**NEW HIRE CHECKLIST FOR SAFETY-SENSITIVE POSITION**

FAA/Drug Abatement Division’s Suggested “Checklist: New Hire/Transfer for Safety-Sensitive Position” for Aviation Employers

**Note**

The Department of Transportation (DOT) and Federal Aviation Administration (FAA) drug and alcohol testing regulations (49 CFR part 40 and 14 CFR part 120) require specific steps to take when hiring any individual for or transferring any employee into a safety-sensitive position. For more information, visit www.faa.gov/go/drugabatement.

**General Information**

Applicant/Employee’s Name/ID or SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Safety-Sensitive Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Action Checklist**

* Notified applicant/employee of requirement to undergo pre-employment testing for the presence of marijuana, cocaine, opioids, phencyclidine (PCP), and amphetamines. Date Notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Asked applicant/employee if they ever tested positive or refused a pre-employment drug or alcohol test administered by a DOT-regulated employer in the past two years, as required by 49 CFR § 40.25(j). Date Asked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Notified applicant/employee to report for DOT pre-employment drug and alcohol (optional) test. Date Notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Received Medical Review Officer verified negative DOT pre-employment drug and alcohol (optional) test result. Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Sent Release of Information Form(s) to former employer(s), as required by 49 CFR § 40.25 or PRIA.

 Employer Date Sent Date Received
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* Hired/Transferred employee into DOT safety-sensitive function. Date Hired/Transferred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Added new safety-sensitive employee to the DOT random pool. Date Added: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Completed and documented Employee Drug and Alcohol Training and distributed drug and alcohol informational and educational materials. Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Official Completing Form:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments/Additional Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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For information about the DOT and FAA testing requirements, visit [www.transportation.gov/odapc](http://www.transportation.gov/odapc) and www.faa.gov/go/drugabatement.