

## CHEMICAL TESTING PROGRAM COMPLIANCE AUDIT

Name/Official Number of Vsl: \_\_\_\_\_ Audit Date: \_\_\_\_\_  
(Note: If you have more vessels than can fit, attach a separate sheet.)

Marine Employer: \_\_\_\_\_ Consortium: \_\_\_\_\_  
Address \_\_\_\_\_ Lab: \_\_\_\_\_  
DER Name: \_\_\_\_\_ Collection Site: \_\_\_\_\_

**I. \_\_\_\_\_ GENERAL PROGRAM REVIEW**

Company program in place (Y/N) \_\_\_\_\_ Acceptable proof of five-panel testing (Y/N) \_\_\_\_\_  
MRO drug free determination before returning to work (Y/N/NA) \_\_\_\_\_  
Security of Records maintained: (Y/N) \_\_\_\_\_  
Positive Test Records kept for 5 years (Y/N) \_\_\_\_\_ All non-negative reports to Coast Guard (Y/N) \_\_\_\_\_  
Negatives for 1 year (Y/N) \_\_\_\_\_

**II. \_\_\_\_\_ PRE-EMPLOYMENT TESTING-- 46 CFR 16.210/ 49 CFR 40.25**

Result/exemptions received prior to work in a safety sensitive position (Y/N) \_\_\_\_\_  
Documentation kept for entire employment period (Y/N) \_\_\_\_\_  
Drug testing background checks completed (49 CFR part 40.25) (Y/N) \_\_\_\_\_

**III. \_\_\_\_\_ RANDOM TESTING – 46 CFR 16.230**

Testing rate greater than or equal to 50% annually (Y/N) \_\_\_\_\_ Statistically based method (Y/N) \_\_\_\_\_  
Testing spread equally throughout the year (Y/N) \_\_\_\_\_ All required personnel in testing pool (Y/N) \_\_\_\_\_

**IV. \_\_\_\_\_ SERIOUS MARINE INCIDENT TESTING – 46 CFR 16.240 or 46 CFR 4.06**

Arrangements made for post-casualty testing (Y/N) \_\_\_\_\_ Drug/ alcohol testing devices onboard (Y/N) \_\_\_\_\_

**V. \_\_\_\_\_ REASONABLE CAUSE TESTING – 46 CFR 16.250/33 CFR 95**

Arrangements made for testing as required (Y/N) \_\_\_\_\_

**VI. \_\_\_\_\_ EAP REQUIREMENTS – 46 CFR 16.401**

Following Items Displayed: EAP (Y/N) \_\_\_\_\_ Policy/ Statement (Y/N) \_\_\_\_\_ Hotline Number (Y/N) \_\_\_\_\_  
Crewmembers properly trained before assuming safety sensitive position (Y/N) \_\_\_\_\_  
Supervisor(s) received 1 hour EAP training (Y/N) \_\_\_\_\_  
Employer has Substance Abuse Professional (SAP) name and contact information (Y/N) \_\_\_\_\_

**VII. \_\_\_\_\_ MIS SUBMISSION -- 46 CFR 16.500**

Report submitted by March 15 (Y/N) \_\_\_\_\_  
Copy of latest MIS form, or Consortium letter stating report filed for employer (Y/N) \_\_\_\_\_

**VIII. \_\_\_\_\_ CONSORTIUM INFORMATION (IF APPLICABLE) --46 CFR 16**

Copy of Contract or Proof of Enrollment in Consortium (Y/N) \_\_\_\_\_ Covered employees list (Y/N) \_\_\_\_\_  
Consortium has received a Letter of Regulatory Compliance (LORC) (Y/N) \_\_\_\_\_

**Based on the results of a USCG audit on \_\_\_\_\_, your chemical testing program IS/ IS NOT found in compliance with 46 CFR Parts 4 and 16, 49 CFR 40 and 33 CFR 95. If found not in full compliance you have \_\_\_\_\_ days to resolve the above discrepancies with your chemical testing program.**

ACKNOWLEDGED BY: \_\_\_\_\_ TITLE/POSITION: \_\_\_\_\_  
NAME OF INSPECTOR: \_\_\_\_\_ UNIT/COMMAND: \_\_\_\_\_

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## ACCEPTABLE STANDARDS OF COMPLIANCE

### I. GENERAL PROGRAM REVIEW

Audit Item	Yes	No	N/A
Company program in place			
Certificate of enrollment in a C/TPA managed program			
Evidence of self-managed program – (contracts with service providers)			
Acceptable proof of five-panel testing			
Chain-of-custody forms present (Should have the word “Federal” in the top line going across the form)			
MRO drug free determination before returning to work			
If no positive or non-negative tests, will not be present; If positive tests, is there a determination?			
Name of qualified MRO			
Positive Test Records kept for 5 years			
For any positives, check previous MIS reports going back five years, then ask to see positive test results			
Negatives for 1 year			
For negatives, check test results for past year, there should be at least one random for each company per year			

### II. PRE-EMPLOYMENT TESTING-- 46 CFR 16.210/ 49 CFR 40.25

Result/exemptions received prior to work in safety sensitive position			
Check date of pre-employment drug tests against start date on ship’s log			
Documentation kept for one year from date of test and date of placement into safety-sensitive position			
Randomly check some crewmembers history of employment files			
Drug testing background checks completed			
Records of compliance with 40.25 should be in each employee personnel file			
Check for individual signature for release of information			

### III. RANDOM TESTING – 46 CFR 16.230

Testing rate greater than or equal to 50% annually			
Count number of tests completed against number of employees			
Statistically based method			
What type of selection is used, computer random program, number table generator, etc.?			
Testing spread equally throughout the year			
Check test dates and numbers to ensure spread evenly. No concentration of test dates, etc.			
All required personnel in testing pool			
Verification that all personnel are in testing pool.			
Does C/TPA perform that service?			

### IV. SERIOUS MARINE INCIDENT TESTING – 46 CFR 16.240 or 46 CFR 4.06

Arrangements made for post-casualty testing			
Does the employer know what to do for this testing?			
Is there point of contact for the C/TPA?			
Drug/ alcohol testing devices onboard			
Kits should be on board and secure from casual use			
Are there sufficient number of kits on board ?			

### V. REASONABLE CAUSE TESTING – 46 CFR 16.250/33 CFR 95

Arrangements made for testing as required			
Marine employer should have protocol to have this testing done.			

### VI. EAP REQUIREMENTS – 46 CFR 16.401 and 49 CFR 40, subpart O

The following items are to be displayed			
EAP informational material			
Policy/Statement			
Hotline Number			
Crewmembers properly trained before assuming safety sensitive position			
Documentation of compliance prior to starting safety-sensitive functions?			
Supervisor(s) received 1 hour EAP training			
Compliance documentation of completion for each supervisor (required one time for each supervisor)			
Employer has Substance Abuse Professional (SAP) name and contact information			
Evidence this contact information is passed out with each drug test violation?			

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### VIII. CONSORTIUM INFORMATION (IF APPLICABLE) --46 CFR 16

Copy of Contract or Proof of Enrollment in Consortium			
Covered employees list available			

NOTES: