

***Anti-Drug and
Alcohol Misuse
Prevention
policy and programs***



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Welcome

Welcome to ABX Air Inc. (ABX). As you probably already know CFR49 Part 40 and 14 CFR subpart E & F govern the drug and alcohol testing requirements and procedures for personnel performing safety- and security-related positions.

As part of your orientation you are being given this booklet outlining the ABX, Inc. FAA Anti-Drug Program/Alcohol Misuse Prevention Plan. This book is for personnel engaged in specified aviation activities. In this material you will find, to list just a few of the topics, general employer contact information, definitions for various testing, substances for which drug testing will be conducted, types of testing that will be conducted, testing collection procedures, as well as breath alcohol testing and procedures. The laboratory and Medical Review Office information is listed as well. Please find inside the book an acknowledgement receipt to sign and return to Human Resources at 2061-B.

To comply with FAA regulations, initial Substance Abuse Awareness Training must be completed by personnel performing safety and security related positions. ABX provides this training to you in an on-line format. The program includes a brief introduction followed by the educational content, and a short true/false quiz at the end on which you will have to attain a 70 percent or better score. Please complete the training this week.

You will find the training course as well as other drug and alcohol program information on ABX Air's intranet at: [ABXnet/HR/drugfree](#)

If you have any questions or concerns please feel free to contact:

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Thank you and welcome aboard!

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General Information

ABX Air Inc. (ABX) is a Part 121 Supplemental Air Carrier under authority of certificate number ABXA001A, issued November 28, 1979 and reissued February 2, 1989.

For further guidance on definitions of terminology contained in this manual, please refer to Section VI.

ABX Contacts

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Anti-Drug and Alcohol Misuse Prevention Policy Statement

The following policy is in accordance with the requirements of the Federal Aviation Administration (FAA) and the Department of Transportation (DOT).

ABX is committed to a drug and alcohol-free working environment consistent with its duty to implement policies and procedures designed to achieve the highest possible degree of safety in the public interest. Accordingly, we have a paramount interest in assuring that our personnel performing safety and security related activities perform their

duties free of prohibited drugs and alcohol. (See Section V for full policy)

ABX believes the benefits to be derived from our compliance with the FAA's Anti-Drug and Alcohol Misuse Prevention Programs will more than make up for any inconvenience involved. We ask for each employee's full cooperation and understanding in implementing this policy as well as educating other employees and the general public as to the risks resultant from prohibited drug use and alcohol misuse.

Covered Employees

The term "covered employee" includes all employees who perform FAA designated safety sensitive or security related functions. An employee is considered to be performing safety sensitive functions during any period in which he/she is actually performing, ready to perform, or immediately available to perform such functions. All supervisory or managerial employees who may be called upon to perform an FAA designated safety sensitive or security related function shall also be subject to the requirements of ABX Anti-Drug and Alcohol Misuse Prevention Programs.

Each employee who performs a function listed in this section will be tested in accordance with ABX's Anti-Drug and Alcohol Misuse Prevention Programs:

- Aircraft Maintenance or Preventive Maintenance duties

- Ground Security Coordinator duties
- Aviation Screening duties.
- Flight Crew Member
- Aircraft Dispatcher
- Flight Instruction

Section IV contains a current list of specific job titles of employees who will be subject to testing under these programs.

Records, Reporting, and Release of Information

ABX will maintain records of all negative tests in its Anti-Drug and Alcohol Misuse Prevention Programs in a secure location with controlled access for a period of two years. ABX will maintain records of all positive tests, documentation or refusals, SAP reports and all follow-up tests in a secure location with controlled access for a minimum period of five (5) years.

ABX will complete an annual report to the FAA summarizing the results of its drug and alcohol programs.

ABX will release information regarding an employee's drug and alcohol testing results to a third party only with the specific, written consent of the employee authorizing release of the information to an identified person. Information regarding an employee's drug or alcohol testing results will be released to the National Transportation Safety Board as part of an accident investigation, to the FAA whenever a violation or refusal to submit occurs, and to the Federal Air Surgeon as required, or as otherwise required by law. ABX may disclose information regarding an employee's drug or alcohol testing results to the decision maker in a lawsuit, formal dispute, or other proceeding initiated by or on behalf of the employee and arising from the results of the drug or alcohol test, or from ABX' determination that the employee engaged in prohibited conduct.

Anti-Drug Program

Policy Statement

ABX is committed to a drug-free working environment consistent with its duty to implement policies and procedures designed to achieve the highest possible degree of safety in the public interest. Accordingly, we have a paramount interest in assuring that our personnel performing safety and security related activities perform their duties free of prohibited drugs. (See Section V for full policy)

Who is Covered

Each employee who performs a FAA safety sensitive or security related function listed in this section will be tested in accordance with ABX' Anti-Drug Program:

- a. Flight Crew member duties
- b. Aircraft Dispatcher duties
- c. Aircraft Maintenance or Preventive Maintenance duties,
- d. Ground Security Coordinator duties, and
- e. Aviation Screening duties.

Section IV contains a list of specific job titles of employees who will be subject to testing under this program at ABX.

Substances for Which Testing Will Be Conducted

ABX will test each employee who performs a FAA covered function listed above for evidence of the following prohibited substances:

- a. Marijuana
- b. Cocaine
- c. Opiates
- d. Phencyclidine (PCP)
- e. Amphetamines

In addition, all specimens provided in connection with these drugs shall be subject to validity testing to ensure a specimen has not been adulterated, substituted, or diluted.

Prescription Medications and Over the Counter Drugs

Prescription medicine and OTC drugs may be allowed. However, the medicine, if a prescription drug, must be prescribed for you by a licensed physician. Also, medicine should only be taken as prescribed and at a dosage level that is consistent with the safe performance of your duties. Taking prescribed medicine and performing safety-sensitive functions is not prohibited by drug and alcohol regulations, however other regulations may have prohibitive provisions, such as

medical certifications. Therefore, if you are using a prescription or over-the-counter medication, consult your physician and your industry-specific regulations before deciding to perform safety-sensitive tasks.

Types of Drug Testing That Will Be Conducted

ABX will conduct the following tests under the provisions of its Anti-Drug Program:

PRE-EMPLOYMENT TESTING

Any applicant selected for a position listed in Section 4 will be tested in accordance with the ABX Anti-Drug Program and must pass the required drug test prior to being hired into a safety sensitive function. Current employees in non-covered positions/functions also must pass such pre-employment drug test prior to being transferred to a covered position/function. At the time of application, all applicants for such positions will be advised both verbally and in writing that pre-employment testing will be conducted to determine the presence of a prohibited substance or metabolite of a prohibited substance in the applicant's system.

RANDOM TESTING

All covered employees performing safety or security sensitive functions listed in Section 4 will be subject to unannounced drug testing on a random basis for the presence of prohibited substances, or a metabolite of prohibited substances in the employee's system. In selecting the employees subject to such testing, ABX will use a computer based random number

generator utilizing the employee social security numbers of all covered employees. Random selection for testing will be conducted no less than four times a year, generally completing one random testing draw before the next. It will be the responsibility of the Director of Human Resources, or designee, to obtain the randomly selected list of covered employees to be tested. Employees will not be given advance notice of their random selection for testing. Employees will be notified via a written notification form and sent immediately to the testing site. ABX will achieve and maintain an annualized rate of random testing at the rate annually determined by the FAA.

POST-ACCIDENT TESTING

ABX employees who perform covered functions identified in Section 4, whose performance either contributed to an accident or cannot be completely discounted as a contributing factor to an accident shall be tested for the presence of a prohibited substance or a metabolite of a prohibited substance in the employee's system. The employee shall be tested as soon as possible, but not later than 32 hours after the accident. An employee who is subject to post-accident testing should remain readily available for such testing or will be deemed to have refused to submit to testing, unless the employee requires necessary medical attention or needs to leave the scene of the accident to obtain assistance in responding to the accident. A decision not to administer a test under this section of the Anti-Drug Program must be based on a determination by the ABX Drug Program Manager or its Designated Employer Representative (DER) and the appropriate operations management

using the best information available at the time of the accident, that the employee's performance could not have contributed to the accident.

REASONABLE CAUSE TESTING

ABX will test each employee who performs a function listed in Section 4 and who is reasonably suspected of using a prohibited substance, for the presence of such a prohibited substance or a metabolite of prohibited substance. ABX' decision to test an employee under this section shall be based on a reasonable and articulable belief that the employee is using a prohibited drug on the basis of specific, contemporaneous physical, behavioral or performance indicators of probable drug use. This determination shall be made by at least two members of management (supervisors or above) one of whom shall have received training in the detection of possible symptoms of drug use.

RETURN TO DUTY TESTING

If you have violated the prohibited drug rules, you are required to take a drug test before returning to safety-sensitive functions for any DOT regulated employer. You are subject to unannounced follow-up testing at least 6 times in the first 12 months following your return to active safety-sensitive service.

FOLLOW-UP TESTING

The amount of follow-up testing you receive is determined by a Substance Abuse Professional (SAP) and may continue for up to 5 years. This means the SAP will determine how many times you will be tested (at least 6 times in the first year), for how long, and for what substance (i.e. drugs, alcohol, or both).

Follow-up testing is in addition to all other DOT required testing.

Drug Testing Collection Procedures

The drug testing process always consists of three components, the collection, testing at an approved laboratory, and review by a Medical Review Officer.

COLLECTION

During the collection process, a urine specimen collector will:

1. Verify your identity using a current valid photo ID, such as a driver's license, passport, and employer issued picture ID, etc.
2. Restrict access to the testing site to only those being tested.
3. Secure all water sources and place blue dye in any standing water, remove or secure all cleaning products/fluids at the collection site.
4. Afford you privacy when providing the urine specimen (exceptions to this rule generally surround issues of attempted adulteration or substitution of a specimen, or any situation where general questions of validity arise, like an unusual temperature).
5. Ask you to remove any unnecessary garments and empty your pockets.
6. Instruct you to wash and dry your hands.

7. Select or have you select a sealed collection kit and open it in your presence.
8. Request you to provide a specimen of your urine into a collection container (a minimum of 45 ml).
9. Check the temperature and color of the urine.
10. In your presence, pour the urine into two separate bottles, seal them with tamper-evident tape, and then ask you to sign the seals after they have been placed on the bottles. (Neither you nor the collector should let the specimen out of your sight until it has been poured into two separate bottles and sealed).
11. Ask you to provide your name, date of birth, and daytime and evening phone numbers on the Medical Review Officer Copy of the Federal Drug Testing Custody and Control Form (CCF). This is so the MRO can contact you directly if there are any questions about your test.
12. Complete necessary documentation on the Laboratory Copy of the CCF to demonstrate the chain of custody of the specimen.
13. Give you the Employee Copy of the CCF and may suggest you list any prescription and over-the-counter medications you may be taking on the back of your copy of the CCF, to serve as a reminder for you in the event the MRO calls you to discuss your test results.
14. If you are unable to provide the 45 ml of urine on the first attempt, the time will be noted and you will be required to remain in the testing area under the supervision of the collection site personnel or a representative from ABX. Leaving the testing area without authorization will be considered a refusal to test. You will be urged to drink up to 40 ounces of fluid, distributed reasonably over a period of up to three hours. You will be asked to provide a new specimen into a new collection container.
15. If you do not provide a sufficient specimen within three hours, you must obtain a medical evaluation within five days to determine if there is an acceptable medical reason for not being able to provide a specimen. If it is determined that there is no legitimate physiological or pre-existing psychological reason for not providing a urine specimen, it will be considered a refusal to test.

TESTING AT LABORATORY

At the laboratory, the staff will determine if flaws exist with the sample, and if there is a flaw, the specimen will be rejected for testing. If there are no flaws determined, the lab will open only bottle A and conduct a screening test. Specimens that screen positive will be analyzed again using a completely differing testing methodology. If the specimen tests negative in either of these tests, the result will be reported as a negative. Only if the specimen tests positive under both methods will the specimen be reported to the Medical Review Officer (MRO) as a positive test. The lab reports its findings of the analysis of bottle A to the MRO. The lab may also conduct specimen validity tests to determine if the specimen was

adulterated or substituted. Tests found to be adulterated or substituted are also reported to the MRO and may be considered a refusal to test. The lab stores both bottle A and bottle B specimens for 12 months when there are any reported positive, adulterated, or substituted results.

REVIEW BY THE MEDICAL REVIEW OFFICER

Upon receipt of the test result from the laboratory, the MRO will review the paperwork for accuracy. Negative tests will be reported to the Designated Employer Representative (DER). However, if the test result is positive, the MRO will contact you to determine if there is a legitimate medical reason for the result. If a legitimate medical reason is established, the MRO will report the result to the DER as negative. If there is not a legitimate medical reason, the MRO will report the result to the DER as positive. Also, if the result is an adulterated or substituted test, the MRO will contact you to determine if there is a legitimate medical reason for the result. If a legitimate medical reason is established, the MRO will report the result to the DER as cancelled. If the result is cancelled due to an invalid result, ABX will conduct a second collection under direct observation. If there is not a legitimate medical reason, the MRO will report the result to the DER as a refusal. The MRO will report a positive test result to the DER if you refuse to discuss the results with the MRO or if you do not provide the MRO with acceptable medical documentation to explain the test result.

The MRO will advise that you have 72 hours from the time of the verified result to request to have your specimen bottle

B (split sample) sent to another certified lab for analysis for the same substance or condition that was found in the A “primary” bottle. The laboratories will follow chain of custody procedures. If the split specimen reconfirms a positive, the final result will be reported as a positive. If the split specimen reconfirms an adulterated or substituted result, the final result will be reported as a refusal to test.

ABX will seek reimbursement from the employee for the cost of the additional test and all handling and shipping costs associated with the transfer of the specimen to the laboratory.

Furthermore, the MRO will make the following determinations in the case of an employee who holds, or is required to hold, a medical certificate pursuant to Part 67 of the Federal Aviation Regulations. First, the MRO will determine if there is probable drug dependence or non-dependence. The MRO will forward the name of the individual and the determination and any supporting documentation for such determination, along with any return-to-duty decisions to the Federal Air Surgeon for review. The Federal Air Surgeon will determine if the individual may retain or may be issued a medical certificate consistent with the requirements of Part 67 of the Federal Aviation Regulations. The MRO will also report to the Federal Air surgeon the name of any person who applies for a position that requires the person to hold a medical certificate issued pursuant to Part 67 of the Federal Aviation Regulations and who fails a pre-employment drug test.

ABX Air Inc. uses LabCorp for testing and LexisNexis provides our medical review services. Dr Stuart Hoffman is the MRO. The donor contact number is 800-809-1012.

Consequences of Drug Test Failure or Refusal

APPLICANTS

Any ABX applicant, including a current employee, for a “covered position” listed on Section 4, and who has a verified positive drug test or refuses to submit to a drug test will not be considered further for employment.

EMPLOYEES

Any ABX employee who performs in or applies for a “covered position” listed on Section 4 and has a verified positive drug test, or who has a verified adulterated or substituted test or has otherwise refused to submit to a required test, will be terminated from employment.

EMPLOYERS

Employers are required to notify the Federal Aviation Administration within 5 working days of any instance in which a 14 CFR part 61, part 63, or part 65 airman certificate holder refused to submit to a required drug test (generally this applies to individuals who perform flight crewmember, flight instruction, aircraft dispatcher, aircraft maintenance, or air traffic control duties). Employers are not required to notify the FAA of refusals to submit to pre-employment or return-to-duty tests.

FAA PERMANENT DISQUALIFICATION FROM SERVICE

There are two circumstances under which employees who engage in prohibited use of drugs are absolutely barred by the Federal Aviation Administration from performance of the same duties performed before the determination of such prohibited use.

1. Two (2) Verified Positive Drug Tests – If an employee is determined to have two verified positive drug tests after September 19, 1994, then he/she is permanently precluded from performing the safety-sensitive function he/she performed before the second drug test. The bar on two-time violators applies to both persons who have gone through rehabilitation and to those who, after evaluation, were determined not to need treatment.
2. On Duty Use of a Prohibited Drug – If an employee is determined to have used a drug while performing a safety-sensitive function after September 19, 1994 then he/she is permanently precluded from performing that safety-sensitive function.

Note: ABX employees determined to have one verified positive drug test result will be immediately removed from performing the safety-sensitive function and termination of employment will occur.

Employee Assistance Program and Training

ABX has an Employee Assistance Program available for employees to confidentially receive information regarding benefits and rehabilitation programs regarding treatment for drug use. ABX encourages employees who believe they have an alcohol or drug problem to seek help. The medical insurance program provides for payment of certain expenses related to treatment for alcoholism and drug addiction. Information concerning the insurance program may be obtained from Human Resources. ABX' Employee Assistance Program will provide confidential assessment with referral to appropriate treatment services. Regardless of any treatment, however, employees who

violate company policy will be subject to discipline.

Furthermore, all employees performing in a "covered position" will be provided training and materials regarding substance abuse, which will cover the effects and consequences of drug use on personal health, safety, and the work environment, as well as the manifestations and behavioral causes that may indicate drug use and abuse. Supervisory/Management personnel who will determine when an employee is subject to testing based on reasonable cause will also receive training on the specific, contemporaneous physical, behavioral and performance indicators of probable drug use in addition to the training specified above. Supervisory/management training will also be conducted recurrently.

Alcohol Misuse Prevention Program

Policy Statement

ABX is committed to an alcohol-free working environment consistent with its duty to implement policies and procedures designed to achieve the highest possible degree of safety in the public interest. Accordingly, we have a paramount interest in assuring that our personnel performing safety and security related activities perform their duties free of alcohol. (See Section V for full policy)

Who is Covered

Each employee who performs a FAA safety sensitive or security related function listed in this section will be tested in accordance with ABX' Alcohol Misuse Prevention Program:

- a. Flight Crew member duties
- b. Aircraft Dispatcher duties
- c. Aircraft Maintenance or Preventive Maintenance duties,
- d. Ground Security Coordinator duties and,
- e. Aviation Screening duties

Section IV contains a current list of specific job titles of employees who will be subject to testing under this program at ABX.

Prohibited Conduct

PRE DUTY USE OF ALCOHOL

Employees in “covered positions” per Section 4 are not to consume alcohol within 4 or 8 hours (depending on your classification*) of reporting to work. Employees who are on call or on reserve for a “covered position” must decline a call if they have violated the 4 or 8 hour standard. Such employees will be considered in violation of the rule. Employees in a “covered position” who are not on call or reserve but are called in to report and have consumed alcohol within the 4 or 8 hour timeframe, must also decline the duty, but such situations will not be considered a violation of the rule.

*8 Hours Pre Duty – Employees may not perform Flight Crew member, Flight Attendant or Air Traffic Controller duties within 8 hours after using alcohol.

*4 Hours Pre Duty – Employees may not perform *Aircraft Maintenance, Ground Security Coordinator, or Aviation Screening* duties within 4 hours after using alcohol.

If a covered employee is determined to have violated the pre-duty prohibited conduct provisions he/she will be referred to available resources for evaluating and resolving problems associated with the misuse of alcohol. The employee will be evaluated by a substance abuse professional who must determine what assistance, if any, the employee needs in resolving problems

associated with alcohol misuse. Before a covered employee can return to duty in the performance of a safety-sensitive function after a pre-duty violation, the employee must undergo a return-to-duty alcohol test with a result indicating an alcohol concentration of less than 0.02.

In addition, any employee in a covered position and that is identified by a substance abuse professional (SAP) as needing assistance, will be further evaluated by the SAP to determine if he/she has properly followed the rehabilitation program prescribed. He/she will also be subject to unannounced follow-up alcohol tests administered by the employer following the employee's return-to-duty. The number and frequency of such testing shall be determined by the SAP, but shall consist of at least six alcohol tests in the first 12 months following the employee's return-to-duty. Follow-up testing will not exceed 60 months from the date of the employee's return-to-duty. The SAP may choose to terminate the follow-up testing requirement at any time after the first six tests have been administered if the SAP determines that such testing is no longer necessary.

Costs of the evaluation and treatment are the responsibility of the employee and may be coordinated with the employee's medical insurance plans. Income replacement for time off necessary for evaluation and treatment will be handled under the leave of absence policy.

Employees determined to have violated the pre-duty prohibited alcohol related conduct provisions 2 times will be permanently precluded from performing that safety sensitive function and his/her

employment with ABX will be terminated.

ON DUTY USE OF ALCOHOL

No covered employee shall use any alcohol while performing safety sensitive functions. Use of medication containing alcohol *will* violate this rule. Employees determined to have violated this rule will be permanently precluded from performing that safety sensitive function and employment will be terminated by ABX.

USE OF ALCOHOL FOLLOWING AN ACCIDENT

A covered employee may not use any alcohol for eight (8) hours following an accident involving an aircraft for which he/she performed a safety sensitive function, until such time either an alcohol test has either been completed or an official determination by the Drug Program Manager has been made that an alcohol test will not be conducted. Failure to comply with this eight hour rule may result in termination.

Types of Alcohol Testing That Will Be Conducted

RANDOM TESTING

All covered employees performing safety or security sensitive functions listed in Section 4 will be subject to unannounced alcohol testing on a random basis for the presence of alcohol in the employee's system. In selecting the employees subject to such testing, ABX will use a computer based random number generator utilizing the employee social security numbers of all covered employees. Random selection for testing will be conducted a minimum of four times a year, generally completing one random testing draw

before the next. It will be the responsibility of the Drug Program Manager, or designee, to obtain the randomly selected list of covered employees to be tested. Testing will be conducted so that employees are tested while performing safety sensitive functions, just before performing safety sensitive functions or just after performing safety sensitive functions. Employees will not be given advance notice of their random selection for testing. Employees will be notified via a written notification form and sent immediately to the testing site. ABX will achieve and maintain an annualized rate of random testing equal to, and not less than, 10% of the employees actually performing a covered function at the beginning of the calendar year.

POST-ACCIDENT TESTING

ABX employees who perform covered functions identified in Section 4, whose performance either contributed to an accident or cannot be completely discounted as a contributing factor to an accident shall be tested for alcohol in the employee's system. The employee shall be tested as soon as possible, but not later than 8 hours after the accident. An employee who is subject to post-accident testing should remain readily available for such testing or will be deemed to have refused to submit to testing, unless the employee requires necessary medical attention or needs to leave the scene of the accident to obtain assistance in responding to the accident. A decision not to administer a test under this section of the Alcohol Misuse Prevention Program must be based on a determination by the Drug Program Manager using the best information available at the time of the accident, that the employee's

performance could not have contributed to the accident.

REASONABLE CAUSE TESTING

ABX will test each employee who performs a function listed in Section 4 and who is reasonably suspected of violating the alcohol misuse provisions of such policy. ABX's decision to test an employee under this section shall be based specific, contemporaneous, articulable observations about the appearance, behavior, speech, or body odor of the employee. This determination shall be made by at least one supervisor/manager who is trained in the detection of possible symptoms of alcohol misuse. An employee may be required to submit to reasonable suspicion testing for alcohol while performing safety-sensitive functions, just before performing safety-sensitive functions, or just after performing safety-sensitive functions.

RETURN TO DUTY TESTING

If you have violated the alcohol misuse rules, but are not subject to termination, you are required to undergo evaluation by a Substance Abuse Professional (SAP), and treatment if necessary, as well as pass an alcohol test with an alcohol concentration of less than 0.02 before returning to safety-sensitive functions. Failure to complete these requirements will result in termination.

FOLLOW-UP TESTING

Covered employees who have been identified by a Substance Abuse Professional (SAP) as needing assistance in resolving problems with alcohol misuse and who have returned to duty involving the performance of a safety-sensitive function shall be subject to a minimum of six (6) unannounced,

follow-up alcohol tests administered by ABX over the following 12 months.

Alcohol Testing Procedures

This section will cover the procedures that will be used to test for the presence of alcohol, protect the employee and the integrity of the breath testing process, safeguard the validity of the test results, and ensure that those results are attributed to the correct employee.

PREPARATION FOR BREATH ALCOHOL TESTING

The Breath Alcohol Technician (BAT) will require an employee to provide positive identification (driver's license, passport, employer identification) upon entering the alcohol testing location. If requested, the BAT should also provide positive identification to the employee. The BAT should also explain the testing procedure to the employee.

SCREENING TESTS

The Breath Alcohol Technician will complete Step 1 on the breath alcohol testing form and the employee will then complete Step 2 on the form, signing the certification. Refusal by the employee to sign the certification will be regarded as a refusal to take the test.

An individually sealed mouthpiece will be opened in view of the employee and BAT and then 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.

The BAT will show the employee the result displayed on the EBT.

If the EBT prints the test results onto the form, the BAT will check to ensure the information has been printed correctly onto the alcohol testing form. If the EBT provides a printed result, but does not print the results directly onto the form, the BAT will then affix the test result printout to the alcohol testing form with tamper-evident tape or using a self-adhesive label that is tamper evident. If the EBT does not have a printer capable of generating a printed result, or the BAT does not print the test number, name of the testing device, serial number of the testing device, date, time, and quantified result, the BAT will record this information in Step 3 of the alcohol testing form. The BAT will also record the test number, date of the test, name of the BAT, location and quantified test result in a log book. The employee will initial the log book entry.

In any case in which the result of the screening test is a breath alcohol concentration of less than 0.02, the employee will have a negative test result. The BAT will sign and date Step 3 of the alcohol testing form. The employee will not be required to complete Step 4 of the alcohol testing form. If an employee has a negative test result, no further testing is authorized. The BAT will transmit the result of less than 0.02 to the Designated Employer Representative (DER) in a confidential manner and the DER will receive and store the information so as to ensure that confidentiality is maintained as required.

If a test result printed by the EBT does not match the displayed result, the BAT

will note the disparity in the remarks section on the form. Both the employee and BAT will initial or sign the notation and the DER will be notified that the test is considered invalid. A cancelled alcohol test is neither positive nor negative.

If the result of the screening test is an alcohol concentration of 0.02 or greater, a confirmation test will be performed. If the confirmation test will be conducted by a different BAT, the BAT who conducted the initial screening test will direct the employee to take the confirmation test, sign and date Step 3 of the alcohol testing form, and sign the log book entry. The BAT will provide the employee with Copy 2 of the form.

CONFIRMATION TESTS

If the result of the screening test reveals an alcohol concentration of 0.02 or greater, the employee will be required to take an alcohol confirmation test. The BAT will instruct the employee not to eat, drink, put any object or substance in his/her mouth, and to the extent possible, not belch during the waiting period before the confirmation test. The waiting period begins upon 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 an 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 the test will be conducted at the end of the waiting period, even if the employee has disregarded the instructions. If the BAT becomes aware that the employee has not complied with this instruction, the BAT will note the

non-compliance in the remarks section of the alcohol testing form.

If a BAT other than the one who conducted the screening test is conducting the confirmation test, the new BAT will initiate a new alcohol testing form, which will require positive identification of the employee as required for an initial screening test. The BAT will complete Step 1 of the alcohol testing form and will note in the remarks section of the form that a different BAT conducted the screening test. 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 test.

The BAT will conduct an "air blank" in the presence of the employee to ensure that the device is working correctly. The air blank must be 0.00 and the result will be shown to the employee. If the reading is greater than 0.00, testing will not proceed using that instrument and the BAT will conduct another air blank on another EBT. Testing may proceed on another instrument.

After the waiting period has expired and the air blank test has been conducted, the BAT will then perform the confirmation test. The confirmation test will be conducted in the same manner as the screening test and the test result will be recorded on the alcohol testing form in the same manner as in the screening test.

If the alcohol confirmation test result is lower than 0.02 the BAT will sign and date Step 3 of the alcohol testing form and nothing further is required of the employee.

If the alcohol confirmation test result is 0.02 or higher, the BAT will direct the employee to sign and date Step 4 of the alcohol testing form. Refusal to sign Step 4 on the alcohol testing form for a confirmation test will not be considered a refusal to test. The BAT will note that employee refused to sign in the remarks section.

In the case that a confirmation test result is invalid, the BAT will inform the employee that the test result has been cancelled and will note the reason on the remarks line of the alcohol testing form. The BAT will conduct a re-test if practicable.

The BAT will transmit the confirmation test result to the DER in a confidential manner and the DER will receive and store the information so as to ensure that confidentiality is maintained as required.

INVALID TEST

A breath alcohol test is always invalid under the following circumstances: 1) the sequential test number or alcohol concentration displayed on the EBT is not the same as the sequential test number of alcohol concentration on the printed result; 2) in the case of a confirmation test the BAT does not observe the minimum 15 minute waiting period prior to the confirmation test, the BAT does not perform an air blank of the EBT before a confirmation test, or such an air blank does not result in a reading of 0.00, the BAT fails to print a confirmation test result, the EBT does not pass its next external calibration check (in this case every result of 0.02 or above since the last valid external calibration test is cancelled, but does

not invalidate negative results); 3) a breath alcohol test will be considered cancelled if the BAT does not sign the alcohol testing form or the BAT fails to note in the remarks section of the form that the employee has failed, or refused, to sign the form after the test has been conducted (unless the problems are corrected by an affidavit from the BAT).

REFUSAL TO SUBMIT

A refusal to submit means a covered employee fails to provide adequate breath for testing without a valid medical explanation or otherwise engages in conduct that clearly obstructs the testing process. A covered employee who refuses to submit to a required post accident, reasonable suspicion, random or follow-up alcohol test will be terminated. ABX will notify the Federal Aviation Administration of any covered employee who holds a certificate issued under part 61, part 63, or part 65, and has refused to submit to an alcohol test.

In addition, you will be considered to have refused to take an alcohol test if you:

- 1) Fail to appear for any test within a reasonable time as determined by the employer and after being directed to do so by the employer;
- 2) Fail to remain at the testing site until the testing process is complete,
- 3) Fail to attempt to provide a saliva or breath specimen, as applicable, for any test required by this part of DOT agency regulations,
- 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,

- 5) Fail to undergo a medical examination or evaluation as directed by the employer as part of the insufficient breath procedures,
- 6) Fail or decline to take the confirmation test,
- 7) Failure to sign Step 2; and
- 8) Fail to cooperate with any part of the testing process.

Consequences of Alcohol Test Failure or Refusal

The table on this page outlines actions that will be taken for specified conduct during the Alcohol Misuse Prevention Program testing process.

FAA Consequences for Violating the Alcohol Misuse Prevention Program Rules

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).

PERMANENT DISQUALIFICATION FROM SERVICE

A covered employee will be permanently precluded from performing the safety-sensitive duties he/she performed before a violation in the event of an on-duty use of alcohol violation, or a second violation of any other provision of the Alcohol Misuse Prevention Program.

Table: Consequences of Alcohol Test Failure or Refusal

CONDUCT	CONSEQUENCE
Refused to Test	Termination
Test shows BAC 0.04 or greater	Termination
Using Alcohol While On Duty	Termination
Using Alcohol within 8 Hours of Accident	Termination
Unavailable for Post Accident Testing	Termination
Test shows BAC between 0.02 - 0.39	1 st occurrence: discipline
	2 nd occurrence: termination
Using alcohol within 4 hours of duty	1 st occurrence: SAP evaluation and any treatment necessary
	2 nd occurrence: termination

Signs, Symptoms, and Effects of Alcohol Misuse

Alcohol, a natural substance formed by the fermentation that occurs when sugar reacts with yeast, is the major active ingredient in wine, beer, and distilled spirits. Although there are many kinds of alcohol, the kind found in alcoholic beverages is ethyl alcohol. Whether one drinks a 12-ounce can of beer, or a shot of distilled spirits, or a 5-ounce glass of wine, the amount of pure alcohol per drink is about the same – one-half ounce. Ethyl alcohol can produce feelings of well being, sedation, intoxication, or unconsciousness, depending on the amount and the manner in which it is consumed.

Alcohol is a “psychoactive” or mind-altering drug, as are also heroin and tranquilizers. It can alter moods, cause changes in the body, and become habit forming. Alcohol is called a “downer” because it depresses the central nervous system. That’s why drinking too much causes slowed reactions, slurred speech, and sometimes even unconsciousness or passing out. Alcohol works first on the part of the brain that controls inhibitions. As people lose their inhibitions they may talk more, get rowdy, and do foolish things. After several drinks they may feel “high”, but their nervous systems actually are slowing down. A person does not have to be an alcoholic to have problems with alcohol. Every year, for example, many young people lose their lives in alcohol-related automobile accidents, drowning, and suicides. Serious health problems

can and do occur before drinkers reach the stage of addiction or chronic use.

In some studies more than 25 percent of hospital admissions were alcohol related. Some of the serious diseases associated with chronic alcohol use include alcoholism and cancers of the liver, stomach, colon, larynx, esophagus, and breast. Alcohol abuse also can lead to such serious physical problems as:

- Damage to the brain, pancreas, and kidneys
- High blood pressure, heart attacks, and strokes;
- Alcoholic hepatitis and cirrhosis of the liver
- Stomach and duodenal ulcers, colitis, and irritable colon
- Impotence and infertility
- Birth defects and Fetal Alcohol Syndrome, which causes retardation, low birth weight, small head size, and limb abnormalities
- Premature aging
- A host of other disorders, such as diminished immunity to disease, sleep disturbances, muscle cramps, and edema

Aside from the physical effects of drugs discussed in the preceding section, certain warning signs may indicate that a family member or friend is drinking too much alcohol or using other drugs. Although these warning signs are not foolproof, each by itself or many signs combined over time, should be cause for concern. With alcohol, some of the signs to look for are:

- Does the person pour a drink as an immediate reaction when faced with any problems?
- Does the person drink until intoxicated?
- Is there a record of missed work because of drinking or an ill-disguised odor of alcohol on the breath during work hours even though attendance may be regular?
- Does the person drive a car while intoxicated?
- Has his or her home life become intolerable because of drinking or arguments resulting from drinking?
- Does he or she handle all social celebrations and stress with alcohol?

These are some of the signs of an adult problem drinker. It is important to note, however, that use of alcohol by youth is abuse and cause for concern. When these signs are present, it means that a person's drinking pattern is heading out of control, if not out of control already. A person does not have to be an alcoholic to have problems with alcohol. Certain additional behavioral characteristics also seem to be signs of the use of alcohol and other drugs. The clues can be found in all people who abuse these substances, regardless of age.

Examples of these clues include:

- An abrupt change in mood or attitudes
- Sudden and continuing decline in attendance or performance at work or in school
- Impaired relationships with family members or friends
- Unusual temper flare-ups
- Increased borrowing of money from parents or friends
- Stealing from the house, at school, or in the workplace
- Heightened secrecy about actions and possessions
- Associating with a new group of friends, especially with those who use drugs or alcohol

Information from this section is a summary from National Clearinghouse's "What You Can Do About Drug Use" booklet.

*National Clearinghouse for Alcohol and Drug Information
PO Box 2345
Rockville, Maryland 20852
(301) 468-2600*

Employee Assistance Program

ABX has an Employee Assistance Program available for employees to confidentially receive information regarding benefits and rehabilitation programs regarding treatment for alcohol use.

ABX encourages employees who believe they have an alcohol or drug problem to seek help. The medical insurance program provides for payment of certain expenses related to treatment for alcoholism and drug addiction. Information concerning the insurance program may be obtained from Human Resources. ABX' Employee Assistance Program will provide confidential assessment with referral to appropriate treatment services. Regardless of any treatment, however, employees who violate company policy will be subject to discipline.

Furthermore, all employees performing in a "covered position" will be provided training and materials regarding substance abuse, which will cover the effects and consequences of drug use on personal health, safety, and the work environment, as well as the manifestations and behavioral causes

that may indicate drug use and abuse. Supervisory/Management personnel who will determine when an employee is subject to testing based on reasonable cause will also receive training on the specific, contemporaneous physical, behavioral and performance indicators of probable drug use in addition to the training specified above. Supervisory/Management training will also be conducted recurrently.

In addition here are some other specific sources of help and information:

National Council on Alcoholism – 7 days/week, 24 hours/day 1-800-622-2255

Alcoholic's Anonymous World Service 1-212-686-1100

Information on where to find treatment for alcohol problems can also be found in the telephone books' Yellow Pages under "alcohol". Also, Councils on Alcohol and Drug Abuse generally will provide information over the phone on availability of the nearest alcohol treatment programs and Alcoholic's Anonymous will usually have a local chapter which will probably also be listed in the Yellow Pages under "alcoholism".

List of Covered Positions

767 Assistant Chief Pilot	Dispatcher
767 Captain	Field Supervisor
767 Captain-Training	Flight Control Coordinator
767 Chief Pilot	Lead Dispatcher
767 First Officer	Lead Line Maintenance Rep
767 First Officer-Training	Line Maintenance Rep
Aircraft Performance Spec	Line Maintenance Support Coordinator
Aircraft Technician	Maintenance Controller
Assistant Manager Std 767 Pilot	Maintenance Tech Specialist
Assistant System Chief Pilot	Manager 767 Flight Standards
Casual Aircraft Tech	Manager Flight Safety
Casual Junior Aircraft Tech	Manager Line Maintenance (Europe)
DC-9 Assistant Manager Std Pilot	Manager Maintenance Control
DC-9 Captain	Master Flight Tech Training Instructor
Director, Flight Operations & System Chief Pilot	President
Director, Flight Training/Standards	Regional Manager
Director, Maintenance	Senior Aircraft Technician
Director, Quality Control/Chief Inspector	Senior Vice President, Flight
Director, Technical Services	Supervisor, Flight Control
	System Chief Pilot

Definitions

Accident – The term “accident” refers to 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 on the operated aircraft, and in which any person on the operated aircraft suffers death or serious injury or in which the operated aircraft receives substantial damage.

Serious Injury – “Serious injury” means any injury which: 1) requires hospitalization for more than 48 hours, commencing within seven days from the date of the injury; 2) results in a fracture of any bone (except simple fractures of the fingers, toes or nose); 3) causes severe hemorrhages, nerve, muscle or tendon damage; 4) involves any internal organ; or 5) involves second-degree or third-degree burns, or any burns affecting more than five percent of the body surface.

Substantial Damage – “Substantial damage” means 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 puncture 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 wing tips are not considered “substantial damage”.

Adulterated Specimen – A specimen that contains a substance that is not expected to be present in human urine or contains a substance expected to be present but at a concentration so high that it is not consistent with human urine. An adulterated specimen is considered a refusal to test.

Alcohol – The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols, including methyl or isopropyl alcohol.

Alcohol Concentration – The alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath test.

Alcohol Confirmation Test – A subsequent test using an Evidential Breath Test (EBT), following a screening test with a result of 0.02 or greater that provides quantitative data about the alcohol concentration.

Alcohol Screening Device (ASD) – A breath or saliva device, other than an EBT, that is approved by the National Highway Traffic Safety Administration (NHTSA) and placed on a conforming products list (CPL) for such devices.

Alcohol Screening Test – An analytic procedure to determine whether an employee may have a prohibited concentration of alcohol in a breath or saliva specimen.

Alcohol Testing Site – A place selected by the employer where employees present themselves for the purpose of providing breath or saliva for an alcohol test.

Alcohol Use – The drinking or swallowing of any beverage, liquid mixture or preparation (including any medication), containing alcohol; for example, included by not limited to, the use of Nyquil, mouthwash if swallowed, the consumption of non-alcoholic beer that contains ½ % alcohol (i.e., Sharps and O’Doul’s)

Annualized Rate – For purposes of ABX’ random testing program, the term “annualized rate” means the percentage of specimen collection and testing of employees performing a function listed in Section 4 during each calendar year. FAA will determine the annualized percentage rate by referring to the total number of employees performing a sensitive safety or security related function at the beginning of the calendar year.

Blind Specimen or Blind Performance Test Specimen – A specimen submitted to a laboratory for quality control testing purposes, with a fictitious identifier, so that the laboratory cannot distinguish if from an employee specimen.

Breath Alcohol Technician (BAT) – An individual who instructs and assists individuals in the alcohol testing process and operates an EBT (Evidential Breath Testing Device).

Cancelled Test – A drug or alcohol test that has a problem identified that cannot be or has not been corrected, or which otherwise requires to be cancelled. A cancelled test is neither a positive nor a negative test.

Chain of Custody – The procedure used to document the handling of the urine specimen from the time the employee gives the specimen to the collector until the specimen is destroyed. This procedure uses the Federal Drug Testing Custody and Control Form (CCF).

Collection Container – A container into which the employee urinates to provide the specimen for a drug test.

Collection Site – A place selected by the employer where employees present themselves for the purpose of providing a urine specimen for a drug test.

Collector – A person who instructs and assists employees at a collection site, who receives and makes an initial inspection of the specimen provided by those employees, and who initiates and completes the CCF.

Confirmation Drug Test – A second analytical procedure performed on a urine specimen to identify and quantify the presence of a specific drug or drug metabolite.

Confirmation Validity Test – A second test performed on a urine specimen to further support a valid test result.

Confirmed Drug Test – A confirmation test result received by a Medical Review Officer (MRO) from a laboratory.

Confirmatory Test

<u>Substance</u>	<u>Level (NG/ML)</u>
Marijuana metabolites	15
Cocaine metabolites	150
Opiates	
Morphine	2,000
Codeine	2,000
Phencyclidine (PCP)	25
Amphetamines	
Amphetamine	500
Methamphetamine	500
(with 200 amphetamines also present)	

Covered Employee – The term “covered employee” includes all employees who perform FAA designated sensitive safety or security related functions. All supervisory or managerial employees who may be called upon to perform an FAA designated sensitive safety or security related function shall also be subject to the requirements of ABX’s Anti-Drug and Alcohol Misuse Prevention Programs.

Dilute Specimen – A specimen with creatinine and specific gravity values that are lower than expected for human urine. ABX will not require a retest following a negative dilute test.

Direct Observation – A direct observation of another specimen is mandatory if the collector observes action indicating attempt to tamper, temperature range of the original specimen is out of range, or the specimen appears to have been tampered with by collector observation. A direct observation is also mandatory if the laboratory reported to the MRO that the specimen is invalid and the MRO reported that there was not an adequate medical explanation for the result, or the original positive, adulterated or substituted test result had to be cancelled because the test of the split specimen could not be performed. All direct observations shall be completed with same gender collector as the donor.

Drugs – The drugs for which tests are required are marijuana, cocaine, amphetamines, phencyclidine (PCP) and opiates.

Evidential Breath Testing Device (EBT) - A device approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath at the .02 and .04 alcohol concentrations, placed on NHTSA’s Conforming Products List (CPL) for Evidential Breath Measurement Devices and identified on the CPL as conforming to the model specifications available from the NHTSA’s Traffic Safety Program.

HHS – The Department of Health and Human Services or any designee of the Secretary, Department of Health and Human Services.

Initial Drug Test – The test used to differentiate a negative specimen from one that requires further testing for drugs or drug metabolites. “Positive evidence” means the presence of a drug or drug metabolite in a urine sample at or above the following test levels:

Initial Test

Substance Level	(NG/ML)
Marijuana metabolites	50
Cocaine metabolites	300
Opiate metabolites	2,000
Phencyclidine (PCP)	25
Amphetamines	1,000

Initial Validity Test – The first test used to determine if a specimen is adulterated, diluted, or substituted.

Laboratory – Any U.S. laboratory certified by HHS under the National Laboratory Certification Program as meeting the minimum standards of Subpart C of the HHS Mandatory guidelines for Federal Workplace Drug Testing Programs; or, in the case of foreign laboratories, a laboratory approved for participation by DOT under this part.

Medical Review Officer (MRO) – A person who is a licensed physician and who is responsible for receiving and reviewing laboratory results generated by an employer’s drug testing program and evaluating medical explanations for certain drug test results.

Office of Drug and Alcohol Policy and Compliance (ODAPC) – The office in the Office of the Secretary, DOT, that is responsible for coordinating drug and alcohol testing program matters within the Department and providing information concerning the implementation of this part.

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 function.

Primary Specimen – In drug testing, the urine specimen bottle that is opened and tested by a first laboratory to determine whether the employee has a drug or drug metabolite in his or her system; and for the purpose of validity testing. The primary specimen is distinguished from the split specimen.

Refusal to Submit or Refusal to Test –

As an employee, you have refused to take a drug test if you:

- 1) fail to appear for any test within a reasonable time, as determined by the employer, after being directed to do so by the employer;
- 2) fail to remain at the testing site until the testing process is complete,
- 3) fail to provide a urine specimen for any drug test required by this part or DOT agency regulations,
- 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 specimen,
- 5) fail to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical reason 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 employer as part of the “shy bladder” procedures of this part,
- 8) fail to cooperate with any part of the testing process (including but not limited to refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process, and
- 9) as an employee, if the MRO reports that you have a verified adulterated or substituted test result, you have refused to take a drug test.

A refusal to test is grounds for termination.

Shy Bladder – If the employee is unable to void or does not provide a sufficient amount of urine for a drug test, the collector will require the employee to drink up to 40 ounces of fluids during a period of up to 3 hours or until the employee has provided a sufficient specimen. If the employee is still unable to void after the three hour time limit, or has not provided a sufficient specimen, the testing process will be discontinued and the employee will be required to obtain, within five days, a medical evaluation from a licensed physician who has expertise in the medical issues raised by the employee’s failure to provide a sufficient specimen. The physician must be acceptable to the MRO.

If, after conducting the evaluation, the referral physician concludes that a medical condition has, or with a high degree of probability could have, precluded the employee from providing a sufficient amount of urine, and the MRO accepts such an explanation, then the test will be reported as cancelled. If the referral physician concludes that there was no medical condition that precluded, or with a high degree of probability could have precluded, an employee from producing a sufficient amount of urine, and the MRO accepts this recommendation, then the test will be reported as a refusal to test. ABX shall notify the FAA of a refusal to test by any covered employee who is a certificate holder.

Shipping Container – A container that is used for transporting and protecting urine specimen bottles and associated documents from the collection site to the laboratory.

Shy Lung – If an employee is unable to provide adequate breath for testing due to medical reasons (i.e. asthma, bronchitis), he/she will be required to provide to ABX within 5 days an evaluation from a licensed physician who is acceptable to ABX and who has expertise in the medical issues raised by the employee's failure to provide a sufficient sample. If the physician is unable to find cause or if the employee fails to provide ABX with documentation, he/she will be considered a refusal to test.

Specimen Bottle – The bottle that, after being sealed and labeled according to the procedures in this part, is used to hold the urine specimen during transportation to the laboratory for testing.

Split Specimen – In drug testing, a part of the urine specimen that is sent to the first laboratory and retained unopened, and which is transported to a second laboratory in the event that the employee requests that it be tested following a verified positive test of the primary specimen or a verified adulterated or substituted test result.

Substance Abuse Professional – A person who evaluates employees who have violated ABX' alcohol testing policy and makes recommendations concerning education, treatment, follow-up testing and aftercare. A substance abuse professional is required to be either a licensed physician, limited to medical doctors and doctors of Osteopathy; as well as licensed or certified physiologists, social workers, and employee assistance professionals, and alcohol and drug abuse counselors certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission or by the International Certification Reciprocity Consortium/Alcohol and other drug abuse.

Substituted Specimen – A specimen with creatinine and specific gravity values that are so diminished that they are not consistent with human urine. A substituted specimen is considered a refusal to test.

Verified Test – A drug test result or validity testing result from an HHS-certified laboratory that has undergone review and final determination by the MRO.

Appendices

Alcomonitor CC



- Quick convenient testing.
- Performs DOT protocol or quick test.
- Totally automatic accuracy checks and calibration adjustments.
- Includes Alcohol Gas Tank.
- Uses beverage straws as mouthpieces.
- One year warranty.

Intoximeters designed the Alcomonitor CC to perform alcohol testing as simply and conveniently as possible while providing extremely accurate test results at the same time. Fail-safe test protocols programmed into the instrument ensure that the instrument and the operator complete the essential steps for each subject's test. The Alcomonitor CC is unique among all breath testing instruments. No other instrument combines computer animation, absolute simplicity of operation, accuracy, and precision of test results, in an instrument in this price range.

The Alcomonitor CC is well-suited for settings where a high volume of tests are performed. The Quick Test protocol prompts the operator to enter the subject ID number, automatically performs an air blank, prompts the subject to blow into the instrument, and immediately displays the test results. The slip printer accepts any kind of paper, including 3-part NCR forms, to instantly record test results.

The Alcomonitor CC uses ordinary beverage straws as mouthpieces. Agencies doing very large numbers of tests will realize substantial savings compared to instruments which use mouthpieces usually costing 20 cents each. In fact, fewer than 20,000 can generate enough savings just in mouthpieces to completely pay for the instrument.

The Alcomonitor CC contains automatic calibration features usually found only in instruments costing thousands of dollars more. Intoximeters builds gas calibration supply into the base of the instrument, enabling routine calibration checks to be performed totally hands-off at pre-determined intervals, or at the push of a button. This feature gives the highest level of assurance that the instrument is working properly, and ensures compliance with calibration policy.

Employee Assistance Program

1-800-888-2998

ABX Air's Employee Assistance Program (EAP) can help employees and their covered family members with confidential, personal assistance for a wide range of concerns.

Service is available 24 hours a day, seven days a week and is provided by United Behavioral Health, which is affiliated with United Health Care.

Service is also available at the ABX Air Healthcare Center. Please call 937-283-9289 to make an appointment.

The EAP can provide assistance for a wide range of personal and work-related issues such as:

- Workplace effectiveness
- Strengthening personal relationships
- Improving communication skills
- Depression
- Parenting
- Alcohol and other drug problems
- Difficult teens
- Physical Abuse
- Marital problems
- Financial concerns
- Overcoming anxiety
- Coping with grief and loss

For more information about United Behavioral Health, visit www.liveandworkwell.com.

ADDENDUM



September 27, 2010

TO: ABX Employees
FROM: Tina Reed, Human Resources Department
RE: Amendment to DOT regulations for Drug and Alcohol programs & ABX AIR's Drug/Alcohol-Free Workplace Policy Effective 10-1-10

DOT/FAA RULE CHANGE NOTIFICATION **Effective 10-1-10**

ABX's Anti-Drug and Alcohol Misuse Prevention Policy abides by the requirements of the Federal Aviation Administration (FAA) and the Department of Transportation (DOT). The DOT has amended certain provisions related to laboratory testing of urine specimens. As a result ABX's policies and procedures have also been amended to remain in compliance with the FAA and DOT.

The information below highlights the specific changes for ABX AIR employees. Other rule changes impact the laboratories and medical review officers. To view the rule changes in its entirety please go to www.edocket.access.gpo.gov/2010/pdf/2010-20095.pdf

1. We will begin testing for the drug commonly referred to as "ecstasy". You will see this listed as methylenedioxymethamphetamine (MDMA), methyleneamphetamine (MDA), and Methylenedioxyethylamphetamine (MDEA).
2. There will now be an initial testing for 6-AM, an indicator for heroin use. 6-AM is a unique metabolite produced when a person uses the illicit drug heroin. While there are legitimate medical uses for heroin, the DOT believes there are no legitimate medical explanations for 6-AM positive tests.
3. Laboratory Cutoff Criteria for Cocaine and Amphetamines have been lowered. Initial test cutoffs for cocaine will go from 300 to 150 ng/mL, while confirmation tests cutoffs will go from 150 to 100 ng/mL. For amphetamines, initial test cutoffs will go from 1000 to 500 ng/mL, while confirmation tests for amphetamines and methamphetamines will go from 500 to 250 ng/mL.

As a reminder only drug tests confirmed positive by the laboratory are reported to the MRO as positive. The MRO will continue to follow "existing process" in determining if the employee has a legitimate medical explanation for a positive result prior to reporting the test results to the employer. If the employee has a legitimate medical explanation, the MRO will report the result to the employer as a negative test.

Substances for Which Testing Will Be Conducted:

- a. Marijuana
- b. Cocaine
- c. Opiates
- d. Phencyclidine (PCP)
- e. Amphetamines
- f. MDMA (Ecstasy & its equivalents, MDA, MDEA)
- g. 6-AM (Heroin)

The table below displays the cutoff concentrations for initial and confirmatory drug test. All cutoff concentrations are expressed in nanograms per milliliter (ng/mL).

Initial test analyte (substance) concentration	Initial test cutoff concentration	Confirmatory test analyte (substance)	Confirmatory test cutoff concentration
Marijuana metabolites	50 ng/mL	THCA ¹	15 ng/mL.
Cocaine metabolites	150 ng/mL	Benzoyllecgonine	100 ng/mL.
Opiate metabolites			
Codeine/Morphine ²	2000 ng/mL	Codeine	2000 ng/mL.
Morphine	2000 ng/mL.		
6-Acetylmorphine	10 ng/mL	6-Acetylmorphine	10 ng/mL.
Phencyclidine	25 ng/mL	Phencyclidine	25 ng/mL.
Amphetamines ³			
AMP/MAMP ⁴	500 ng/mL	Amphetamine	250 ng/mL.
Methamphetamines ⁵	250 ng/mL.		
MDMA ⁶	500 ng/mL	MDMA	250 ng/mL.
MDA ⁷	250 ng/mL.		
MDEA ⁸	250 ng/mL.		

- 1 Delta-9-tetrahydrocannabinol-9-carboxylic acid (THCA).
- 2 Morphine is the target analyte for codeine/morphine testing.
- 3 Either a single initial test kit or multiple initial test kits may be used provided the single test kit detects each target analyte independently at the specified cutoff.
- 4 Methamphetamine is the target analyte for amphetamine/methamphetamine testing.
- 5 To be reported positive for methamphetamine, a specimen must also contain amphetamine at a concentration equal to or greater than 100 ng/mL.
- 6 Methylenedioxymethamphetamine (MDMA).
- 7 Methylenedioxyamphetamine (MDA).
- 8 Methylenedioxyethylamphetamine (MDEA).

As always, all specimens provided will be subject to validity testing to ensure a specimen has not been adulterated, substituted, or diluted.

These updated Rule Changes will be effective October 1, 2010 and will be added to the appropriate sections of the ABX Anti-Drug and Alcohol Misuse Prevention policy and training programs. Please place a copy of this amendment in your ABX Anti-Drug and Alcohol Misuse Prevention handbook for future reference.

Should you have any questions regarding this newly updated DOT rule change, please see your management or contact Tina Reed at 937-366-3033.