

**CONTRACTOR MONITORING PROCEDURES**

**REQUIRED DOCUMENTATION**

**Ultimately, the pipeline operator is responsible for assuring that its contractors' employees are being drug tested in accordance with the regulations. The pipeline operator is ultimately responsible for violation of DOT regulations and subject to enforcement action.**

The documents in this checklist are to be collected prior to commencement of work. Use the following Checklist in order to assure a contractor's compliance with DOT regulations.

**ANTI-DRUG AND ALCOHOL MISUSE PREVENTION PLAN (AMPP):**

Anti-Drug and AMPP	1. Current and Compliant Copy of Anti-Drug	<input type="checkbox"/>
Anti-Drug and AMPP	2. Current and Compliant Copy of Alcohol Misuse Prevention Plan:	<input type="checkbox"/>
Anti-Drug and AMPP	3. Drug testing statistical data: Prior year and current year	<input type="checkbox"/>
Anti-Drug and AMPP	4. If the Contractor is a member of a Consortium, documentation as follows: Laboratory Certification <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A MRO certifications <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A SAP certifications <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A BAT/STT certifications <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Collection Site Personnel certifications <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <u>Are Documents Acceptable?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Anti-Drug and AMPP	4 a. Name and location of Collection Sites used by the Consortium	<input type="checkbox"/>
Anti-Drug and AMPP	4 b. Documentation that all Contractor personnel performing Covered Functions are in the pool - Must show the first and last name of each individual on consortium letter head	<input type="checkbox"/>
Anti-Drug and AMPP	4 c. The procedure in which the contractor personnel will be notified of a random drug test.	<input type="checkbox"/>
Anti-Drug and AMPP	4 d. The name, address, job title and phone number of the contact person at the Consortium	<input type="checkbox"/>
Anti-Drug and AMPP	4 e. Procedure for notifying Operator of failure of a random drug test by the Contractor personnel	<input type="checkbox"/>
Anti-Drug and AMPP	4 f. Drug testing Statistical data: Prior and current year	<input type="checkbox"/>
Anti-Drug and AMPP	5. A list of all personnel in the Anti-Drug pool that will be performing Covered Functions on the Operator's facilities: <i>Some form of personal identification of the contractor personnel may be necessary to ensure compliance once on the job site.</i>	<input type="checkbox"/>



**NOTE: IT IS PERMISSIBLE FOR THE OPERATOR TO GIVE THE CONTRACTOR PERSONNEL A PRE-EMPLOYMENT DRUG TEST, AND PLACE THEM IN THE OPERATOR'S DRUG POOL FOR THE DURATION OF THE JOB. HOWEVER, IF THE OPERATOR CHOOSES THIS OPTION, MAKE SURE THE CONTRACTOR PERSONNEL ARE REMOVED FROM THE RANDOM DRUG POOL IMMEDIATELY AFTER THE JOB IS COMPLETE TO PREVENT THE DILUTION OF THE POOL.**

**OPERATOR QUALIFICATIONS:  
(Records that demonstrate compliance with Subpart N, (Qualification of Pipeline Personnel))**

<b>OQ</b>	6. Current & Compliant Copy of OQ Plan or Confirmation of Current GMA Gas Section OQ Plan or Other.	<input type="checkbox"/>
<b>OQ</b>	7. Identification of Qualified individual(s); First and Last name Picture ID	<input type="checkbox"/>
<b>OQ</b>	8. Identification of the Covered Tasks the individual is qualified to perform;	<input type="checkbox"/>
<b>OQ</b>	9. Date(s) of current Qualification; to include expiration date	<input type="checkbox"/>
<b>CP</b>	10. Cathodic Protection / NACE certification or equivalent / Proof of training and experience.	<input type="checkbox"/>
<b>OQ / Fusion Qualifications</b>	11. Documentation that the Contractor employee has current fusion Qualifications	<input type="checkbox"/>
<b>OQ / Welding Qualifications</b>	12. Current copy of the Welders coupon test report	<input type="checkbox"/>
<b>OQ / Welding Qualifications</b>	13. Qualification record for Tasks 0801- 0811 Welding & Visual Inspection of Welding and Welds	<input type="checkbox"/>

Evaluations must determine an individual's knowledge, skills, and abilities to perform a Covered Task. Written testing alone may evaluate knowledge but not skills and ability. A proper evaluation may require a combination of methods.

**Check 1 or More of the following methods in which the contractor was qualified:**

<b>Method of Qualification:</b>	Written / Observation during: Performance-on-the-Job	<input type="checkbox"/>
<b>Method of Qualification:</b>	Written / Observation during: On-the-job Training	<input type="checkbox"/>
<b>Method of Qualification:</b>	Written / Observation during: Simulation	<input type="checkbox"/>
<b>Method of Qualification:</b>	Oral / Observation during: Performance-on-the-Job	<input type="checkbox"/>
<b>Method of Qualification:</b>	Oral / Observation during: On-the-job Training	<input type="checkbox"/>
<b>Method of Qualification:</b>	Oral / Observation during: Simulation	<input type="checkbox"/>
<b>Method of Qualification:</b>	Observation during: Performance-on-the-Job	<input type="checkbox"/>
<b>Method of Qualification:</b>	Observation during: On-the-job Training	<input type="checkbox"/>
<b>Method of Qualification:</b>	Observation during: Simulation	<input type="checkbox"/>

