CBA covers substance testing.
- ❖ DOT Order 3910.1C, and 3910.1C Testing Guide, are the FAA's implementing regulations on drug and alcohol testing.
- ❖ Always request Union Representative during testing.
- ❖ If a Union Representative is not with you during testing, find out who the designated Site Coordinator (SC) (or the Drug Program Coordinator) is responsible for administering the testing process. Direct any questions or concerns about testing to the SC (if you don't have Union Representation during testing).

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your contact information (phone, email): \_\_\_\_\_

Facility: \_\_\_\_\_ Union Rep: \_\_\_\_\_

Name of Collector (if known) \_\_\_\_\_

Random \_\_\_ Post-Accident \_\_\_ Reasonable Suspicion \_\_\_ Follow-Up \_\_\_ Return to Duty \_\_\_

**Section I**

1	Were you informed in a private and confidential manner that you would be tested?	Yes/No
2	Were you informed as to the time and the exact location to report for testing, and instructed to take with you photo identification?	Yes/No
3	Did you request a Union Representative?	Yes/No
4	If you requested a Union Representative, was one provided?	Yes/No
5	If no, describe why you were not afforded a union representative.	
6	If yes, was your union representative permitted to observe the collection process?	Yes/No
7	If not, describe why this did not occur?	
8	Were you asked by the BAT for your photo ID?	Yes/No
9	Did you show your photo ID?	Yes/No
10	If no, what did the BAT do? <sup>1</sup>	Yes/No
11	Was the SC present at the test site, or was the SC readily available?	Yes/No
12	Was there anyone other than the BAT, the SC and/or the Union Rep present during testing?	Yes/No
13	If yes, who else was there?	
14	Did the Agency use your SS# as your employee test number?	Yes/No
15	Did you request that the Agency NOT use your SS#? <sup>2</sup>	Yes/No
16	Did the Agency comply with your request to NOT use your SS#?	Yes/No
17	If post-accident or reasonable suspicion testing, were you provided a letter explaining the reasons for such testing to take place?	Yes/No

<sup>1</sup> If the donor does not have a photo ID, the BAT will note on the Control Form. The collector/BAT notifies the DPC/SC to obtain further guidance. The DPC/SC contacts the employee's supervisor to confirm identification. NATCA recommends you always produce a photo ID.

<sup>2</sup> BUE should always request that the SS# not be used.

**Section III – ALCOHOL TESTING**

18	Was the SC in the collection area?	Yes/No
19	If not, was the SC readily available?	Yes/No
20	Did anyone other than BAT have access to the EBT equipment?	Yes/No
21	If yes, who (if you recall).	
22	Did you have at least 10 minutes to confer with your rep before and after the testing?	Yes/No
23	Before the screen test was administered, were you asked if you had consumed any food or drink, or smoked in the past 15 minutes?	Yes/No
24	Did you consume any food or drink, or smoked in the 20 minutes prior to taking the screen test?	Yes/No
25	Before the BAT administered the screen test, did he/she conduct an Air Blank test?	Yes/No
26	Did it register at 0.00? <sup>3</sup>	Yes/No
27	If no, what was the Air Blank test result (if known)?	
28	Were you afforded with visual and aural privacy at the testing site?	Yes/No
29	Was the testing area secure?	Yes/No
30	If no, explain.	
31	Did you ever observe the BAT leave the testing site while preparing for a testing or while testing of an employee was in progress?	Yes/No
32	Was an individually sealed mouthpiece open in view of you?	Yes/No
33	Did you observe the BAT attach the mouthpiece to the EBT equipment?	Yes/No
34	Were you instructed 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?	Yes/No
35	Did the BAT show you your result?	Yes/No
36	Did the BAT affix the test result printout to the Control Form in the designated space by using a temper-evident tape?	Yes/No
37	Did the BAT show you the test printout?	Yes/No
38	Did you walk away with your copy of the Control Form what showed the test result printout?	Yes/No
39	If not, explain why not.	

40	Did you encounter a situation where the EBT result did not match the printout result?	Yes/No
41	If yes, explain how the BAT/the Agency handled the situation.	
42	Did you have a confirmation test of 0.02 or higher?	Yes/No
43	Did the BAT wait at least 15 minutes before administering the Confirmation test?	Yes/No
44	Did the BAT explain not to eat, drink, smoke, put any substance in the mouth, or belch during the waiting period before administering the Confirmation test?	Yes/No
45	Did the BAT insert a different individually sealed mouthpiece into the EBT?	Yes/No
46	Did the BAT conduct an Air Blank check before administering Confirmation test?	Yes/No
47	Did it register 0.00 during the Air Blank check?	Yes/No
48	Did the BAT show you the test result displayed on the EBT?	Yes/No
49	Did the BAT affix the test result printout to the Control Form with a tamper-evident tape?	Yes/No
50	Does the Control Form show both the Screen and Confirmation test printouts?	Yes/No
51	Did the Confirmation test result displayed on the EBT differ from the printout result? <sup>4</sup>	Yes/No
52	If yes, explain what the Agency did because of the disparity.	
53	If you tested between 0.02 and 0.039, what happened to you for the remainder of the shift?	
54	<i>Specify any other unusual or abnormal circumstances that occurred during the collection process.</i>	

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