

## CHEMICAL TESTING PROGRAM COMPLIANCE AUDIT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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