



FAA Drug Testing Management Information System (MIS) Data Collection Form

INSTRUCTIONS

The following instructions are to be used as a guide for completing the Federal Aviation Administration (FAA) and the U.S. Department of Transportation (DOT) **Drug Testing MIS Data Collection Form**. These instructions outline and explain the information requested and indicate the probable sources for this information. A sample applicant testing results table with narrative explanation is provided on page ii as an example to facilitate the process of completing the form correctly. **Please use black ink to complete this form.**

This reporting form includes five sections. These sections address the data elements required in the FAA and the DOT drug testing regulations. The five sections, the page number for the instructions, and the page location on the reporting form are:

<u>Section</u>	<u>Instruction Page</u>	<u>Reporting Form Page</u>
A. Aviation Employer Information	i	1
B. Covered Employees	i	1
C. Drug Testing Information	i-ii-iii	2-3
D. Other Drug Testing Program Information	iii	3
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PAGE 1 SECTION A—AVIATION EMPLOYER INFORMATION requires the company name for which the report is prepared and a current address. List any other names the company uses ("Doing Business As") and the company's FAA Plan Identification Number. Provide the FAA Operating Certificate Number held by the company (if any). Below the company name, list the name, address, and telephone number for any other aviation companies included in this report, attaching additional sheets, if necessary. Finally, a signature and title with a date are required certifying the correctness and completeness of the information provided on the form and a current telephone number (including the area code) of the individual who prepared the report.

SECTION B—COVERED EMPLOYEES requires a count for each employee category that must be tested under the FAA/DOT regulations. For the FAA, the covered employee categories are: "Flight Crewmember," which includes pilots, flight engineers, flight test pilots, and navigators; "Flight Attendant"; "Flight Instructor"; "Aircraft Dispatcher"; "Aircraft Maintenance," which includes employees who perform preventive maintenance; "Ground Security Coordinator"; "Aviation Screener"; and "Air Traffic Controller." The most likely source for this information is the employer's personnel department. These counts should be based on the company records for the reported year. The **TOTAL** is a count of **ALL** covered employees for **ALL** categories combined, i.e., the sum of the columns.

Additional information must be completed if your company employs FAA-covered personnel who also perform non-aviation duties covered by the drug rules of one or more DOT operating administration(s). **NUMBER OF EMPLOYEES COVERED BY MORE THAN ONE DOT OPERATING ADMINISTRATION**, requires that you identify the number of employees in each employee category under the appropriate additional operating administration(s).

Section C is used to summarize the drug testing results for applicants and covered employees. There are seven categories of testing to be completed. The first part of the table is where you enter the data on pre-employment testing. The following six parts are for entering drug testing data on periodic, random, post-accident, reasonable cause, return to duty and follow-up testing, respectively. Items necessary to complete these tables include:

1. the number of specimens collected in each employee category;
2. the number of specimens tested which were verified negative and verified positive for any drug(s); and
3. individual counts of those specimens which were verified positive for each of the five drugs.

Do not include results of quality control (QC) samples submitted to the testing laboratory in any of the tables.

A sample table with detailed instructions is provided for the first part, PRE-EMPLOYMENT testing information. The format and explanations used for the sample apply to all seven parts of the table in Section C.

Information on actions taken with those persons testing positive is also required. Specific instructions for providing this latter information are given after the instructions for completing the table in Section C.

PAGE 2 SECTION C—DRUG TESTING INFORMATION requires information for drug testing by category of testing. All numbers entered into the pre-employment category section of the table should be separated into the category of employment for which the applicant was applying. The other categories are for employee testing and require information for company employees in **COVERED POSITIONS** only. Each part of this table must be completed for each category of testing. These categories include: (1) pre-employment, (2) periodic, (3) random, (4) post-accident, (5) reasonable cause, (6) return to duty and (7) follow-up testing. These numbers **DO NOT** include refusals for testing. A sample section of the table with example numbers is presented on page ii.

Three types of information are necessary to complete the left side of this table. The first blank column with the heading "**NUMBER OF SPECIMENS COLLECTED**," requires a count for all collected specimens by employee category. It should not include refusals to test. The second blank column with the heading "**NUMBER OF SPECIMENS VERIFIED NEGATIVE**," requires a count for all completed tests by employee category that were verified negative by your Medical Review Officer (MRO). The third blank column with the heading "**NUMBER OF SPECIMENS VERIFIED POSITIVE FOR ONE OR MORE OF THE FIVE DRUGS**," refers to the number of specimens provided by job applicants or employees that were verified positive. "Verified positive" means the results were verified by your MRO.

The right hand portion of this table, with the heading "**NUMBER OF SPECIMENS VERIFIED POSITIVE FOR EACH TYPE OF DRUG**," requires counts of positive tests for each of the five drugs for which tests were done, i.e., marijuana (THC), cocaine, phencyclidine (PCP), opiates, and amphetamines. The number of specimens positive for each drug should be entered in the appropriate column for that drug type. Again, "verified positive" refers to test results verified by your MRO.

If an applicant or employee tested positive for more than one drug; for example, both marijuana and cocaine, that person's positive results would be included once in each of the appropriate columns (marijuana and cocaine).

Each column in the table should be added and the answer entered in the row marked "TOTAL."

A sample table is provided on page ii with example numbers.

Below the part of the table containing pre-employment testing information is a box with the heading "Number of persons denied a position as a covered employee following a pre-employment drug test." This is simply a count of those persons who were not placed in a covered position because they tested positive for one or more drugs.

SAMPLE APPLICANT TEST RESULTS TABLE

The following example is for **SECTION C—DRUG TESTING INFORMATION**, which summarizes pre-employment testing results. The procedures detailed here also apply to the other categories of testing in Section C which require you to summarize testing results for employees. This example uses the categories "Flight Crewmember" and "Flight Attendant" to illustrate the procedures for completing the form.

A Urine specimens were collected from 157 job applicants for flight crewmember positions during the reporting year. This information is entered in the first blank column of the table in the row marked "Flight Crewmember."

B The Medical Review Officer (MRO) for your company reported that 153 of those 157 specimens from applicants for flight crewmember positions were negative (i.e., no drugs were detected). Enter this information in the second blank column of the table in the row marked "Flight Crewmember."

C The MRO for your company reported that 4 of those 157 specimens from applicants for flight crewmember positions were positive (i.e., a drug or drugs were detected). Enter this information in the third blank column of the table in the row marked "Flight Crewmember."

With the 4 specimens that tested positive, the following drugs were detected:

Specimen	Drugs	Specimen	Drugs
#1	Marijuana	#3	Marijuana and Cocaine (Multi-drug specimen)
#2	Amphetamines	#4	Marijuana

Marijuana was detected in three (3) specimens, cocaine in one (1), and amphetamines in one (1). This information is entered in the columns on the right hand side of the table under each of these drugs. Two different drugs were detected in specimen #3 (multi-drug) so an entry is made in both the marijuana and the cocaine column for this specimen. Information on multi-drug specimens must also be entered in Section D, **OTHER DRUG TESTING PROGRAM INFORMATION**, on page 3 of the reporting form.

Please note that the sample data collection form also has information for flight attendants on line two. The same procedures outlined for flight crewmembers should be followed for entering the data on flight attendants. With applicants for flight attendant positions, 107 specimens were collected resulting in 105 verified negatives and 2 verified positives—1 for marijuana and 1 for opiates. This information is entered in the row marked "Flight Attendant."

E The last row, marked "TOTAL," requires you to add the numbers in each of the columns. With this example, 157 specimens from applicants for flight crewmember positions were collected and 107 from applicants for flight attendant positions. The total for that column would be 264 (i.e. 157 + 107). The same procedure should be used for each column (i.e., add all the numbers in that column and place the answer in the last row).

C. Drug Testing Information								
Employee Category	Number of Specimens Collected	Number of Specimens Verified Negative	Number of Specimens Verified Positive for one or more of the five drugs	Number of Specimens Verified Positive for Each Type of Drug				
				Marijuana (THC)	Cocaine	Phencyclidine (PCP)	Opiates	Amphetamines
Pre-employment								
Flight Crewmember	157	153	4	3	1	0	0	1
Flight Attendant	107	105	2	1	0	0	1	0
TOTAL	264	258	6	4	1	0	1	1

A

B

C

D

D

D

E

Note that adding up the numbers for each type of drug in a row (NUMBER OF SPECIMENS VERIFIED POSITIVE FOR EACH TYPE OF DRUG) will not always match the number entered in the third column, "NUMBER OF SPECIMENS VERIFIED POSITIVE FOR ONE OR MORE OF THE FIVE DRUGS." The total for the numbers on the right hand side of the table may differ from the number of specimens testing positive since some specimens may contain more than one drug.

Remember that the same procedures indicated above are to be used for completing all of the categories for testing in Section C.

Below the part of the table containing return to duty testing information, you must provide a count of the "Number of employees returned to duty during this reporting period after having failed or refused a drug test required under the FAA rule." This information should be available from the personnel office and/or drug program manager.

Next you must provide information on ACTIONS TAKEN ON VERIFIED POSITIVE TEST RESULTS. Indicate the number of employees subjected to the following actions:

- **No longer employed with company** - include covered employees who resigned or were terminated as the result of a positive drug test.
- **Reassigned to non-covered functions** - include covered employees who were reassigned within the company to a non-covered position as the result of a positive drug test.
- **Entered rehabilitation, if applicable, and/or returned to covered functions** - include covered employees who are undergoing or have completed a rehabilitation program and/or covered employees who have returned to a covered function.
- **Other** - include covered employees who did not fall under one of the previous options and specify the action taken.

Indicate the sum of the actions taken on the line marked TOTAL.

SECTION D—OTHER DRUG TESTING/PROGRAM INFORMATION requires that you complete a table dealing with specimens positive for more than one drug and a table dealing with employees who refused to submit to a drug test.

SPECIMENS VERIFIED POSITIVE FOR MORE THAN ONE DRUG requires information on specimens that contained more than one drug. Indicate the EMPLOYEE CATEGORY and the NUMBER OF VERIFIED POSITIVES. Then specify the combination of drugs reported as positive by placing the number in the appropriate columns. For example, if marijuana and cocaine were detected in 3 flight crewmember specimens, then you would write "Flight Crewmember" as the employee category, "3" as the number of verified positives, and "3" in the columns for "Marijuana" and "Cocaine." If marijuana and opiates were detected in 2 flight crewmember specimens, then you would write "Flight Crewmember" as the employee category, "2" as the number of verified positives, and "2" in the columns for "Marijuana" and "Opiates."

EMPLOYEES WHO REFUSED TO SUBMIT TO A DRUG TEST requires information on the NUMBER OF COVERED EMPLOYEES who refused to submit to a **random** or **other** (pre-employment, periodic, post-accident, reasonable cause, return to duty, or follow-up) drug test required under the FAA regulation and the actions taken following the refusal.

SECTION E—DRUG TRAINING requires information on the number of covered employees and supervisory personnel who have received the required drug training during the current reporting period.

Paperwork Reduction Act Statement: The information collected on this form is necessary to determine the annual random testing rate in the aviation industry; determine trends of drug use in specific occupational categories; and determine program compliance/non-compliance of specific aviation employers. We estimate that it will take **1 HOUR** to complete the short form and **2-1/2 HOURS** to complete the long form. The information collection is mandatory. (14 CFR Part 61, et al., Drug Use Prevention Program for Personnel Engaged in Specified Aviation Activities) Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0535.



U.S. Department of Transportation
Federal Aviation Administration

FAA Drug Testing MIS Data Collection Form

YEAR COVERED BY THIS REPORT:

A. AVIATION EMPLOYER INFORMATION

Company Name		FAA ID No.	
DBA		FAA Certificate No.	
Street Address/P.O. Box			
City		State	Zip Code

Other Part 121 and/or Part 135 certificate holders included in this report. (Attach additional sheets if necessary.)

Company Name		Telephone No. ()	
Street Address/P.O. Box			
City		State	Zip Code

I, the undersigned, certify that the information provided on this Federal Aviation Administration Drug Testing Management Information System Data Collection Form is, to the best of my knowledge and belief, true, correct, and complete for the period stated.

Signature of Certifying Official

Name and Title of Certifying Official (PRINT)

Name of Preparer (PRINT) Date

Telephone Number

18 U.S.C. Section 1001, makes it a criminal offense subject to a maximum fine of \$10,000, or imprisonment for not more than 5 years, or both, to knowingly and willfully make or cause to be made any false or fraudulent statements or representations in any matter within the jurisdiction of any agency of the United States.

B. Covered Employees

Employee Category	Number of FAA Covered Employees	Number of Employees Covered By More Than One DOT Operating Administration				
		FHWA	FRA	FTA	RSPA	USCG
Total Covered Employees						
Flight Crewmember						
Flight Attendant						
Flight Instructor						
Aircraft Dispatcher						
Aircraft Maintenance						
Ground Security Coordinator						
Aviation Screener						
Air Traffic Controller						
TOTAL						

READ BEFORE COMPLETING THE REMAINDER OF THIS FORM:

- All items refer to the current reporting period only (for example, January 1, 1997–December 31, 1997).
- This report is only for testing **REQUIRED BY THE FEDERAL AVIATION ADMINISTRATION (FAA) AND THE U.S. DEPARTMENT OF TRANSPORTATION (DOT)**:
 - Results should be reported only for employees in **COVERED POSITIONS** as defined by the FAA drug testing regulations.
 - The information requested should only include testing for marijuana (THC), cocaine, phencyclidine (PCP), opiates, and amphetamines using the standard procedures required by DOT regulation 49 CFR Part 40.
- Information on refusals for testing should only be reported in SECTION D ("OTHER DRUG TESTING/PROGRAM INFORMATION"). Do **not** include refusals for testing in other sections of this report.
- Do **not** include the results of any quality control (QC) samples submitted to the testing laboratory in any of the tables.
- Complete all items: **DO NOT LEAVE ANY ITEM BLANK**. If the value for an item is zero (0), place a zero (0) on the form.

This part of the form requires information on VERIFIED POSITIVE and VERIFIED NEGATIVE drug tests.
 These are the results that are reported to you by your Medical Review Officer (MRO)

C. Drug Testing Information

Employee Category	Number of Specimens Collected	Number of Specimens Verified Negative	Number of Specimens Verified Positive for one or more of the five drugs	Number of Specimens Verified Positive for Each Type of Drug				
				Marijuana (THC)	Cocaine	Phencyclidine (PCP)	Opiates	Amphetamines
Pre-Employment								
Flight Crewmember								
Flight Attendant								
Flight Instructor								
Aircraft Dispatcher								
Aircraft Maintenance								
Ground Security Coordinator								
Aviation Screener								
Air Traffic Controller								
TOTAL								
Number of persons denied a position as a covered employed following a verified positive drug test:								
Periodic								
Flight Crewmember								
Flight Instructor								
Air Traffic Controller								
TOTAL								
Random								
Flight Crewmember								
Flight Attendant								
Flight Instructor								
Aircraft Dispatcher								
Aircraft Maintenance								
Ground Security Coordinator								
Aviation Screener								
Air Traffic Controller								
TOTAL								
Post-Accident								
Flight Crewmember								
Flight Attendant								
Flight Instructor								
Aircraft Dispatcher								
Aircraft Maintenance								
Ground Security Coordinator								
Aviation Screener								
Air Traffic Controller								
TOTAL								
Reasonable Cause								
Flight Crewmember								
Flight Attendant								
Flight Instructor								
Aircraft Dispatcher								
Aircraft Maintenance								
Ground Security Coordinator								
Aviation Screener								
Air Traffic Controller								
TOTAL								

C. Drug Testing Information (continued)

Employee Category	Number of Specimens Collected	Number of Specimens Verified Negative	Number of Specimens Verified Positive for one or more of the five drugs	Number of Specimens Verified Positive for Each Type of Drug				
				Marijuana (THC)	Cocaine	Phencyclidine	Opiates	Amphetamines
Return To Duty								
Flight Crewmember								
Flight Attendant								
Flight Instructor								
Aircraft Dispatcher								
Aircraft Maintenance								
Ground Security Coordinator								
Aviation Screener								
Air Traffic Controller								
TOTAL								

Number of employees returned to duty during this reporting period after having failed or refused a drug test:

Follow-up								
Flight Crewmember								
Flight Attendant								
Flight Instructor								
Aircraft Dispatcher								
Aircraft Maintenance								
Ground Security Coordinator								
Aviation Screener								
Air Traffic Controller								
TOTAL								

Actions Taken on Verified Positive Drug Test Results	Number
No longer employed with company:	
Reassigned to non-covered functions:	
Entered rehabilitation, if applicable, and/or returned to covered functions:	
Other (Specify):	
TOTAL	

D. Other Drug Testing/Program Information **Specimens Verified Positive for More Than One Drug**

Employee Category	Number of Verified Positives	Marijuana (THC)	Cocaine	Phencyclidine (PCP)	Opiates	Amphetamines

Employees Who Refused to Submit to a Drug Test

Number of covered employees who refused to submit to a drug test required under the FAA rule.	Random Tests	Other Tests
	Number	
Actions Taken		
No longer employed with company:		
Reassigned to non-covered functions:		
Entered rehabilitation, if applicable, and/or returned to covered functions:		
Other (Specify):		

E. Drug Training **Drug Training During Current Reporting Period**

Covered employees who have received initial training on the consequences, manifestations, and behavioral cues of drug use as required by the FAA drug testing regulations:	
Supervisory personnel who have received initial training on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use as required by the FAA drug testing regulations:	
Supervisory personnel who have received recurrent training on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use as required by the FAA drug testing regulations:	



FAA Drug Testing Management Information System (MIS) "EZ" Data Collection Form

INSTRUCTIONS

The following instructions are to be used as a guide for completing the Federal Aviation Administration (FAA) and the U.S. Department of Transportation (DOT) **Drug Testing MIS "EZ" Data Collection Form**. **This form should only be used if there are no positive tests to be reported by your company.** These instructions outline and explain the information requested and indicate the probable sources for this information. This reporting form includes four sections. These sections address the data elements required in the FAA /DOT drug testing regulations. **Please use black ink to complete this form.**

SECTION A—AVIATION EMPLOYER INFORMATION requires the company name for which the report is prepared, a current address, doing business as, the company's plan ID number, the company's FAA Operating Certificate Number (if any). Below the company name, list the name, address, and telephone number for any other aviation companies covered included in the report, attaching additional sheets, if necessary. Finally, a signature and title with a date are required certifying the correctness and completeness of the information provided on the form and a current telephone number (including the area code) of the individual who prepared the report.

SECTION B—COVERED EMPLOYEES requires a count for each employee category that must be tested under the FAA/DOT regulations. For the FAA, the covered employee categories are: "Flight Crewmember," which includes pilots, flight engineers, flight test pilots, and navigators; "Flight Attendant"; "Flight Instructor"; "Aircraft Dispatcher"; "Aircraft Maintenance," which includes employees who perform preventive maintenance; "Ground Security Coordinator"; "Aviation Screener"; and "Air Traffic Controller." The most likely source for this information is the employer's personnel department. These counts should be based on the company records for the reported year. The **TOTAL** is a count of **ALL** covered employees for **ALL** categories combined, i.e., the sum of the columns.

Additional information must be completed if your company employs FAA-covered personnel who also perform non-aviation duties covered by the drug rules of one or more other DOT operating administration(s). **NUMBER OF EMPLOYEES COVERED BY MORE THAN ONE DOT OPERATING ADMINISTRATION**, requires that you identify the number of employees in each employee category under the appropriate additional operating administration(s).

SECTION C—DRUG TESTING INFORMATION requires information on the drug tests conducted by your company. The first table requests information on the **NUMBER OF SPECIMENS COLLECTED AND VERIFIED NEGATIVE** in each category for testing. All numbers entered into the pre-employment category section of the table should be separated into the category of employment for which the applicant was applying. The other categories are for employee testing and require information for company employees in **covered positions** only. Each part of this table must be completed for each category of testing including: (1) pre-employment, (2) periodic, (3) random, (4) post-accident, (5) reasonable suspicion, (6) return to duty, and (7) follow-up testing. These numbers do not include refusals for testing. **"COLL"** requires the number of specimens collected in each employee category for each category of testing. **"NEG"** requires a count for all completed tests by employee category that were verified negative by your Medical Review Officer (MRO). Do not include results of quality control (QC) samples submitted to the testing laboratory in any of the categories. Each column in the table should be added to the answer entered in the row marked **"TOTAL."**

Following the table that summarizes **DRUG TESTING INFORMATION**, you must provide a count of the number of employees returned to duty during this reporting period after having failed or refused a drug test required under the FAA rule. This information should be available from the personnel office and/or drug program manager.

EMPLOYEES WHO REFUSED TO SUBMIT TO A DRUG TEST requires information on the **NUMBER OF COVERED EMPLOYEES** who refused to submit to a **RANDOM** or **OTHER** (*pre-employment, periodic, post-accident, reasonable cause, return to duty, or follow-up*) drug test required under the FAA regulation and the action taken following the refusal. Indicate the number of employees subjected to the following actions:

- **No longer employed with company**—include covered employees who resigned or were terminated as the result of a refusal to submit to a drug test.
- **Reassigned to non-covered functions**—include covered employees who were reassigned within the company to a non-covered position as the result of a refusal to submit to a drug test.
- **Entered rehabilitation, if applicable, and/or returned to covered functions**—include covered employees who are undergoing or have completed a rehabilitation program and/or covered employees who have returned to a covered function.
- **Other**—include covered employees who did not fall under one of the previous options and specify the actions taken.

SECTION D—DRUG TRAINING requires information on the number of covered employees and supervisory personnel who have received the required drug training during the current reporting period.

Paperwork Reduction Act Statement: The information collected on this form is necessary to determine the annual random testing rate in the aviation industry; determine trends of drug use in specific occupational categories; and determine program compliance/non-compliance of specific aviation employers. We estimate that it will take **1 HOUR** to complete the short form and **2-1/2 HOURS** to complete the long form. The information collection is mandatory. (14 CFR Part 61, et al., Drug Use Prevention Program for Personnel Engaged in Specified Aviation Activities) Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0535.



U.S. Department of Transportation
Federal Aviation Administration

FAA Drug Testing MIS "EZ" DATA Collection Form

(NO POSITIVE Drug Test Results)

YEAR COVERED BY THIS REPORT:

A. AVIATION EMPLOYER INFORMATION

Company Name		FAA ID No.	
DBA		FAA Certificate No.	
Street Address/P.O. Box			
City		State	Zip Code

Other Part 121 and/or Part 135 certificate holders included in this report. (Attach additional sheets if necessary.)

Company Name		Telephone No. ()	
Street Address/P.O. Box			
City		State	Zip Code

I, the undersigned, certify that the information provided on this Federal Aviation Administration Drug Testing Management Information System Data Collection Form is, to the best of my knowledge and belief, true, correct, and complete for the period stated.

_____	_____	_____
Signature of Certifying Official	Name of Preparer (<i>PRINT</i>)	Date
_____	_____	_____
Name and Title of Certifying Official (<i>PRINT</i>)	Telephone Number	

18 U.S.C. Section 1001, makes it a criminal offense subject to a maximum fine of \$10,000, or imprisonment for not more than 5 years, or both, to knowingly and willfully make or cause to be made any false or fraudulent statements or representations in any matter within the jurisdiction of any agency of the United States.

B. Covered Employees

Employee Category	Number of FAA Covered Employees	Number of Employees Covered By More Than One DOT Operating Administration				
		FHWA	FRA	FTA	RSPA	USCG
Total Covered Employees						
Flight Crewmember						
Flight Attendant						
Flight Instructor						
Aircraft Dispatcher						
Aircraft Maintenance						
Ground Security Coordinator						
Aviation Screener						
Air Traffic Controller						
TOTAL						

C. Drug Testing Information

Number of Specimens Collected and Verified Negative

Employee Category	Pre-Employment		Periodic		Random		Post-Accident		Reasonable Cause		Return To Duty		Follow-up	
	COLL	NEG	COLL	NEG	COLL	NEG	COLL	NEG	COLL	NEG	COLL	NEG	COLL	NEG
Flight Crewmember														
Flight Attendant														
Flight Instructor														
Aircraft Dispatcher														
Aircraft Maintenance														
Ground Security Coordinator														
Aviation Screener														
Air Traffic Controller														
TOTAL														

Number of employees returned to duty during this reporting period after having failed or refused a drug test required under the FAA rule.

Employees Who Refused to Submit to a Drug Test

Number of covered employees who refused to submit to a drug test required under the FAA rule:	Random Tests		Other Tests	
Actions Taken			Number	
No longer employed with company:				
Reassigned to non-covered functions:				
Entered rehabilitation, if applicable, and/or returned to covered functions:				
Other (Specify):				

D. Drug Training

Drug Training During Current Reporting Period

Covered employees who have received initial training on the consequences, manifestations, and behavioral cues of drug use as required by the FAA drug testing regulations:	Number of Employees	
Supervisory personnel who have received initial training on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use as required by the FAA drug testing regulations:		
Supervisory personnel who have received recurrent training on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use as required by the FAA drug testing regulations:		