

**ANTIDRUG PLAN/ALCOHOL MISUSE PREVENTION PROGRAM
CERTIFICATION STATEMENT**

1. **Company/Operator Name:** Bearing Inspection, Inc.
D/b/a (if applicable) _____
Address: 4422 Corporate Center Drive
City Los Alamitos **State** CA **Zip** 90720
Telephone: (voice) (714) 484-2400 **(fax)** (714) 484-2448

Previously approved plan identification number D-WP-00221-S

2. **Antidrug Program Manager:** Tammy C. Hengler

3. **Type of Operator:**

	<u>FAA Certificate Number</u>
<input type="checkbox"/> Part 121.	_____
<input type="checkbox"/> Part 135.	_____
<input type="checkbox"/> Part 135.1(c) operator (sightseeing only).	N/A
<input checked="" type="checkbox"/> Part 145 (repair station).	SP3R849L
<input type="checkbox"/> ATC facility.	N/A
<input type="checkbox"/> Contractor.	N/A

4. **Number of Safety-Sensitive Employees:**

Flight Crewmember _____	Aircraft Maintenance _____	76
Flight Attendant _____	Aviation Screening _____	
Flight Instructor _____	Ground Security Coordinator _____	
Aircraft Dispatcher _____	Air Traffic Control _____	
Total _____		<u>76</u>

RECEIVED-FAA
DRUG ABATEMENT DIVISION

99 JUN -7 PM 2:00

FOR FAA USE ONLY	
Plan Identification Number	<u>D-WP-00221-S</u>
APPROVED <u>JUN 29 1999</u>	
<i>Vicky McIntosh</i>	
Drug Abatement Division Federal Aviation Administration	

5. **Contractors:** Part 121, 135, and 135.1(c) operators will ensure that any contract company's employees performing covered functions for them are included in an FAA-approved antidrug plan and an alcohol misuse prevention program.

6. **Other Company/Operator Included in This Plan:**

Name: _____

Address _____

Certificate type and number _____

Other Company/Operator's Covered Employees:

Flight Crewmember _____ Aircraft Maintenance _____

Flight Attendant _____ Aviation Screening _____

Flight Instructor _____ Ground Security Coordinator _____

Aircraft Dispatcher _____ Air Traffic Control _____

Total _____

7. **Medical Review Officer (MRO):**

Name: Ronald Crowell or Sara Rinck M.D. D.O.

Address: 11817 East Telegraph Road or 13340 E. Imperial Highway

City: Santa Fe Springs State CA Zip 90670

Telephone (voice): (562) 949-9328 (fax) (562) 949-4588
or: (562) 926-3440

The MRO will comply with the requirements of 49 CFR part 40 and 14 CFR part 121, appendix I.

8. **DHHS-Certified Laboratory (PRIMARY):**

Name: POISONLAB, INC.

Address 7272 Clairemont Mesa Blvd.

City San Diego State CA Zip 92111-1007

9. **DHHS-Certified Laboratory (SPLIT SPECIMEN):**


Name: UNILAB

Address 18408 Oxnard Street

City Tarzana State CA Zip 91356

Employees will have the option of selecting any DHHS-certified laboratory to test split specimens in the event of verified positive drug tests.

10. **Specimen Collection Procedures:** The specimen collection procedures will comply with the requirements of 49 CFR part 40. Blind performance testing procedures must be in conformance with 49 CFR 40.31(d), which requires 3 blind samples per 100 specimens.
11. **EAP Education and Training:** The EAP program will comply with the requirements of 14 CFR part 121 appendices I and J.
12. **Testing for Pre-employment, Periodic, Random, Post-Accident, Reasonable Cause/Suspicion, Return to Duty, and Follow-up:** Testing will be conducted in accordance with the requirements of 14 CFR part 121, appendices I and J, and 49 CFR part 40. Employees will be tested only for five prohibited drugs (marijuana, cocaine, opiates, PCP, amphetamines) and alcohol.
13. **Record Keeping/Confidentiality:** Records will be maintained in accordance with the requirements of part 121 appendix I and J. The company/operator will release drug testing results and rehabilitation information only with the written consent of the employee involved with the exceptions provided in part 121, appendices I and J.
14. **Reporting:** Annual reports of antidrug program and alcohol misuse prevention results will be provided to the FAA in accordance with the requirements of 14 CFR part 121 appendices I and J.

I certify that I am authorized to represent <u>Bearing Inspection, Inc.</u> In this matter, that the	
<i>(company/operator name)</i>	
Information in this document is correct to the best of my knowledge and belief, and that	
<u>Bearing Inspection, Inc.</u>	Will comply with the provisions of the FAA's antidrug and alcohol
<i>(company/operator name)</i>	
Misuse prevention program regulations and with the terms therein.	
Signature: <u></u>	Date: <u>June 7, 1999</u>
Typed Name: <u>Tammy C. Hengler</u>	Title: <u>ADPM/AMPPM</u>
<i>(company/operator ADPM name)</i>	