

Department of the Army  
Pamphlet 600–85

Personnel–General

# **Army Substance Abuse Program Civilian Services**

Headquarters  
Department of the Army  
Washington, DC  
15 October 2001

**UNCLASSIFIED**

# ***SUMMARY of CHANGE***

DA PAM 600-85

Army Substance Abuse Program Civilian Services

This new Department of the Army pamphlet--

- o Provides instructions and guidance for implementing the Department of Transportation Drug and Alcohol Testing Program.
- o Provides guidance for the completion of drug and alcohol management information systems forms.

Personnel–General

Army Substance Abuse Program Civilian Services

---

By Order of the Secretary of the Army:

ERIC K. SHINSEKI  
General, United States Army  
Chief of Staff

Official:



JOEL B. HUDSON  
Administrative Assistant to the  
Secretary of the Army

---

**History.** This publication publishes a new Department of the Army pamphlet.

**Summary.** This pamphlet provides instructions and procedures for implementing the Army policies provided in AR 600–85, chapter 14 and provides standardized procedures for the completion of the

prescribed Army Substance Abuse Program forms are available on the Army Electronic Library CD-ROM (EM001) and on the USAPA web site ([www.usapa.army.mil](http://www.usapa.army.mil)).

**Applicability.** This pamphlet applies to the Active Army, the Army National Guard, the U.S. Army Reserve, and Department of the Army Civilian Employees, family members of military and civilian employees, and retired military personnel and their family members.

**Proponent and exception authority.** The proponent of this pamphlet is the Deputy Chief of Staff for Personnel. The proponent has the authority to approve exceptions to this pamphlet that are consistent with controlling laws and regulations. The Army MEDCOM must approve changes regarding clinical issues.

**Supplementation.**

Supplementation of this pamphlet and establishment of forms other than DA forms are prohibited without prior approval of

the Deputy Chief of Staff for Personnel, HQDA (ATTN: DAPE–HR–ASAP), Washington, DC, 20310–0300.

**Suggested Improvements.** Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to HQDA (ATTN: DAPE–HR–ASAP), Washington, DC, 20310–0300.

**Distribution.** This publication is available in electronic media only and is intended for command levels, A, B, C, D, and E for the Active Army, the Army National Guard of the United States, and the U.S. Army Reserve.

---

**Contents** (Listed by paragraph and page number)

**Chapter 1**

**Introduction, page 1**

Purpose • 1–1, page 1

References • 1–2, page 1

Explanation of abbreviations and terms • 1–3, page 1

Policy • 1–4, page 1

Labor relations and union cooperation • 1–5, page 1

**Chapter 2**

**Employee Assistance Program (EAP) Services, page 2**

Basic EAP services • 2–1, page 2

Additional EAPC functions • 2–2, page 2

Supervisor's requirements • 2–3, page 2

Employee education and supervisory training and prerequisites • 2–4, page 3

Procedures for family members' (military or civilian) participation in the ASAP • 2–5, page 3

**Chapter 3**

**The Army's Drug-free Federal Workplace (DFW) Civilian Drug Testing Program, page 3**

General • 3–1, page 3

## **Contents—Continued**

Categories of drug testing and testing procedures • 3-2, *page 4*  
Specimen collection • 3-3, *page 7*  
Medical review • 3-4, *page 7*  
Request to identify additional positions as TDPs • 3-5, *page 7*

### **Chapter 4**

#### **Department of Transportation (DOT) Drug and Alcohol Testing Program, *page 8***

General • 4-1, *page 8*  
Safety-sensitive functions • 4-2, *page 8*  
Prohibited conduct (DOT Rules/Prohibitions) and consequences • 4-3, *page 8*  
Categories of testing and required procedures (49 CFR Part 382 Subpart C) • 4-4, *page 9*  
Specimen collection • 4-5, *page 11*  
Medical review • 4-6, *page 12*  
Installation Substance Abuse Professional (SAP) evaluation • 4-7, *page 12*

### **Chapter 5**

#### **Guide For The Completion Of Drug And Alcohol Management Information System (Damis) Forms, *page 13***

Purpose • 5-1, *page 13*  
Resource And Performance Report (Raprr, Da Form 3711) • 5-2, *page 13*  
PATIENT INTAKE/SCREENING RECORD (PIR) DA FORM 4465 • 5-3, *page 20*  
PATENT PROGRESS REPORTS (PPR). DA FORM 4466 • 5-4, *page 22*

#### **Appendix A. References, *page 43***

#### **Table List**

Table 5-1: Codes for TABLE A (T-SAC), *page 23*  
Table 5-2: Codes for TABLE B (T-REJECT), *page 40*  
Table 5-3: Codes for TABLE C (T-DRUG), *page 40*  
Table 5-4: Codes for TABLE D (T-MACOM), *page 40*  
Table 5-5: Codes for TABLE E (T-TDP), *page 41*  
Table 5-6: Codes for TABLE F (T-DIAG-CODE), *page 41*  
Table 5-7: Codes for TABLE G (T-ENRL-BASIS), *page 41*  
Table 5-8: Codes for TABLE H (T-RTF), *page 42*

#### **Glossary**

## **Chapter 1 Introduction**

### **1-1. Purpose**

*a.* Chapters 1 through 4 of this pamphlet explains Army policies and provide detailed instructions and administrative procedures for implementing the Army Substance Abuse Program (ASAP) for Department of the Army (DA) civilian employees, military and civilian employees' family members, and military retirees and their family members contained in Chapter 14, AR 600-85. Specific topics include: Employee Assistance Program (EAP), ASAP clinical counseling and treatment services, the Army Drug-free Federal Workplace (DFW) Civilian Drug Testing Program as required by Executive Order (EO) 12564, and the Army alcohol and other drug testing program for vehicle operator positions mandated by Department of Transportation (DOT) regulations (49 CFR Part 382 and Part 40). Both 49 CFR, Part 382 and Part 40, are available at Web Site: ([HTTP://dot.gov/ost/dapc/regulations.html](http://dot.gov/ost/dapc/regulations.html))

*b.* Chapter 5 of this Pamphlet is a guide designed to provide standardized instructions for the completion of the prescribed ASAP forms.

### **1-2. References**

Required and related publications and prescribed and referenced forms are located in appendix A. Prescribed forms are available on the Army Electronic Library CD-ROM (EM001) and on the USAPA web site ([www.usapa.army.mil](http://www.usapa.army.mil)).

### **1-3. Explanation of abbreviations and terms**

Abbreviations and terms used in this pamphlet are explained in the glossary.

### **1-4. Policy**

Substance abuse is inconsistent with the high standards of performance, discipline, and readiness necessary to accomplish the Army's mission. The Army's goal is to provide a safe, healthful, and secure workplace. To achieve this goal, it is Army policy that:

*a.* DA recognizes alcoholism and drug abuse as a preventable and treatable progressive disease.

*b.* DA civilian employees, military and civilian employees' family members, and military retirees and their family members will have access to confidential Employee Assistance Program (EAP) Services, identified in Chapter 2 of this Pam. Civilian employees have the option of participating in either the installation ASAP clinical program (if resources are available) or being referred to an approved program in the civilian community. Whenever possible, an employee's family will be involved with the treatment. Civilian employees' absence (during work hours) to obtain treatment will be in accordance with civilian personnel regulations.

*c.* DA civilian employees must refrain from using drugs illegally whether on or off duty.

*d.* Supervisors will intervene early when alcohol misuse, drug abuse, or other personal problems are adversely affecting an employee's job performance and/or behavior. Supervisors are encouraged to use the EAP services in conjunction with disciplinary action, which must be coordinated with the servicing Civilian Personnel Advisory Center (CPAC).

*e.* Employee job security or promotion opportunities will not generally be jeopardized by a request for assistance. Employee performance appraisals will not mention current or past enrollment in the ASAP.

*f.* Supervisors will consult with the servicing CPAC and SJA and notify the appropriate law enforcement authorities when there is reasonable suspicion that an employee is engaged in criminal conduct involving alcohol or other drugs (e.g., trafficking, theft, illegal possession).

### **1-5. Labor relations and union cooperation**

The active support of labor organizations will contribute to the success of the ASAP. Employers' obligations are spelled out in 5 USC, chapter 71 (Federal Service Labor Management Relations' Statute). Union officials can be influential in developing and maintaining employee confidence in the ASAP. It is important that labor organizations understand the efforts of management to assist the employees with alcohol and other drug related problems. Any change in the conditions of employment of bargaining unit members should be done in conformance with applicable provisions of the local collective bargaining agreement and the Federal Service Labor Management Relations Statute. Activities must complete their statutory and applicable contractual labor relation's obligations prior to implementing the terms of the governing regulation as they relate to the conditions of employment of bargaining unit members. Questions regarding labor relations implications and responsibilities concerning the civilian drug abuse testing program will be addressed through command channels to HQDA (ATTN: SAMR-CPP-LR), 111 Army Pentagon, Washington, DC 20310-0111.

## **Chapter 2**

### **Employee Assistance Program (EAP) Services**

#### **2-1. Basic EAP services**

The ASAP EAP is a job-based program designed to help employees, and their family members whenever feasible, with problems that may affect their well-being and their ability to do their jobs. At the installation, the EAP Coordinator (EAPC) will provide the following basic EAP services:

*a.* Screening/assessment, and short-term counseling. The initial screening/assessment interview identifies, documents, and evaluates individual strengths, weaknesses, problems, and needs, and lays the foundation to assist in making a further referral. It is critical that the EAPC discuss with the employee the importance of signing the Civilian Employee Consent Statement (DA Form 5017), which addresses the release of information to select Government officials about the employee's compliance with the agreed upon treatment plan and the employee's progress during and at the end of treatment. The EAPC will only release information (employee's enrollment, attendance, and progress in a treatment or counseling program), to the employee's supervisor when a DA Form 5017 is signed. The EAPC will annotate the EAP record when an employee refuses to sign the DA Form 5017. An employee will not be denied assistance for not signing the DA Form 5017. A copy of DA Form 5017 is available on the Army Electronic Library CD-ROM (EM001) and on the USAPA web ([www.usapa.army.mil](http://www.usapa.army.mil)).

(1) The EAPC must document/summarize the screening/assessment interview and complete Sections I and II of the Patient Intake/Screening Record (PIR) (DA 4465) additional instructions provided in para 5-3 of this PAM. If the employee chooses to use ASAP clinical services, provided resources are available, the EAPC will provide a copy of the assessment summary and a copy of the DA Form 4465 to the ASAP clinician. A copy of DA Form 4465 is available on the Army Electronic Library CD-ROM (EM001) and on the USAPA web ([www.usapa.army.mil](http://www.usapa.army.mil)).

(2) The EAPC will maintain the assessment summary, the DA Form 5017, and any additional information collected in a separate administrative file marked "Confidential-Screened/Enrolled," and subject to 42 USC 290dd-2 and the provisions of the Privacy Act of 1974, 5 USC 552a.

*b.* Referral for treatment and rehabilitation. After determining the nature of the employee's problem, the EAPC will refer the employee to the appropriate treatment or rehabilitation resource. Civilian employees may utilize ASAP clinical services (if available) or approved civilian community resources.

*c.* Follow-up services to assist employees' readjustment to their jobs.

*d.* Training and education for supervisors and employees about alcohol and other drugs.

*e.* Training and consultation for supervisors on how and when to make proper use of EAP services.

*f.* Promotion activities to publicize the availability, purpose, and services provided by the installation EAP.

#### **2-2. Additional EAPC functions**

In addition to providing the basic EAP services, the EAPC is required to—

*a.* Assess, plan, and establish local procedures for providing comprehensive ASAP EAP services for eligible civilian employees and military and civilian family members within the military community.

*b.* Establish and maintain appropriate coordination and liaison with the installation CPAC, the Medical Review Officer (MRO), the installation Substance Abuse Professional (SAP) and supervisors of civilian employees.

*c.* Evaluate and maintain a listing of approved community treatment and rehabilitation resources.

*d.* Develop prevention campaigns and assist the Prevention Coordinator (PC) in providing education and prevention programs for various civilian groups.

*e.* Consult/advise management on how to refer the employee to the EAP.

#### **2-3. Supervisor's requirements**

To support the EAP effectively, the supervisor should—

*a.* Be alert, through continuing observation, to changes in the work, behavior, or both of assigned employees. Early intervention will generally be the most helpful in returning the employee to productivity.

*b.* Document deteriorating job performance or changes in behavior or attendance.

*c.* Consult with their servicing CPAC before referring an employee to the ASAP, or initiating any personnel or administrative action. The CPAC will advise supervisors about their options and responsibilities. The supervisor must comply with applicable laws and regulations concerning qualified individuals with disabilities.

*d.* After consulting with the CPAC conduct an interview with the employee, focusing on the poor work performance, and inform the employee of available EAP services.

*e.* Be aware that according to EO 12564 and DODD 1010.9, any DA civilian employee who is found to use illegal drugs may be subject to disciplinary action. Such determination may be made on the basis of direct observation, a criminal conviction, confirmed positive test, the employee's own admission, or other applicable evidence.

*f.* Contact the servicing CPAC when advised that an employee in a testing designated position (TDP) (as defined in paragraph 14-20 of AR 600-85) is found to use illegal drugs. Such an employee will not remain in a TDP.

- g. Be aware that an employee may be returned to the TDP upon successful completion of rehabilitation, or as part of a rehabilitation program if progress is evident and the employee poses no danger to health, safety, or security.
- h. Consult with the servicing CPAC and SJA and notify appropriate law enforcement authorities when there is reasonable suspicion that an employee is engaged in criminal conduct involving alcohol or other drugs (e.g., trafficking, theft, illegal possession).
- i. Consult with the servicing CPAC when an employee appears to be under the influence of alcohol or other drugs while on duty.
- j. Contact the servicing CPAC when advised that the employee has violated DOT rules (see Chapter 4 of this pamphlet). Alcohol and other drug prohibitions are identified in 49 CFR Part 382, Subpart B. Incumbents in positions covered by DOT rules may be subject to a range of disciplinary actions. The servicing CPAC can identify the basic criteria used in determining when the rules have been violated, the required documentation, and the range of actions available to the supervisor.
- k. Initiate an evaluation of continued eligibility for access to classified information and reporting, IAW AR 380–67 when advised that employee has been found to use illegal drugs.

## **2–4. Employee education and supervisory training and prerequisites**

Prevention education and training for supervisors and civilian employees at all levels are crucial to the success of the EAP.

a. Employee education will address—

- (1) ASAP policies, the Army DFW Civilian Drug Testing Program, DOT Drug Use and Alcohol Misuse Rules and requirements, and the availability of EAP services to include the EAP point of contact, telephone number, address, and hours of operation.
- (2) Types, effects, signs of substance or drug use, and the hazards/effects of alcohol and other drug abuse on performance and conduct.
- (3) Program confidentiality.

b. Supervisory training will address:

- (1) The supervisor’s role in the recognition and documentation of employee performance and conduct problems, and the use and responsibilities for offering EAP services.
- (2) Availability of EAP services including the EAP point of contact, telephone number, address, and hours of operation.
- (3) The process of reintegrating the employee (i.e., post treatment rehabilitation) into the workforce.
- (4) Confidentiality and records’ requirements.

## **2–5. Procedures for family members’ (military or civilian) participation in the ASAP**

a. Family members, including minor children, may participate in all aspects of the ASAP within the capabilities of existing resources. Consent for treatment will be in accordance with AR 40–3 and AR 40–66.

b. Military or civilian family members will be offered referral to the ASAP by one of the following means:

- (1) Volunteering for ASAP services.
- (2) Being encouraged to seek assistance through installation resources (e.g., the chaplain, the community mental health activity, the child protective Case Management Team, Army Community Services, schools) or other family members.

c. Referred family members will be evaluated by an ASAP clinician skilled in working with family members to determine the nature of the problem and to make an appropriate referral to the ASAP clinic (if resources are available) or to a community resource.

d. Rehabilitation urine testing of family members enrolled in the ASAP will be conducted with the approval of the Clinical Director (CD). Rehabilitation samples will not be sent to an Army or contract forensic drug–testing laboratory. The CD will arrange for the drug testing of a civilian urine sample collected as part of the rehabilitation plan.

## **Chapter 3**

### **The Army’s Drug–free Federal Workplace (DFW) Civilian Drug Testing Program**

#### **3–1. General**

On 15 September 1986, EO 12564 established the goal of a DFW. This EO recognized the serious impact of illegal drug use on the national workforce and required Federal agencies to develop a plan for achieving the objective of a DFW, with due consideration of the rights of the Government, the employees, and the general public. To achieve these goals, the Army implemented the DFW drug abuse testing program for DA civilian employees.

### 3-2. Categories of drug testing and testing procedures

To realize the objectives of EO 12564 (refer to paragraph 14-16 of AR 600-85), the Army implemented the six required categories of drug testing. At the workplace/installation, implementation of an effective testing program requires the cooperation and involvement of the supervisor, the Alcohol and Drug Control Officer (ADCO), the EAPC, the Installation Biochemical Test Coordinator (IBTC), the Medical Review Officer (MRO), and the CPAC. The following testing categories fully conform to the guidance provided in EO 12564:

#### *a. Reasonable suspicion testing.*

(1) All DA civilian employees are subject to reasonable suspicion testing when there is a reasonable suspicion of on duty use or on duty impairment.

(2) DA employees in TDPs are subject to reasonable suspicion testing when there is a reasonable suspicion that an employee uses illegal drugs, whether on or off duty.

(3) The supervisor will initiate testing when there is "reasonable suspicion" of illegal drug use (i.e., an articulable belief that an employee uses illegal drugs drawn from specific and particularized facts and reasonable inferences from those facts); mere hunches or rumors are not sufficient to initiate testing. Reasonable suspicion may be based upon:

(a) Direct observation of drug use or possession and/or physical symptoms of being under the influence of an illegal drug.

(b) A pattern of abnormal conduct or erratic behavior.

(c) Conviction from a drug-related offense.

(d) Observation of drug use or possession and/or physical symptoms of being under the influence of an illegal drug provided by a reliable and credible source or independent corroboration.

(e) Newly discovered evidence that the employee has tampered with a previous drug test.

(4) When a supervisor suspects an employee is using illegal drugs, the supervisor will gather all information, facts, and circumstances leading to and supporting this suspicion and meet with the next higher level supervisor, SJA, and the servicing CPAC to review the evidence. The supervisor will prepare and maintain a written report to include, at a minimum, the appropriate dates and times of reported drug-related incidents, reliable/credible sources of information, rationale leading to the test, findings of the test, and the action taken. Notification to test is prepared by the supervisor and approved by the next higher level supervisor after coordination with the SJA and CPAC. The reasonable suspicion drug test will test for all five drugs authorized by the Department of Health and Human Services (DHHS) for testing under this program. The employee may be asked to provide a specimen under observation if there is reason to believe the employee may alter or substitute the specimen to be provided. (A decision to obtain a specimen under observation will be determined by the supervisor, in consultation with the SJA and the CPAC.) Additional instructions dealing with observed collections are provided at paragraph 3-3b of this Pamphlet.

(5) The supervisor will notify the ADCO and provide the information necessary to arrange for the reasonable suspicion drug test, which will be conducted as soon as possible on the same day the test was approved.

(6) The supervisor will notify the CPAC if an employee refuses to be tested, and when the employee is found to use illegal drugs.

*b. Accident or unsafe practice testing.* All DA employees may be subject to testing when there is an examination authorized by an appropriate installation or activity commander regarding an accident or unsafe practice. Accordingly employees may be subject to testing when, based on circumstances of the accident, their actions are reasonably suspected of having caused or contributed to an accident that results in a death or personal injury requiring immediate hospitalization or in damage to government property estimated in excess of \$10,000.

(1) The supervisor will gather all information, facts, and circumstances leading to and supporting this suspicion and meet with the next higher level supervisor, the installation safety program manager, SJA, and CPAC to review the evidence. The supervisor will prepare a notification to test when approved by the next higher level supervisor. Additionally, the supervisor will prepare and maintain a written report that will include the date, time, and description of reported accident/mishap(s), rationale leading to the decision to test, findings of the test, and the action taken.

(2) The supervisor will notify the ADCO and provide the information necessary to arrange for the drug test which will test for all five drugs authorized by DHHS for testing under this program and be conducted as soon as possible.

*c. Voluntary testing.* Voluntary testing is available for employees to demonstrate their commitment to the Army's goal of a DFW and to set an example for other Federal/DA civilian employees. DA civilian employees not in DFW/TDPs may volunteer for unannounced random testing. The supervisor will ask the employee to submit a written request to be included in a random drug testing program when an employee (not in a TDP) has volunteered to be drug tested. The supervisor will advise the next higher supervisor, the CPAC, and the ADCO and then arrange a meeting with the employee to review the program's conditions and employee's obligations and to obtain a signed voluntary consent to drug testing. As soon as the required administrative procedures are complete, the supervisor will notify the ADCO and provide the information necessary to include the employee in a random pool, separate from the testing pool for TDPs. The employee may withdraw from participation by submitting a written request to the supervisor, who will notify the ADCO and the CPAC of the employee's withdrawal.

#### *d. Follow-up testing.*

(1) All DA civilian employees who have successfully completed rehabilitation and/or are enrolled in rehabilitation

for illegal drug use may be subject to unannounced follow-up testing for 12 months. Follow-up testing is not to be confused with regular random testing and with rehabilitation testing which may be part of the employee's treatment plan.

(2) Supervisors of employees who are enrolled for treatment for illegal drug use or who have successfully completed drug rehabilitation will consult with the CPAC and the EAPC to determine the frequency of unannounced follow-up drug testing, which is generally conducted for a period of one year. The supervisor will meet with the employee to obtain written agreement that the employee is aware of the requirement for follow-up testing. The supervisor will notify the ADCO and provide the information necessary to arrange for the follow-up testing, which will test for all five drugs authorized by DHHS for testing under this program. Only verified positive results obtained as a result of a follow-up test may be used to support an adverse action.

*e. Applicant testing.* DA applicants tentatively selected for appointment to DFW/TDPs are required to participate in applicant drug urinalysis testing, designed to screen out applicants who use illegal drugs. Applicant drug testing of civilians tentatively selected for a position requiring a negative drug urine test can be conducted at either the gaining installation or at a remote installation that is located in the same geographical location in which the individual lives. Testing must be conducted at a DOD/DHHS-certified forensic drug testing laboratory as specified by DA; results from other laboratories will not be accepted.

(1) If the appointment to the TDP is for 30 days or less, or the applicant currently occupies a TDP within the Department of Defense (DOD), no applicant testing is required.

(2) The tentatively selected applicant will be required to sign DA Form 5019 (Condition of Employment for Certain Civilian Positions Identified as Critical Under the Department of the Army Drug-Free Federal Workplace Program) acknowledging DA's right to require DFW/TDP selectees to participate in random drug urinalysis testing. A copy of DA Form 5019 is available on the Army Electronic Library CD-ROM (EM001) and on the USAPA web ([www.usapa.army.mil](http://www.usapa.army.mil)).

(3) All applicants who are not current employees and who refuse to be tested must be refused that employment. All applicants with verified positive test results shall be refused employment. Applications from such individuals shall not be considered for employment for a period of 6 months from the date of the test results.

*f. Random testing.* DA civilian employees in TDPs are subject to random testing.

(1) Random drug testing is a system of drug testing imposed without individualized suspicion that a particular individual is using illegal drugs. Random drug testing either may include testing of employees occupying a specified area, element, or position, or may be a statistically random sampling of such employees based on neutral criterion (e.g., social security account number). Employees will report to the testing facility within 2 hours of having been notified.

(2) Identification procedures are as follows:

(a) The ADCO will prepare a memo for the Installation Commander's signature tasking all Directorates to identify all civilian positions which meet the TDP position criteria provided in paragraph 14-20 of AR 600-85. Management will ensure that the TDPs, position descriptions clearly document their critical safety or security responsibilities.

(b) The ADCO with the assistance of management will establish and maintain an updated DFW/TDP roster which identifies the DFW/TDPs and incumbents in those positions and will provide a copy to the IBTC. The DFW/TDPs rosters may be in any format, but will contain at a minimum:

1. Position title and number.

2. Name, social security account number, work telephone of incumbent.

3. Name, work telephone of first line supervisor, and date supervisor was trained regarding the Army's DFW Civilian Drug Testing Program.

(c) Management will manage the issuance of the 30 day individual notices to incumbents of DFW/TDPs and the requirement for a DA Form 5019, incumbent is not required to sign the form.

(d) Employees in DFW/TDPs and applicants for these positions will receive an individual notice (DA Form 5019) explaining that:

1. The employee's position has been designated as a TDP and that the employee will be subject to random testing no sooner than 30 days subsequent to receipt of this notice.

2. It is mandatory that employees refrain from the use of illegal drugs.

3. Refusal to submit to testing will result in the initiation of disciplinary action, up to and including removal. Refusal may also result in denial or revocation of a security clearance.

4. Applicants who fail to sign the individual notice will not be selected for the position. If an applicant signs this notice and subsequently refuses to submit to drug testing, or if illegal drug use is detected through a verified applicant's positive drug test result, that applicant will not be selected for the position. Applicants selected for employment will be subject to random drug testing on an unannounced basis as a condition of continued employment.

5. Individuals will be allowed individual privacy while providing the urine specimen unless there is reason to believe the specimen will be altered.

6. The collection, handling, and testing of the urine sample will be conducted under chain-of-custody procedures established by the DHHS.

7. In the event the specimen tests positive, the individual will be given an opportunity to submit documentation to a designated MRO that may support legitimate use of the specific drug(s) before any administrative action is taken.

8. If an individual refuses to furnish a urine specimen or fails to report for testing as directed, that individual will be subject to the same range of administrative action as a verified positive test result for illegal drug use for failure to meet a condition of employment. If, by any means, illegal drug use is detected, employees will be taken out of the TDP through immediate assignment, detail, or other personnel action, and referred to the EAP. In addition, those individuals may be reassigned, demoted, or separated according to applicable regulations.

9. Individuals who believe they have a drug problem are encouraged to seek counseling and/or referral services by contacting the EAPC.

10. If an employee voluntarily identifies him/herself to the supervisor or other higher level management official in his or her chain of command as a user of illegal drugs, or volunteers for drug testing prior to being identified through other means, obtains counseling or rehabilitation assistance through an employee assistance program, and thereafter refrains from using illegal drugs, the employee may be subject to discretionary disciplinary actions for prior drug use; however such disciplinary actions are not mandatory.

(3) Notification procedures are as follows:

(a) By whatever approved selection process used, the IBTC (or other individual as designated by ADCO) will notify the first level supervisors of those employees selected for random drug testing (within 2 hours of the scheduled testing). If the first level supervisor is unavailable, the next higher level supervisor will be contacted. In a Memorandum for the Record (MFR) the IBTC or designee should record the names of employees selected, names of supervisor(s), times notified, and the time scheduled for specimen collection.

(b) The supervisors will explain privately to employees that they are under no suspicion of taking drugs, that the individuals chosen were selected randomly, and that employees are to report promptly to the testing facility point with photo identification. Supervisors should record in an MFR the names of individuals advised to report for drug testing, the times notified, and times employees were advised to report for testing.

(c) Supervisors of employees who work shift duty or are assigned special duty hours (i.e., not the normal day shift of 0800–1700 hours) will advise the ADCO, who will develop a plan to ensure subject employees are tested.

(4) Deferral of test procedures are as follows:

(a) Supervisors will notify the IBTC or designee when employees selected for drug testing obtain a deferral of test. An unannounced (make-up) test will be rescheduled for the employee within the next 60 days.

(b) A deferral of an employee's random test may be authorized when the employee's first line and higher supervisors concur in writing that a compelling need necessitates a deferral when the employee is:

1. In a status such as annual leave, sick leave, suspension, absent without leave, or continuation of pay.

2. On official travel away from the work site or is about to embark on official travel scheduled before testing notification.

3. Working a different shift.

4. Performing a task or project that requires the employee's presence at the work site during the time the test is scheduled.

(c) The EAPC can request that an employee be exempted from random drug testing for a period not to exceed 60 days while undergoing treatment. The EAPC must consult with the supervisor, the servicing CPAC, and clinician and also document this consultation and the decision to defer testing while in rehabilitation. (Supervisor has final authority to grant 60 day deferral.) The EAPC will advise the ADCO when an employee is to be exempted from random testing program.

(5) Failure to appear for random drug test procedures are as follows:

(a) The IBTC or designee will notify the supervisor when an employee refuses to provide a sample or fails to report to the designated collection site within the designated time. The employee's failure to appear for testing will be documented with a copy provided to the employee's first line supervisor.

(b) The supervisor will notify the next higher level supervisor and the servicing CPAC. Refusal to be tested or failure to report can result in the same type of disciplinary action as a first time verified positive test result. The supervisor will document follow-up instructions in accordance with the guidance of the higher level supervisor and the CPAC and provide a copy to the ADCO.

(6) Frequency of random testing guidance is as follows:

(a) Effective deterrence requires a random selection process which ensures that all employees subject to random testing believe that they may be required to provide a urine sample on any day they report to work.

(b) The IBTC or designee will ensure that the frequency of random drug testing conforms to DOD guidance requiring agencies/components and the military services having civilian employees encumbering TDPs to conduct a minimum of 0.50 random tests per TDP per year. This testing will result in half of the TDPs being tested during the course of the year. The installation commander (in consultation with the local law enforcement agencies, the ADCO, and other drug control organizations) may increase the random percentage with the approval of the respective

MACOM. TDPs which require the incumbents to enroll in the Army's Personnel Reliability Program (PRP) identified in AR 50-5 and AR 50-6 will be tested randomly at least once in a 12-month period.

(c) The IBTC or designee will ensure that the random selection for testing should be evenly distributed throughout the year. Testing should occur on different days of the week.

### **3-3. Specimen collection**

The IBTC or the designated collector will meet all the collection requirements prescribed by the DHHS's Mandatory Guidelines for Federal Workplace Drug Testing Programs. Collection procedures are provided in detail in the "Urine Specimen Collection Handbook for Federal Workplace Drug Testing Programs" prepared by the Division of Workplace Programs, DHHS, which is available at Web Site: ([www.health.org/workplace/urinebook.htm](http://www.health.org/workplace/urinebook.htm)).

a. Generally, the individual subject to be tested will be permitted to provide a urine specimen privately in a restroom or similar enclosure so that the employee is not visually observed while providing a sample. Collection site personnel of the same gender will escort the individual to the restroom and remain outside the stall during collection.

b. Criteria for conducting an observed collection are provided in Chapter 8 of the handbook identified above and are always performed by a collector of the same gender as the employee. When an observed collection has been conducted, the IBTC/collector will notify the supervisor and document/describe the situation and provide copy to the ADCO. If the employee refuses to undergo an observed test, the IBTC/collector will notify the supervisor and prepare a MFR concerning the refusal.

### **3-4. Medical review**

The medical review serves as a critical safeguard in the urine drug-testing program to ensure that positive drug tests resulting from legitimate medications and foods are not misinterpreted as illegal drug use.

a. All laboratory results (positives and negatives) are forwarded to the MRO according to DHHS Mandatory Guidelines for Federal Workplace Drug Testing Programs. The MRO is responsible for reviewing, evaluating, and interpreting a confirmed positive test result and will contact (face-to-face contact not required) the applicant or employee with the positive test result and provide the individual with the opportunity to document (e.g., medical records, valid prescriptions, or other pertinent data) authorized use of the identified drugs, and to discuss the test results with the MRO.

b. When the MRO determines there is no medical justification for the positive result, such result will then be considered a verified positive test result.

c. Following verification of a positive test result the MRO shall refer the case to the designated management official, the ASAP program administrator (the ADCO) or his/her designee. The ADCO/designee will notify the employee's supervisor of the verified positive and the installation EAPC.

d. All relevant documentation, including a positive drug test result form indicating that the positive result is "unjustified" will be provided to the EAPC, who will offer screening, assistance and referral for rehabilitation/treatment services to the employee.

e. Should any question arise as to the accuracy of validity of a positive test result, only the MRO is authorized to order a re-analysis of the original sample, and such a retest is authorized only at a DHHS-certified laboratory.

f. The MRO may also request quantitation levels from the civilian drug-testing laboratory, but the request must be made in writing.

g. If the MRO determines there is a legitimate medical explanation for the positive test result, the MRO shall determine that the result is consistent with legal drug use and take no further action.

h. Management will not be notified upon verification of the positive test result when it is consistent with authorized use. Negative results are not to be reported.

### **3-5. Request to identify additional positions as TDPs**

There may be certain jobs which a MACOM or installation commander considers appropriate to be identified as TDPs for drug abuse testing, but which do not fall within those listed in paragraph 14-20 of AR 600-85. These may be included in the testing program with prior approval of the MACOM, MSC, DA, and DOD. A formal request for authorization to test these specific positions must be forwarded through channels and must satisfy the requirements listed below. Decisions will be made on a case-by-case basis. Under no circumstances does an earlier decision to identify a specific job as an additional TDP carry over to any other job class, or to a similar job at another MACOM/installation.

a. Specific jobs requested to be identified as TDP must involve law enforcement, national security, protection of life and property, public health or safety, or other functions requiring a high degree of trust and confidence.

b. The rationale for testing must be clearly stated and completely justified. The justification must include a statement/description of possible negative consequences if an incumbent in that job were to abuse drugs.

c. A copy of a current and properly executed job description must be provided, along with a schematic of the chain of supervision. The total number of employees covered will be provided. If the positions are being established or a change in the number of employees is expected, it must be so stated. Under no circumstances should the inclusion of a

small number of employees be requested when rapid growth in that job class is forecast. If turnover is a problem, turnover rates should be specified.

*d.* The location where the sample will be taken must be specified and a statement from the local IBTC concerning the capability to process specimens must be included. The FTDTL that will normally test the sample must also be specified.

*e.* Any request for designation of jobs as TDP must be submitted through the respective MACOM and MSC for HQDA and DOD approval before testing is authorized. Requests should be sent to HQDA (ATTN: PEDDA), Army Center for Substance Abuse Programs, 4501 Ford Avenue, Suite 320, Alexandria VA, 22302.

## **Chapter 4**

### **Department of Transportation (DOT) Drug and Alcohol Testing Program**

#### **4-1. General**

*a.* The Commercial Drivers' License (CDL) program was established in 1986 to prevent accidents and injuries resulting from the misuse of alcohol or use of controlled substances by drivers of commercial motor vehicles. The Commercial Motor Vehicle Safety Act of 1986 (Title XII, Public Law 99-570) defines "commercial motor vehicle" (CMV) as a motor vehicle used in commerce to transport passengers or property if the motor vehicle has a gross combination weight of 26,001 or more pounds, or one designed to transport more than 16 passengers, including the driver, or one which is transporting hazardous materials and is required to be placarded under the Hazardous Materials Transportation Act.

*b.* The Omnibus Transportation Employees' Testing Act of 1991 amended the Commercial Motor Vehicle Safety Act of 1986 by requiring a program which requires alcohol and other drug testing of individuals who operate commercial motor vehicles in any state. DOT rules include procedures for split urine drug testing and breath alcohol testing.

*c.* The DOT's definitions of words and phrases used in this chapter are provided in the Glossary, section III.

#### **4-2. Safety-sensitive functions**

The following functions performed by drivers while on duty are considered to be safety-sensitive:

- a.* Operating a CMV or waiting to be dispatched.
- b.* Remaining in readiness to operate a CMV.
- c.* Ensuring the following parts and accessories are in good working order:
  - (1) Service brakes, including trailer brake connections.
  - (2) Parking (hand) brake and steering mechanism.
  - (3) Lighting devices and reflectors.
  - (4) Tires, horns, windshield wiper(s).
  - (5) Rear-view mirror(s) and coupling devices.
- d.* Ensuring the following are in place and ready for use as appropriate:
  - (1) Fire extinguisher; fuses, and spare fuses.
  - (2) Warning devices for stopped vehicles.
  - (3) Emergency reflective triangles.
  - (4) Red emergency reflectors and red flags.
- e.* Inspecting, servicing, or conditioning a CMV.
- f.* Loading or unloading, supervising or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, or giving or receiving receipts for shipments loaded or unloaded.
- g.* Repairing, obtaining assistance, or remaining in attendance with a CMV.
- h.* Being on or upon a CMV, except time spent in a sleeper berth.
- i.* After being involved in an accident resulting in injury or death of person(s) or any amount of property damage, including rendering reasonable assistance to injured persons; providing name, address, and other pertinent information to any person demanding the same; and reporting the accident.
- j.* After hitting an unattended vehicle standing upon a highway, taking reasonable efforts to locate the custodian of the vehicle, and placing name, address, and bureau identification on the standing vehicle.

#### **4-3. Prohibited conduct (DOT Rules/Prohibitions) and consequences**

*a.* Performance of safety-sensitive functions identified above in paragraph 4-2 of this Pamphlet is prohibited when the driver:

- (1) Used alcohol while on duty.
- (2) Has an alcohol concentration of 0.04 percent or greater as indicated by an alcohol breath test.

(a) Additionally, drivers who have an alcohol concentration of 0.02 percent or greater but less than 0.04 percent on a confirmation test are considered not fit for duty and cannot return to duty until 24 hours after the confirmation test. (A return-to-duty test is not required.)

(b) If a driver's behavior or appearance suggests alcohol misuse and a breath test cannot be conducted, the driver must be removed immediately from performing safety-sensitive duties for at least 24 hours. (A return-to-duty test is not required.)

(3) Possesses alcohol, unless the alcohol is manifested and transported as part of a shipment.

(4) Used alcohol within 4 hours of performing safety-sensitive duties.

(5) Refuses to submit to an alcohol or other drug test. (Applicants who refuse will not be offered employment.)

(6) Used alcohol within 8 hours after an accident or until tested.

(7) Used a controlled substance, except when the use is prescribed by a physician who has advised the driver that his/her ability to safely operate a vehicle will not be adversely affected.

(8) Tested positive for controlled substance, except when the use is prescribed by a physician who has advised the driver that his/her ability to safely operate a vehicle will not be adversely affected.

b. Drivers who engage in prohibited conduct must be removed immediately from safety-sensitive functions and cannot return to safety-sensitive duties until they have been evaluated by a substance abuse professional and have complied with any treatment recommendations to assist them with an alcohol or other drug problem. Additionally, no supervisor/manager having actual knowledge that a violation has occurred will permit the driver to perform safety-sensitive functions.

#### **4-4. Categories of testing and required procedures (49 CFR Part 382 Subpart C)**

a. To deter the misuse of alcohol or the use of controlled substances by drivers, the DOT requires employers to implement six categories of alcohol and other drug testing. (While similar to the DFW Program categories of drug testing, the DOT categories have different requirements and procedures which are spelled out in 49 CFR Part 382 and 49 CFR Part 40.)

b. At the workplace/installation, effective implementation of the DOT alcohol and other drug testing requires the involvement of the supervisor, the ADCO, the EAPC, the IBTC, the DOT/qualified collector, the DOT/qualified Screening Test Technician (STT) and the DOT/qualified Breath Alcohol Technician (BAT), the installation Substance Abuse Professional (SAP) and the servicing CPAC.

c. The DOT categories of alcohol and other drug testing follow:

(1) *Reasonable Suspicion Alcohol and/or Drug Testing.* The supervisor who has been trained according to DOT rules will initiate testing when there is reasonable suspicion that a driver has violated a DOT prohibition (e.g., used a controlled substance and or misused alcohol); mere hunches or rumors are not sufficient to initiate testing. Reasonable suspicion must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the driver. The observations may include indications of the chronic and withdrawal effects of controlled substances. A properly trained supervisor must determine that there is reasonable suspicion before testing. A trained supervisor is one who has received at least 60 minutes of training on alcohol misuse and received at least an additional 60 minutes of training on controlled substances use which covers the physical, behavioral, speech, and performance indicators of probable alcohol misuse and use of controlled substances.

(a) *Reasonable Suspicion Alcohol Testing.* The alcohol test is authorized only if the observations required above are made during, just preceding, or just after the period of the work day that the driver is required to perform. Supervisors will document their determination and consult with the next higher level supervisor and the servicing CPAC before directing the test. The supervisor will notify the ADCO immediately and arrange for the test, which will be conducted promptly. If a test is not administered within two hours of the time the determination to conduct the test is made, the supervisor will document the reasons for the delay. If the test is not administered within 8 hours following determination, the supervisor will cease all attempts to test and will state the reasons for not administering the test. Notwithstanding the absence of a reasonable suspicion alcohol test under this section, no driver will report for duty or remain on duty performing safety-sensitive functions while the driver is under the influence of or impaired by alcohol, as shown by the behavioral, speech, and performance indicators of alcohol misuse; nor will a supervisor permit the driver to perform safety-sensitive functions until:

1. An alcohol test is administered and the employee's alcohol concentration measures less than 0.02 percent; or
2. 24 hours have elapsed following the determination that there is reasonable suspicion to believe that the driver has violated the conduct prohibitions concerning the use of alcohol.

*Note.* With the exception above, no supervisor shall take any action against a driver based solely on the driver's behavior and appearance with respect to alcohol use in the absence of an appropriate test.

(b) *Reasonable Suspicion Drug Testing.* The supervisor will initiate drug testing when there is a reasonable suspicion that an employee uses illegal drugs; mere hunches or rumors are not sufficient. (See 4-4c(1) of this Pamphlet for required observations.)

1. When a supervisor suspects a driver is using a controlled substance, the supervisor will gather all information,

facts, and circumstances leading to and supporting this suspicion and meet with the higher level supervisor, SJA, and the servicing CPAC to review the evidence. The supervisor will record the observations leading to a controlled substance reasonable suspicion test, and have the record signed by the supervisor or management official who made the observations, within 24 hours of the observed behavior or before the results of the controlled substances test are released, whichever is earlier. Notification to test is prepared by the supervisor and approved by the higher level supervisor after coordination with the SJA and CPAC.

2. The supervisor will notify the ADCO and provide the information necessary to arrange for the reasonable suspicion drug test, which will be conducted as soon as possible on the same day the test was approved.

3. The supervisor will promptly notify the CPAC when the driver is to be tested (reasonable suspicion) and when the driver is found to use illegal drugs.

(2) *Accident or Unsafe Practice Post-accident Testing.* Accident tests should be conducted as soon as practicable following an accident involving a CMV.

(a) Army will test for alcohol and controlled substances, drivers who were performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life or the driver received a citation under State or local law for a moving traffic violation arising from the accident is not administered within 2 hours following the accident, the supervisor will record the reasons the test was not administered promptly. If the test is not administered within 8 hours following the accident, the supervisor shall cease attempts to administer an alcohol test and shall prepare and maintain the same record.

(b) Controlled substances tests (drug test) should be administered as quickly as possible. If the test is not administered within 32 hours following the accident, the supervisor shall cease attempts to administer a drug test, and record the reasons the test was not administered promptly.

(c) A driver who is subject to accident testing shall remain readily available for such testing or may be deemed to have refused to submit to testing.

(d) Nothing in this section shall be construed to require the delay of necessary medical attention for injured people, or for the driver from leaving the scene of an accident for the period necessary to obtain assistance or medical treatment.

(e) The supervisor shall provide drivers with necessary "post-accident" information, procedures, and instructions, so those drivers can comply with these requirements.

(f) The results of a breath, urine, or blood test conducted by Federal, State, or local officials having independent authority for the test shall be considered to meet the requirements of this section, provided such tests conform to applicable requirements, and that the results are obtained by the employer.

(3) *Return-to-Duty Alcohol and Drug Testing.*

(a) *Alcohol test.* Before the driver can resume performing safety-sensitive duties after having engaged in conduct prohibited by the applicable law and regulation, the driver must undergo a return-to-duty alcohol test and show an alcohol concentration less than 0.02 percent.

(b) *Drug Test.* Before the driver can resume performing safety-sensitive duties after having engaged in conduct prohibited by the controlled substance rules, the driver must undergo a return-to-duty drug test showing a verified negative test result.

(4) *Follow-up Testing.* After enrolling in a substance abuse treatment program or successfully completing a substance abuse rehabilitation program and returning to duty, a driver is subject to unannounced follow-up testing for at least 12 but not more than 60 months. The supervisor, in consultation with the EAPC, SAP, and CPAC, will ensure 6 follow-up tests are completed within the first 12 months.

(a) Follow-up testing is separate from and in addition to the regular random testing program. Drivers subject to follow-up testing will remain in the random testing pool and will be tested whenever chosen for random testing.

(b) The supervisor will meet with the driver and obtain written acknowledgment that the driver is aware of the requirement for follow-up testing.

(c) The supervisor will notify the ADCO and provide all information necessary to arrange for the follow-up testing which will test for all five drugs approved for testing by DHHS.

(5) *Applicant Testing.* DA applicants tentatively selected for appointment to a civilian driver position subject to DOT rules described in 49 CFR, Part 382 are required to participate in applicant drug urinalysis testing, designed to screen out applicants who use illegal drugs. Applicant drug testing of civilians tentatively selected for a position requiring a negative drug urine test can be conducted at either the gaining installation or at a remote installation that is located in the same geographical location in which the individual lives. Testing must be conducted at a DOD/DHHS-certified forensic drug testing laboratory as specified by DA; results from other laboratories will not be accepted.

(a) If the applicant currently occupies a driver position subject to the DOT rules within the Department of Defense (DOD), no applicant testing is required.

(b) The tentatively selected applicant will be required to sign DA Form 7412 (Condition of Employment for Certain Civilian Positions Identified Safety-Sensitive Under the Department of Transportation, Federal Highway Administration Rules on Drug and Alcohol Testing acknowledging DA's right to require selectees to participate in

random drug urinalysis testing. A copy of DA Form 7412 is available on the Army Electronic Library CD-ROM (EM001) and on the USAPA web (www.usapa.army.mil).

(c) All applicants who are not current employees and who refuse to be tested must be refused that employment. All applicants with verified positive test results shall be refused employment. Applications from such individuals shall not be considered for employment for a period of 6 months from the date of the test results.

(6) *Random Testing.* Random testing is a scientifically valid system of testing imposed without individualized suspicion that a particular individual is using illegal drugs or misusing alcohol. Each driver will have an equal chance of being tested each time selections are made.

(a) *Frequency of random testing.* Random testing of drivers will occur at the minimum rates of 10% annually for alcohol and 50% for controlled substances, which are adjustable by the FHWA. Each year, the FHWA will publish in the Federal Register the minimum annual percentage rate for alcohol and other drug testing of drivers. The testing will be conducted monthly and distributed evenly throughout the calendar year. A driver selected for testing may undergo both alcohol and other drug testing. In some cases because the testing rates are different, the driver may undergo drug testing only. Employees will report to the testing facility within 2 hours of having been notified.

(b) *Identification.*

1. The ADCO will prepare a memo for the Installation Commander's signature tasking all Directorates to identify all installation civilian driver positions which meet the applicability criteria provided in paragraph 14–28 of AR 600–85. Management will ensure that the identified DOT safety-sensitive position, position descriptions clearly document their safety-sensitive functions.

2. The ADCO with the assistance of management will establish and maintain an updated DOT driver roster which identifies the incumbents in those positions and will provide a copy to the IBTC or designee. The DOT driver rosters may be in any format, but will contain at a minimum the position title and number; the name, social security account number, work telephone of incumbent; and the name, work telephone of first line supervisor, and date supervisor was trained regarding the DOT Testing Program.

3. Management will manage the issuance of the 30-day individual notices to incumbents of DOT safety sensitive positions and the requirement for a DA Form 7412.

(c) *Notification.*

1. By whatever scientifically approved selection process used, the IBTC (or other individual as designated by the ADCO ) will notify the first level supervisors of those drivers selected for random alcohol and/or other drug testing within 2 hours of the scheduled testing. If the first level supervisor is unavailable, the next higher level supervisor will be contacted. The IBTC or designee should record the names of drivers selected, name of supervisor(s) and times notified, and time scheduled for sample collection in an MFR.

*Note.* A driver will only be tested for alcohol while the driver is performing safety-sensitive functions, just before or just after ceasing to perform such functions.

2. The supervisor will privately explain to the driver that the employee is under no suspicion of taking alcohol or other drugs, that the employee's name was selected randomly, and that the employee is to report promptly to the testing facility point with a photo identification. Supervisors should record the names of individuals advised to report for alcohol and/or other drug testing, time notified, and time when employees were advised to report for random testing in an MFR.

3. Supervisors of drivers who work shift duty or are assigned special duty hours (i.e., not the normal day shift of 0800–1700 hours) will advise the ADCO, who will develop a plan for testing these employees.

(d) *Not available to test.* Supervisors will notify the IBTC or designee promptly when the drivers selected for random testing are not available due to leave or travel status. The supervisor will record why the driver was not available. Supervisors should not approve leave, once a driver has been selected for a random test. The IBTC or designee will reschedule the employee for an unannounced testing within the next 60 days.

(e) *Failure to appear, or provide and alcohol or drug sample.*

1. The IBTC or designee will notify the supervisor when a driver refuses to provide a sample (urine or breath) or fails to report to the designated collection site within the designated time. The IBTC or designee will document the failure to appear for testing, or refusal to provide a sample, and provide a copy to the employee's first line supervisor.

2. The supervisor will notify the higher level supervisor and the servicing CPAC.

3. The IBTC or designee will ensure that the random selection for testing is distributed evenly throughout the year. Effective deterrence requires a random selection process which ensures that all employees subject to random testing believe that they may be required to provide a urine and/or breath sample any day they report to work.

#### **4–5. Specimen collection**

a. *Drug test.* The designated collector will have successfully completed the required training and have met all the collection requirements prescribed by DOT alcohol and other testing rules and procedures (49 CFR Part 40). The IBTC/collector will use the split sample method selection, follow the procedures identified in 49 CFR Part 40 and ensure chain-of-custody procedures are followed at all times.

*b. Breath alcohol test.*

(1) The designated BAT/SST at the installation will be trained to proficiency in the operation of the breath testing devices, and be able to provide documentation that the technician has met all the collection requirements prescribed by DOT alcohol and other testing rules and procedures identified in 49 CFR Part 40.

(2) The BAT/SST will follow all alcohol testing procedures provided in 49 CFR Part 40 and use only the DOT prescribed breath alcohol testing form.

(3) The BAT/SST will notify the employee's supervisor immediately of all breath test results, of any refusal by drivers to participate in testing or to sign necessary forms, or in the event of a subject's inability to provide an adequate amount of breath. Notifications will be fully documented and maintained by the BAT/SST.

(4) When the results require the driver be removed from performing safety-sensitive functions, the BAT/SST will contact the individual's supervisor immediately to confirm the test results, to advise about the requirement to remove an employee from performing safety-sensitive functions, and to request that the supervisor arrange for transportation of the driver back to the work site, as the driver will not be allowed to operate a vehicle. Additionally, the BAT/SST will advise the supervisor to notify the CPAC and to obtain additional guidance concerning the employee's removal from safety-sensitive functions. The BAT/SST will document the discussion and provide a copy of the record along with employer's copy of the DOT Breath Alcohol Testing Form (OMB Number 2105-0529) to the driver's supervisor and the ADCO.

(a) Drivers whose confirmation test is 0.02 percent but less than 0.04 percent must be removed for 24 hours.

(b) Drivers whose confirmation test is 0.04 percent or greater cannot perform safety-sensitive functions until the driver is evaluated by an installation SAP.

(5) When the test results require an SAP evaluation, the EAPC will coordinate the evaluation with the driver, the supervisor, and the installation SAP.

(6) Records will be disclosed and maintained according to 49 CFR Part 40 Subpart C Sections 40.81 and 40.83.

#### **4-6. Medical review**

The medical review conducted by the Medical Review Officer (MRO) serves as a critical safeguard in the urine drug testing program to ensure that positive drug tests resulting from legitimate medications or foods are not misinterpreted as illegal drug use. The MRO must be a licensed physician with knowledge of substance abuse disorders whose role is to review and interpret confirmed positive tests. The duties and responsibilities of the MRO are contained in 49 CFR Part 40.

a. All laboratory results (positives and negatives) are forwarded to the MRO who is responsible for reviewing, evaluating, and interpreting a confirmed positive test result and will contact (face-to-face contact not required) the applicant or employee with the positive test result and provide the individual with the opportunity to document (e.g., medical records, valid prescriptions, or other pertinent data) authorized use of the identified drugs, and advise the employee that the employee has 72 hours in which to request a test of the split specimen.

b. When the MRO determines there is no medical justification for the positive result, MRO will refer the case to the designated management official, the ASAP program administrator (the ADCO) who will notify the employee's first line supervisor and the installation EAPC who will coordinate a SAP evaluation with the driver, the first-line supervisor and the installation SAP.

c. Management will not be notified upon verification of the positive test result when it is consistent with authorized use. Negative results are not to be reported.

d. The MRO will take all steps necessary to ensure confidentiality of medically sensitive information obtained during the review process. Specific information for the MRO on reporting requirements, records retention, and disclosure of information in third party cases is contained in 49 CFR Part 40. The MRO is the custodian of such information and is both legally and professionally responsible for its security. The Privacy Act requirements for safeguarding these records fully apply.

#### **4-7. Installation Substance Abuse Professional (SAP) evaluation**

a. The installation SAP evaluation provides a comprehensive face-to-face assessment and clinical evaluation to determine if the employee/driver needs assistance resolving problems associated with alcohol use or prohibited drug use. If the employee is determined to need assistance as a result of this evaluation, the installation SAP will recommend a course of treatment with which the employee must demonstrate successful compliance prior to returning to DOT safety-sensitive functions.

b. The SAP must be a licensed physician, or a licensed or certified psychologist, social worker, EAP, or certified addiction counselor with knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders.

(1) Evaluation, referral, and follow-up evaluation and testing are the basic SAP responsibilities. The specific duties and responsibilities of the SAP are in DOT SAP Procedures Guidelines for Transportation Workplace Drug and Alcohol Testing Programs.

(2) Commanders of MEDDAC/MEDCENs will designate a qualified SAP to conduct required clinical evaluations at the installation.

(3) When a SAP evaluation is required, the installation EAPC may coordinate the evaluation with the driver, the supervisor, and the SAP. Additionally, the EAPC may function as the supervisor's primary point of contact. In consultation with the SAP (provided the employee has signed a the civilian employee consent statement), the EAPC may inform the supervisors of the ongoing status of the driver's rehabilitation or treatment.

## **Chapter 5**

### **Guide For The Completion Of Drug And Alcohol Management Information System (Damis) Forms**

#### **5-1. Purpose**

a. The Drug and Alcohol Management Information System (DAMIS) is the Army's historical repository of all Army Substance Abuse Program (ASAP) related information. This information is necessary for routine and special reports to program managers and decision makers. It serves as a vital reservoir of data from which research activities can take place. Computer processing and statistical analysis packages are used to develop these reports in formats convenient to the reader.

b. The total DAMIS database contains sensitive patient information, urinalysis information, staffing and workload information, and access to personnel information for gathering data on former patients to determine long-term success of program completions who have remained in the Army. The information generated by the database provides:

- (1) A measure of the magnitude of alcohol and drug abuse in the Army.
- (2) A measure of the progress in ASAP education efforts.
- (3) A measure of progress made in the rehabilitation and medical treatment aspects of the ASAP.
- (4) Statistical trends to support requisite policy and procedural changes.
- (5) Information to support and justify funding and manpower requirements for the ASAP.
- (6) Statistical information required replying to public, media, and Congressional, or other governmental agencies.
- (7) Information to comply with DOD Directive 1010.3 and the Federal Drug Free Workplace Act.

c. This guide establishes standardized procedures for completion of ASAP records and reports. A copy should be provided to each ASAP employee. Because of the tremendous impact that this data has on obtaining resources, great care must be taken to ensure accuracy, completeness and timeliness of reports submitted to Army Center for Substance Abuse Programs (ACSAP). Periodic feedback reports will be provided to the installation/community and major commands.

d. Direct communication between installation/community ADCOs and/or Community Counseling Center personnel is authorized. Please direct any questions regarding these published instructions to the Army Center for Substance Abuse Programs (ACSAP), DSN 761-5578, COMMERCIAL (703) 681-5578, or FAX 761-6575.

#### **5-2. Resource And Performance Report (Rapr, Da Form 3711)**

a. *Transmission of ASAP reports.* The ASAP Resource and Performance Report (RAPR), DA Form 3711, will be submitted directly to: Director, Army Center for Substance Abuse Programs, 4501 Ford Avenue, Suite 320, ATTN: Program Analysis and Evaluation Branch, Alexandria, VA 22302-1460, Telephone: DSN 761-5578, COMMERCIAL (703) 681-5578, FAX: DSN 761-6575, COMMERCIAL (703) 681-6575. Installation/community ADCOs will forward a copy of the RAPR to the servicing MACOM for information.

b. *Report period.* The report period will begin on the first day and will end on the last calendar day of the same month. CONUS and overseas areas will submit their DA Form 3711 to arrive not later than 12 working days after the end of the report period. Mail, FAX, or computer-generated reports are all acceptable means of transmission. RAPR summaries (DA Form 3711) are required each month from each installation (Table A, Table List). A copy of DA Form 3711 is available on the Army Electronic Library CD-ROM (EM001) and on the USAPA web site ([www.usapa.army.mil](http://www.usapa.army.mil)).

c. *Instructions for completing DA Form 3711.* The RAPR consists of seven sections on three pages. Complete all sections each month. The Alcohol and Drug Control Officer (ADCO) must authenticate the report or other individual officially appointed on orders to act as the ADCO. Authentication name and signature will appear at the bottom of page 1. On each page complete the heading as follows:

- (1) Name and Address of the Submit Organization (Box 1). Enter the correct military mailing address including the name of the organization, office symbol, street or building number, city, state and 9-digit zip code.
- (2) Service Area Code (Box 2). Enter the Service Area Code assigned to the organization (Table A, Table List).
- (3) Report period (Box 3). Enter the reporting month and year. The report period is the first through the last calendar day of the month. If the report were prepared for the period 1-31 March 1999, then you would enter March 1999 in Box 3.

*d. Section I. Population Served.* DA Form 3711, Page 1. The population served data is critical to the evaluation of the ASAP for both manpower and financial planning and evaluation of the severity of the drug and alcohol problems in the command. It is important to have accurate data. Therefore; the ADCO should research and get current end of month data.

(1) Definition Of lines. Number Of Personnel Assigned/Attached Or Supported By Agreement (Line 1). Enter the number of persons served by the ADAPCP, whether they are assigned, attached, or served through a mutual agreement, such as a treaty, an inter-service support agreement, or memorandum of understanding This includes all installation/garrison/community units, tenant activities, and all units at another installation/remote site which the ASAP is responsible for servicing.

(2) Definition Of Columns.

(a) Active Duty Permanent Party (Column 1). Enter the total number of Active duty persons on permanent PCS assignment orders. The SIDPERS Personnel Strength Zero Balance Report is a monthly report maintained by the Military Personnel Office. Information within this report is sorted by UIC. It may report units that the ASAP does not service, perhaps at remote locations. Therefore, the ASAP must review the list of UICs to extract data for those units it supports. If the ASAP supports Air Force, Navy, Marine, or Coast Guard units, or personnel from those Services attached to Army units, get the personnel strength from the unit.

(b) Inactive duty trainees (Column 2). Enter the number of students/trainees who attend Professional Development Schools or Army Training Centers and were not listed on a TDA or MTOE at your location. This includes all trainees reported on the Army Training Requirements and Resources System (ATRRS) School Summary.

(c) Active duty for training (Column U.S. Uniformed Services Reserve and National Guard personnel on a tour of full-time duty for training. These individuals should have orders, which provide for automatic reversion to inactive duty when the specified period of active duty is completed.

(d) ACADEMY CADETS (Column 4). Cadets and Midshipmen of the U.S. Uniformed Services Academies.

(e) Civilian employees (Column 5). Enter the number of appropriated and non-appropriated fund (NAF) full-time permanent and part-time permanent civilian employees. Include family members who are also civilian employees and local nationals in overseas areas. Do not include temporary employees.

(f) Retired military (Column 6). Enter the number of former U.S. Uniformed Services personnel on retired lists regardless of length of service or medical disability. These figures may be obtained from the local MEDDAC/MEDCEN Patient administration or Resource Management office.

(g) Family members (Column 7). Enter the number of adult family members of U.S. Uniformed Services, active and retired, who are authorized medical care. Include adult family members of U.S. civilian employees authorized medical care in overseas areas. Adult family members who are also civilian employees should be counted under the Civilian Employees' box (Column 5). These figures may be obtained from the local MEDDAC/MEDCEN Patient Administration or Resource Management office.

(h) Minor family members (Column 8). Enter the number of minor family members of U.S. Uniformed services, active and retired, who are authorized medical care. Include minor family members of U.S. Civilian employees authorized medical care in overseas areas. These figures may be obtained from the local MEDDAC/MEDCEN Patient Administration or Resource management office.

(i) Other personnel (Column 9). Enter the number of special designees and foreign military active duty and their dependents when they are authorized medical care. This should be entered only when these personnel are authorized medical care for an extended period. These figures may be obtained from the local MEDDAC/MEDCEN Patient Administration or Resource Management office.

*e. Section II Urinalysis testing Of military personnel.* The data on urinalysis testing provides general information as to the level of urinalysis prescreen testing at the installation. This section only reports on prescreening results obtained by the IBTC during the month do not report on FTDTL results in this section.

(1) Definition of Lines 1 Through 7.

(a) Specimens Prescreened for THC This Month Line Enter the number of positive or negative results obtained by the IBTC for specimen that were prescreened for THC during the month Do not include specimens which were internally voided by the IBTC for chain of custody errors. Do not include quality control specimens.

(b) Specimens Prescreened for Cocaine This Month Line Enter the number of positive or negative results obtained by the IBTC for specimens that were prescreened for cocaine during the month. Do not include specimens, which were internally voided by the IBTC for chain of custody errors. Do not include quality control specimens.

(c) Lines 3 through 7. You do not have authority as of the implementation date of these instructions to prescreen for other drugs of abuse. However, should that message or regulatory changes grant authority in the future, then you would enter prescreened results in lines 3 through 7.

(2) Defintiion Of columns.

(a) Inspection Prescreened Positive (Column 1). Enter the number of urine specimens collected as an inspection for part of a unit, an entire unit, or as a random inspection under Military Rule of Evidence 313 and prescreened with positive results for THC or cocaine.

(b) Inspection Prescreened Negative (Column 2). Enter the number of urine specimens collected as an inspection for

part of a unit, an entire unit, or as a random inspection under Military Rule of Evidence 313 and prescreened with negative results for THC or cocaine.

(c) Other Than Inspection Prescreened Positive (Column Enter the number of urine specimens collected as other than an inspection, i.e., reasonable suspicion [Military Rule of Evidence 312(f)] search or seizure Military Rule of Evidence 312, 314, 315, and 3163; physician-directed; or rehabilitation testing and prescreened with positive results for THC or cocaine.

(d) Other Than Inspection Prescreened Negative (Column 4). Enter the number of urine specimens collected as other than an inspection, i.e., reasonable suspicion [Military Rule of Evidence 312(f)] search or seizure (Military Rule of Evidence 312, 314, 315, and 316); physician-direct or rehabilitation testing and prescreened with negative results for THC or cocaine.

(e) Prescreened and Not Sent to the Lab. Enter the number of urine specimens collected and prescreened as a unit inspection, for reasonable suspicion, rehabilitation, physician directed, other authorized test and the total of these categories. These totals are for specimens that were prescreened and dumped locally. Do not include quality controls or IBTC voided specimens.

f. *Section III–Military/Cmlian Education And Training.* The categorization of type of class described below provides a general outline for the many types of class offered by the ASAP. The ADCO will determine in which category each class falls.

(1) Definition of lines.

(a) Commander and staff training (Line 1). Class for commanders and their staff to provide them with the information and skills they need to conduct effective alcohol and other drug abuse prevention, control, and rehabilitation activities within their units. This includes training for the Unit Prevention Leader (UPL).

(b) Civilian Employee Supervisor Training (Line 2). Class for military and civilian supervisors of civilian employees to inform them about the policies and operations of the ASAP Civilian Counseling Services.

(c) Unit Prevention Education (Line 3). Class for military and civilian employees to provide them the information they need to make decisions about their personal use of alcohol and to avoid the misuse or abuse of other drugs. Include classes presented by personnel outside the ASAP organization, such as UPLs or guest lecturers, when (a) the ADCO or Prevention Coordinator (PC) has reviewed the class content and (b) the person provides documentation of the number of persons attending the class.

(d) Community Prevention Education (Line 4). Class for family member groups and youth organizations to provide them the information they need to make decisions about their personal use of alcohol and to avoid the misuse or abuse of other drugs. Include classes presented by personnel outside the ASAP organization, such as UPLs or guest lecturers, when (a) the ADCO or PC has reviewed the class content and (b) the person provides documentation of the number of persons attending the class.

(e) Alcohol and Other Drug Prevention Training (ADAPT) (Line 5). Remedial class for persons with actual or suspected involvement with alcohol or drugs. The ASAP must have screened all individuals attending these classes for possible enrollment for rehabilitation or treatment. This category includes all classes specially conducted for DWI/DUI. Replaces Track I.

(f) Other Prevention Education (Line 6). Enter classes provided that do not readily fit the criteria above but contribute to the prevention of alcohol or other drug abuse. Include classes presented by personnel outside the ASAP organization, such as UPLs or guest lecturers, when (a) the ADCO or PC has reviewed the class content and (b) the person provides documentation of the number of persons attending the class.

(2) Definition Of columns.

(a) Number of Classes (Column 1). Enter the number of classes conducted during the report month. Include those that began during the report month, but were not completed until the following month.

(b) Total Number of Students (Column 2). Enter the sum of the number of students that attended each class. For example, if three classes were presented with 5, 8, and 7 students respectively, enter 20 students (5 + 8 + 7=20). The sum of lines 1 through 5 must equal the total students reported in Section VI, lines IC plus 1D.

(c) Total Number of Class Hours (Column 3). Enter the sum of the number of hours of duration of each class. For example, if two 4 hour classes and one 24-hour class were presented enter 32 hours (4 + 4 + 24=32). When a class began in one month and ended in the following month, count all of the hours in the month when the class began.

g. *Section IV. Civilian Employee Urinalysis Testing.* DA Form 3711, Page 2. This section applies only to the urinalysis testing of current civilian employees. Report only for tests where the test result is known and the Medical Review Officer (MRO) has confirmed the result during the report month. Do not include information on any individual for which there is only preliminary, unconfirmed results. A copy of DA Form 3711 is available on the Army Electronic Library CD-ROM (EM001) and on the USAPA web site ([www.usapa.army.mil](http://www.usapa.army.mil)).

(1) Definition Of lines.

(a) TDP/Random (Line 1). This series of lines applies only to those positions, which have been identified as Test Designated Positions (TDP) AR 600–85. Do not include commander/supervisor directed tests for reasonable suspicion safety, mishap, accident, rehabilitation, or volunteer in Lines 1A–1 E.

1. Aviation (Line 1A). Enter information for designated aviation and aviation safety related positions including

pilots, air traffic controllers, aircraft engine mechanics, aircraft transmission mechanics, prop and rotor mechanics, aircraft mechanics and aircraft attendants. Do not include Aviation PRP positions in Line 1A. Include them under line 1C.

2. Guard/Police (Line 1B). Enter information for designated law enforcement positions including police officers, criminal investigations, correctional administration, and guards. Do not include Guard/Police PRP positions in Line 1B. Include them under line 1C.

3. PRP (Line 1C). Enter information for designated chemical and nuclear surety positions in the Personnel Reliability Program in accordance with AR 55 or AR 56. Enter information here for Aviation and Guard/Police positions, which are also in the PRP.

4. ASAP Staff (Line 1D). Enter information for ASAP civilian employees whose duties involve direct contact with ASAP patients. Do not test civilian employees based solely on their application for or employment in a Forensic Toxicology Drug Testing Laboratories (FTDTL) or as an Installation Biochemical Testing Coordinator (IBTC). Civilian employees, who occupy a FTDTL or IBTC position and also perform duties, which involve direct contact with ASAP patients, are subject to random drug testing.

5. Other Designated Positions (Line 1E). Enter information for positions not listed above which have been approved by HQDA as TDPs. Specify the name of other HQDA approved TDPs in the blanks below Line 1E.(b).Reasonable Suspicion (Line 2). Enter information for any civilian employee tested because the commander had probable cause to suspect the employee of illegally using drugs. Reasonable suspicion is an articulable belief that an employee uses illegal drugs drawn from specific and particularized facts and reasonable inferences from those facts. Reasonable suspicion may be based upon, (a) observable phenomena, such as direct observation of drug use and/or the physical symptoms of being under the influence of a drug, (b) a pattern of erratic behavior, (c) arrest or conviction for a drug related offense, or the identification of an employee as the focus of a criminal investigation into illegal drug possession use or trafficking (d) information provided by reliable and credible sources (e) newly discovered evidence that the employee has tampered with a previous drug test. This includes individuals in TDPs when the reason for the test is for reasonable suspicion

(b) Safety. Mishap Accident (Line 3). Enter information for persons tested because the individual was involved in an on-the-job accident or unsafe practice. Include individuals in TDPs when the reason for the test is a safety mishap or accident.

(c) Rehabilitation Patient (Line 4). Enter information for persons tested as a part of or as a follow-up to counseling or rehabilitation for illegal drug use through an employee assistance program. Include individuals in TDPs when the reason for the test is counseling or rehabilitation.

(d) Volunteer (Line 5). Enter information for non-TDP persons tested because the individual has volunteered for random testing at a time determined by the agency.

(2) DEFINITION OF COLUMNS.

(a) Number Position (Column 1). Enter the number of positions within the ASAPs service area that are classified as Test Designated Positions. This column does not apply to tests done for reasonable suspicion safety/mishap/accident rehabilitation patient nor voluntary reasons

(b) Persons Tested (Column 2). Enter the number of persons tested with negative results and for which the MRO (Medical Review Officer) has verified the positive results or determined that there is authorized use. Do not include persons for which the MRO's decision is pending.

(c) Persons Confirmed by MRO (Columns 3-10). Enter the number of persons for which the MRO has confirmed unauthorized use of drugs. Enter the number confirmed positive for each unauthorized drug. Include persons found positive for multiple drugs in the "Other" category and explain in Remarks.

(d) Initial Disposition (Columns 11-13). Enter the number of persons confirmed as drug abusers by the MRO according to the initial disposition action taken with the individual. Wait until the initial disposition is decided before adding the "ASAP Action" to the report The decision should be made as quickly as possible. The total refused and completed enrollment (columns 12 and 13) should equal the total persons confirmed positive by the MRO (Columns 3-10).

1. Referred (Column 11). Enter the number of TDPs that were referred by the MRO to the ASAP for evaluation.

2. Refused (Column 12). Enter the number of persons that were offered rehabilitation services but refused them. This includes persons that have sought private rehabilitation services but have decided to exclude all involvement of the ASAP.

3. Enrolled Completed (Column 13). Enter the number of TDPs that completed rehabilitation using either the Community Counseling Center or a civilian facility.

(e) Personnel Action (Columns 14-18). These columns apply to all final personnel actions taken for identified drug abusers in this reporting period.

1. RTD (Column 14). Enter the number of persons that returned to their former duties or another TDP position.

2. Reassigned (Column 15). Enter the number of persons that were permanently removed from their position and reassigned to other non-TDP duties.

3. Separated (Column 16). Enter the number of persons the government terminated from federal service.

4. Resigned (Column 17). Enter the number of persons that voluntarily left federal service by resignation or retirement.

5. In Rehabilitation (Column 18). Enter the number of persons confirmed as drug abusers who are currently enrolled in rehabilitation. h. Section V. Civilian Employee Prehire Testing. This section applies to urinalysis testing for prospective civilian employees tentatively selected for appointment to a Test Designated Position (TDP). Report only for test where the test result is known and the Medical Review Officer (MRO) has confirmed the result during the report month. Do not include information on any individual for which there is only preliminary, unconfirmed results.

(3) Definition Of lines.

(a) Aviation (Line 1A). Enter information for designated aviation and aviation safety related positions including pilots, air traffic controllers, aircraft engine mechanics aircraft transmission mechanics, prop and rotor mechanics, and aircraft mechanics and aircraft attendants. Do not include Aviation PRP positions in Line 1A. Include them under line 1C.

(b) Guard/Police (Line 1B). Enter information for designated law enforcement positions including police officers, criminal investigators, correctional administrators, and guards. Do not include Guard/Police PRP positions in Line 1B. Include them under line 1C.

1. PRP (Line 1C). Enter information for designated chemical and nuclear surety positions in the Personnel Reliability Program in accordance with AR 50-5 or AR 50-6. Enter information here for Aviation and Guard/Police positions, which are also in the PRP.

2. ASAP Staff (Line 1D). Enter information for ASAP civilian employees whose duties involve direct contact with ASAP patients. Do not test civilian employees based solely on their application for or employment in Forensic Toxicology Drug Testing Laboratories (FTDTL) or as an Installation Biochemical Testing Coordinator (IBTC). Civilian employees, who occupy a FTDTL or IBTC position and also perform duties, which involve direct contact with ASAP patients, are subject to random drug testing.

3. Other Designated Positions (Line 1E). Enter information for positions not listed above which have been approved by HQDA as TDPs. Specify the name of other HQDA approved TDPs in the blanks below Line 1E. (2) Definition Of Column. Applicants tested (Columns 1-2). Enter the number of applicants tested with negative results and for which the MRO has verified the positive results or determined that there is authorized use. Do not include applicants for which the MRO's decision is pending.

4. Federal Employees (Column 1). Enter the number of persons who were employed with any federal agency when they accepted the position.

5. Non Federal Employees (Column 2). Enter the number of persons who were not employed by the federal government when they accepted the position.

6. Persons Confirmed BY MRO (Columns 3-8). Enter the number of persons for which the MRO has confirmed unauthorized use of drugs. Enter the number confirmed positive for each drug. Include persons found positive for multiple drugs in the "Other" category and explain in Remarks.

h. Section VI. Manpower Utilization Da Form 3711, Page 3. This section reports man-hours actually spent in performance of the ASAP mission. Report the man-hours according to the function in which each individual actually worked rather than where he/she is assigned. For example, if the Clinical Director presents two hours of training, report the training under the Prevention Education mission rather than the Treatment mission. An individual performing as both the PC and IBTC will have his/her man-hours split between the Prevention Education and Biochemical Testing missions.

(1) Definition Of Lines.

(a) Direct Mission Performance (Line 1). This part defines those categories of work that directly perform the assigned mission.

(b) It identifies a list of tasks for each category that summarize all required work. It is not intended to describe the steps required to accomplish each task.

1. Biochemical Testing-Drug (Line 1A). Conducts the Installation Biochemical Testing Program including chain of custody procedures, installation prescreening, urinalysis quota management, ABMD screening procedures, and procedures for reporting test results.

2. Biochemical Testing-Alcohol (Line 1B). Conducts the installation Alcohol Breath Measuring Device (ABMD) program, maintains records and prepares reports. Includes ABMD screening procedures and procedures for reporting test results.

3. Prevention Education-Drug (Line 1C). Enter man-hours expended to coordinate, deliver, or monitor drug prevention and awareness education to installation/community target groups. Maintain liaison with installation training officer and manage installation drug resource library. Include man-hours for activities related to the development of drug abuse prevention educational programs, course material, travel to and from the training site, and conducting the course.

4. Prevention Education-Alcohol (Line 1D). Enter man-hours expended to coordinate, deliver, or monitor alcohol prevention and awareness education to installation/community target groups. Maintain liaison with installation training officer and manage installation alcohol resource library. Include man-hours for activities related to the development of

alcohol abuse prevention educational programs, course material, travel to and from the training site, and conducting the course.

5. Treatment–Drug (Line IE). Enter man–hours expended to provide drug abuse rehabilitation services at the Community Counseling Center. Include man–hours for maintenance of appropriate patient records, preparation of reports, and quality assurance reviews.

6. Treatment–Alcohol (Line IF). Enter man–hours expended to provide alcohol abuse rehabilitation services at the Community Counseling Center. Include man–hours for maintenance of appropriate patient records, preparation of reports, and quality assurance reviews.

7. Staff Training–Drug (Line IG). Enter man–hours expended for those teaching and learning functions that develop or improve ASAP staff member’s competence to deter drug abuse, prevent drug abuse, or facilitate the recovery of drug abusers. Include in–service training, attendance at seminars and short courses, and training for new employees and interns. Tasks include: planning, developing, and delivering training to ASAP staff; coordinating ASAP staff/raining; receiving training; and travel to and from the training site.

8. Staff Training–Alcohol (Line IH). Enter man–hours expended for those teaching and learning functions that develop or improve ASAP staff member’s competence to deter alcohol abuse, prevent alcohol abuse, or facilitate the recovery of alcohol abusers. Include in service training, attendance at seminars and short courses, and training for new employees and interns. Tasks include: planning, developing, and delivering training to ASAP staff; coordinating ASAP staff training; receiving training; and travel to and from the training site.

9. Program Evaluation–Drug (Line IJ). Enter man–hours expended evaluating ASAP programs, which deter or prevent drug abuse, or facilitate the recovery of identified drug abusers. Include man–hours expended for local promulgation of ASAP guidance, standard procedures, and alcohol policy; coordination of drug abuse surveys; analysis of drug rehabilitation patient information; preparation and delivery of command briefing and consultation; preparation of ASAP program evaluation reports; oversight and assistance in support of the operation of the Community Counseling Center, evaluation, development, and implementation of innovative programs and procedures which accommodate the installation (command) unique drug abuse problems.

10. Program Evaluation–Alcohol (Line IJ). Enter man–hours expended evaluating ASAP programs, which deter or prevent alcohol abuse, or facilitate the recovery of identified alcohol abusers. Include man–hours expended for local promulgation of ASAP guidance, standard procedures, and alcohol policy; coordination of alcohol abuse surveys; analysis of alcohol rehabilitation patient information; preparation and delivery of command briefing and consultation; preparation of ASAP program evaluation reports; oversight and assistance in support of the operation of the Community Counseling Center, evaluation, development, and implementation of innovative programs and procedures which the installation (command) unique alcohol abuse problems.

(2) Definition Of Columns.

(a) Assigned Man–hours (Column 1). Enter the number of man–hours spent by assigned personnel in each of the work categories where the work was actually performed. For example, if a person assigned to the rehabilitation paragraph on the TDA assisted in the presentation of an alcohol abuse course, then the time spent should be counted under Prevention Education Alcohol. Assigned personnel include all personnel used to permanently staff the ASAP whether they are on the garrison or MEDDAC/MEDCEN TDA. Do not include non–productive time, such as leave and time spent out of the work center, such as for physical readiness training, military training and loaned time to other work centers.

(b) Borrowed Man–hours (Column 2). Enter the number of man–hours spent by borrowed personnel in each of the work categories. Borrowed personnel are those persons working in the work center to accomplish the ASAP mission, but are carried on another TDA or MTOE. Do not include Unit Prevention Leaders (PLCs) as they are performing a function of their unit. Do not include that time which borrowed personnel are not spending in the ASAP.

(c) Contractor Man–hours (Column 3). Enter the number of man–hours charged by contractors for performance of the ASAP mission. This includes man–hours charged under the Adolescent Substance Abuse Counseling Service (ASACS) and other contracts.

(d) Performance Factor Amount (Column 4). Enter the number of units for the performance factor defined for each of the Direct Mission Accomplishment work categories.

1. Tests–Drug (Line IA). Enter the total number of urine specimens collected for military and civilians during the report period. If an individual is urine tested on two separate occasions during the report period, count this as two tests.

2. Tests–Alcohol (Line IB). Enter the total number of alcohol tests taken during the report period. If an individual is alcohol tested on two separate occasions, count this as two tests.

3. Students–Drug Line (IC). Enter the total number of students provided drug abuse related education and training during the report month. Include only students for whom the ASAP staff has provided all or part of the education. Do not include students taught solely by UADCs, guest lecturers, etc.

4. Students–Alcohol (Line ID). Enter the total number of students provided alcohol abuse elated education and training during the report month Include only students for which the ASAP staff has provided all or part of the education. Do not include students taught solely by UPLs, guest lecturers, etc.

5. Visits–Drug (Line IE). Enter the total number of military and civilian patient visits for drug abuse screening,

rehabilitation and treatment as reported to the MEDCEN/MEDDAC Patient Administration Division for the MED-302 report. A visit is defined as any documented telephonic or face-to-face meeting with the patient, the patient's supervisor, or rehabilitation personnel for the purpose of assessing the patients needs, arranging for rehabilitation, or providing follow-up on the patient's progress in rehabilitation. To qualify as a visit, the telephone call or meeting must be documented in the patient's ASAP Outpatient Medical Record.

6. Visits-Alcohol (Line 1F). Enter the total number of military and civilian patient visits for alcohol abuse screening, rehabilitation and treatment as reported to the MEDCEN/MEDDAC Patient Administration Division for the MED-302 report. A visit is defined as any documented telephonic or face-to-face meeting with the patient, the patients supervisor, or rehabilitation personnel for the purpose of assessing the patients needs, arranging for rehabilitation, or providing follow-up on the patient's progress in rehabilitation. To qualify as a visit, the telephone call or meeting must be documented in the patient's ASAP Outpatient Medical Record.

7. Classes-Drug (Line 1G). Enter the total number of classes attended by military and civilian ASAP staff for learning functions that develop or improve ASAP staff member's competence to deter drug abuse, prevent drug abuse, or facilitate the recovery of drug abusers. Include in-service training, seminars and short courses, and training classes for new employees and interns.

8. Classes-Alcohol (Line 1H). Enter the total number of classes attended by military and civilian ASAP staff for learning functions that develop or improve ASAP staff member's competence to deter alcohol abuse, prevent alcohol abuse, or facilitate the recovery of alcohol abusers. Include in-service training, seminars and short courses, and training classes for new employees and interns.

9. Assessments-Drug (Line 1I). Enter the total number of evaluations conducted of ASAP programs, which deter or prevent drug abuse, or facilitate the recovery of identified drug abusers. Include each: occurrence of promulgation of ASAP guidance, standard procedures, and drug policy; occasions of coordinating drug abuse surveys; occurrences of analysis of drug rehabilitation patient information; preparations and delivery of command briefings and consultation; submissions of ASAP drug program evaluation reports; occurrences of oversight or assistance in support of the operation of the Community Counseling Center, incidents of evaluation, development, and implementation of innovative programs and procedures which accommodate the installation (command) unique drug abuse problems.

10. Assessments-Alcohol (Line 1J). Enter the total number of evaluations conducted of ASAP programs, which deter or prevent alcohol abuse, or facilitate the recovery of identified alcohol abusers. Include each: occurrence of promulgation of ASAP guidance, standard procedures, and alcohol policy; occasions of coordinating alcohol abuse surveys; occurrences of analysis of alcohol rehabilitation patient information; preparations and delivery of command briefings and consultation; submissions of ASAP alcohol program evaluation reports; occurrences of oversight or assistance in support of the operation of the Community Counseling Center, incidents of evaluation, development, and implementation of innovative programs and procedures which accommodate the installation (command) unique alcohol abuse problems.

(e) Indirect Work Categories (Line 2). This part defines those overhead categories of work common to all organizations and work centers that indirectly support the mission performance.

1. Supervision (Line 2A). Enter man-hours expended to: administer personnel, supervise personnel, review incoming distribution, review outgoing distribution, review reports and statistical data, develop budget estimates, inspect facility, investigate accidents or incidents, and receive and assist visiting officials.

2. Administration (Line 2B). Enter man-hours expended to prepare communication, process unclassified distribution, maintain classified material, maintain unclassified publication file, operate copy machine, maintain stock of blank forms, maintain status chart or bulletin board, maintain time and attendance cards, provide stenographic service, maintain appointment record, acknowledge visitor, and process automatic data processing (ADP) reports.

3. Meetings (Line 2C). Enter man-hours expended to prepare for conducting or attending meetings. This category does not include the following meetings, which are all a part of Treatment-Direct, Mission (Drug or Alcohol).

a. Individual and group counseling sessions.

b. Rehabilitation Team Meetings.

c. Commander/supervisor when they assess individual patient progress in the treatment.

d. Quality assurance reviews.

4. Staff Training (Line 2D). This category is solely for ASAP staff training that is not alcohol or drug related. It includes in-service training, attendance at seminars and short courses, and training for new employees and interns (e.g., Training in the Prevention of Sexual Harassment, Civilian Personnel orientations, etc.).

5. Supply, Etc. (Line 2E). Enter man-hours expended to process equipment requests, inventory supplies on-hand; maintain custodian document, and obtaining expendable supplies. Maintaining office equipment and an assigned vehicle, preparing work area, putting work away, and cleaning work areas are also included.

6. Subtotal Direct Mission (Line 1). Summarize the entries for lines 1A through 1J.

7. Subtotal Indirect Work Categories (Line 2). Summarize the entries for lines 2A through 2E.

8. Other than ASAP Assigned Mission (Line 3). This category is for MACOM and/or local assigned missions, such as the smoking cessation program or suicide prevention program, that are not a part of the ASAP mission prescribed by HQDA in AR 600-85.

(f) Total Manpower Utilized (Line 4). Summarize the entries from lines 1, 2 and 3. DEFINITION OF COLUMNS.

1. Assigned Man-hours (Column 1). Enter the number of man-hours spent by assigned personnel in each of the Indirect Work Categories where the work was actually performed. Assigned personnel include all personnel used to permanently staff the ASAP whether they are on the Garrison or MEDDAC/MEDCEN TDA. Do not include nonproductive time, such as leave, and time spent out of the work center, such as for physical readiness training, military training, and loaned time to other work centers.

2. Borrowed Man-hours (Column 2). Enter the number of man-hours spent by borrowed personnel in each of the Indirect Work Categories. Borrowed personnel are those persons working in the work center to accomplish the ASAP mission, but are carried on another TDA or MTOE. Do not include Unit Prevention Leaders (UPLs) as they are performing a function of their unit do not include that time which borrowed personnel are not spending in the ASAP.

3. Contractor Man-hours (Column 3). Enter the number of man-hours charged by contractors for Indirect Work Categories in the performance of the ASAP mission This includes man-hours charged under the Adolescent Substance Abuse Counseling Service (ASACS) and other contracts.

4. SECTION VII. MANPOWER STAFFING AND FINANCIAL DATA. List the manpower allocations from all TDAs used to permanently staff the ADAPCP, including the garrison and the MEDCEN/MEDDAC. Include over strength, over-hires and temporary personnel. Do not include allocations for borrowed special duty personnel.

(3) DEFINITION OF LINES.

(a) Biochemical Testing (Line 1). Enter staffing and financial data for positions which: conduct the Installation Biochemical Testing Coordination (IBTC) program for military or civilian employees, conduct the Alcohol Breath Measuring Device (ABMD) program, maintain records and prepares reports. The Biochemical Testing Program will include chain of custody procedures, installation prescreening, urinalysis quota management, breathalyzer screening procedures, and procedures for reporting test results.

(b) Prevention Education (Line 2). Enter staffing and financial data for services to military and civilian employees for: Alcohol and Drug Awareness Prevention and Training (ADAPT), community alcohol and drug prevention education and awareness education (including substance abuse related to a Health Promotion Program), unit ASAP training, liaison with installation training officer, and maintenance of the installation drug and alcohol resource library.

(c) Treatment (Line 3). Enter staffing and financial data for positions which: provide military or civilian employee alcohol and drug abuse screening and rehabilitation services, maintain appropriate patient records, prepares reports, and conduct quality assurance reviews.

(d) Staff Training (Line 4). This category is for training received by members of the ASAP. It includes in-service training attendance at seminars and short courses, and training for new employees and interns. Task includes administers training, develops training material, conducts training and receives training. As this is an overhead indirect work category, no personnel are required, authorized, or assigned for this function. It is included here for capturing complete financial data about the ASAP. Report all TDY, tuition, and fees for the staff to attend seminars and short courses. Also include any contract cost for a contractor to present on-site staff training.

(e) Program Evaluation (Line 5). Enter staffing and financial data for positions which: develop local ASAP guidance and policy, coordinate ASAP activity, maintain individual patient information, control the release of patient information, conduct command briefing and consultation, prepare reports, provide administration and support to operate the Community Counseling Center, develop innovative programs and procedures to accommodate the installation (command) unique problems. Enter the manpower staffing for this primary mission (ADCO and administrative support personnel).

(4) DEFINITION OF COLUMNS.

(a) MILITARY PERSONNEL (Columns 1-3). Enter the number of officer and enlisted manpower requirements and authorizations from the most recent approved TDA. Enter the actual number of personnel assigned as of the last day of the report period. If a position is vacant on the last day, report it as such, even though a personnel requisition may be in process.

(b) CIVILIAN EMPLOYEES (Columns 4-6). Enter the number of DA civilian and local national civilian manpower requirements and authorizations from the most recently approved TDA. Enter the actual number of personnel assigned as of the last day of the report period. If a position is vacant on the last day, report it as such, even though a personnel requisition may be in process.

(c) CONTRACTOR PERSONNEL ASSIGNED (Column 7). Enter the number of contractor personnel assigned to support the ASAP as of the last day of the report period. If a position is vacant on the last day, report it as such, even though a personnel requisition may be in process.

(d) DOLLARS OBLIGATED (Column 8). Enter the total dollars obligated for each of the lines as recorded in the Standard Finance System (STANFINS) or other financial reporting system. Include the Base Operations "G" accounts (if applicable) and the 847714.14 (or other appropriate) account for the supporting MEDDAC/MEDCEN. Total all dollars obligated for drug and alcohol programs and enter in the "Combined" block.

### 5-3. PATIENT INTAKE/SCREENING RECORD (PIR) DA FORM 4465

a. The PIR will be completed for each individual screened by the Army Substance Abuse Program (ASAP)

Community Counseling Center (CCC) for evaluation of the patient's needs for alcohol and other drug rehabilitation. This also includes patients screened as part of the Civilian Counseling Service and possibly referred to other counseling resources. The PIR will document the results of the screening evaluation.

b. Complete the DA Form 4465 in triplicate. Submit originals of DA Form 4465 weekly to: Director, Army Center for Substance Programs (ACSAP), 4501 Ford Avenue, Suite 320, ATTN: Program Analysis and Evaluation Branch, Alexandria, VA 22302-1460, Telephone: DSN 761-5578, COMMERCIAL (703) 681-5578, FAX: DSN 761-6575, COMMERCIAL (703) 681-6575. Under no circumstances will the original forms contain the patient's name or duty unit/office. Any records forwarded with incorrect or incomplete data will be returned for correction. Place the second copy in the patient's case file. For military personnel, file the third copy in the individual's health record. The third copy is not needed for civilian employees and other personnel.

c. The DA Form 4465 contains four sections. The ASAP staff will complete Sections I, II, and IV for all personnel. The physician will complete Section III when the screening includes a medical evaluation.

d. SECTION I. IDENTIFICATION.

(1) Block 1. Date Enrolled/Screened. Enter the year-month-day the decision is made whether or not to enroll an individual into the ASAP. Enter the date of screening if the individual is screened-not-enrolled.

(2) Block 2. Patient Identification. Enter the individual's Social Security Number (SSN). Should the individual not have an SSN, enter three 0s and the year-month-day of their birth (ex. 000-53-0419).

(3) Block 3. Date of Birth. Enter the year-month-day the individual was born (ex. 1953-04-19).

(4) Block 4. Service Area Code (SAC). Enter the SAC of the ASAP, which completes the DA Form 4465 (Table A, Table List).

(5) Block 5. Name of Community Counseling Center. Enter the correct military mailing address including the name of the organization, office symbol, street or building number, city, state and 9-digit Zip Code.

(6) Block 6. Department. Circle the letter for agency subdivision of the uniformed services with which the individual is affiliated.

(7) Block 7. Eligibility Category. Circle the letter that denotes the status of the individual as it relates to their eligibility for ASAP services.

(8) Block 8. Case Finding Method. Circle the letter that denotes the means used for identifying the individual for possible alcohol or other drug misuse.

e. SECTION II. MILITARY PERSONNEL AND CIVILIAN EMPLOYEE DATA.

(1) Block 9. Civilian Employee Consent to release Information to Supervisor. Circle the letter that denotes the civilian employee's authorization to release drug-alcohol related information to their civilian supervisor.

(2) Block 10. Component. Circle the letter that denotes the primary subdivision of the U.S. Military Services of the Armed Forces to which the individual belongs.

(3) Block 11. Grade. Enter the individual's military/civilian grade.

(4) Block 12. Sex. Circle the letter that is specific to the individual's gender.

(5) Block 13. Patient MACOM. Enter the major Army command to which the individual was assigned at the time of the ASAP enrollment decision (Table D, Table List).

(6) Block 14. Mandatory Testing Designated Position (Civilian Only). Circle the letter that is specific to the individual's status within the Testing Designated Position (TDP) program (Table E, Table List).

f. SECTION III. DRUG/ALCOHOL DIAGNOSIS.

(1) Block 15. Physician Diagnosis (List primary diagnosis first) and Diagnosis Code. When an individual is referred for a medical evaluation, a physician will complete this block by entering one or more of the diagnostic findings and the corresponding code, if applicable (Table F, Table List)

(2) Block 16. Typed Name and Grade of Physician. The examining physician in every case will make entry where a medical evaluation was completed. Block will be left blank if there is no medical evaluation.

(3) Block 17. Signature of Physician. The examining physician in every case will make entry where a medical evaluation was completed. Block will be left blank if there is no medical evaluation.

g. SECTION IV. ENROLLMENT DECISION.

(1) Block 18. Enrollment Decision. Circle the appropriate letter that 19 and 21 are denotes the decision regarding an individual's enrollment in the ASAP. If the individual is enrolled into the ASAP, blocks 19 and 20 are to be completed. If the decision is not to enroll the individual into the ASAP, blocks to be completed

(2) Block 19. Basis for Enrollment/Screening. Enter in the basis for considering enrollment of an individual in the ASAP in descending order of importance (Table G, Table List)

(3) Block 20. Enrollment Facility. Circle the letter that describes the type of facility, which enrolled the individual into the ASAP: (1) Community Counseling Center (CCC) denotes a facility where local ASAP counseling services are provided. (2) Adolescence Substance Abuse Counseling Service (ASACS) denotes a facility where local ASACS counseling services are provided. (3) Civilian Facility denotes a facility where public counseling services are provided.

*Note.* initial enrollment shall not be accomplished by a Residential Treatment Facility (RTF). The servicing CCC will initiate the

enrollment only. If a patient is moved directly into an RTF, then the RTF will contact the patient's servicing CCC and alert the CCC clinical director of the requirement to enroll the patient.

(4) Block 21. Reason for Not Enrolling. Circle the letter that justifies the reason for not enrolling the individual into the ASAP: (1) Refer for Alcohol and Drug Prevention Training (ADAPT) denotes an individual requiring only ADAPT at local ASAP. (2) Commander Decided Not to Enroll denotes that referring commander elects not to enroll individual into the ASAP. (3) Prescribed Medication, Authorized Use denotes an individual referred due to a positive urinalysis test, which after review by the Medical Review Officer was found to be prescribed medication with authorized use by individual. (4) Patient Refused Services denotes that individual refuses ASAP services at time of screening. (5) Refer to Other Than A/D Resources denotes that after screening individual was found not to have an alcohol and/or drug problem and is being referred to other resources for other identified issues (i.e., financial, marital problems, etc). (6) No Alcohol or Other Drug Problem denotes individual was found not to have an alcohol and/or drug problem.

(5) Block 22. Signature of Counselor. Will be the signature of the counselor responsible for the screening interview.

(6) Block 23. Name of Clinical Director. Enter in the full name of clinical director responsible for reviewing and authenticating the PIR.

(7) Block 24. Signature of Clinical Director. Will be the signature of the clinical director responsible for reviewing and authenticating the PIR.

#### **5-4. PATENT PROGRESS REPORTS (PPR). DA FORM 4466**

*a.* A DA Form 4466 will be completed for all patients enrolled in the ASAP for the following circumstances. (1) A patient is a PCS loss or gain. (2) A physician changes the patient's diagnosis. (3) A counselor changes the basis for enrollment. (4) A patient is enrolled in the RTF or discharged from the RTF. (5) Every 90 days after the date of enrollment to evaluate patient progress. (6) Upon release from the program by the commander.

*b.* The DA Form 4466 is completed in triplicate for all soldiers and in duplicate for civilian employees and other patients. Upon completion of the DA Form 4466, the appropriate ASAP staff member authenticates the form. The ASAP staff insures proper distribution as follows:

(1) The original DA Form 4466s for all patients are forwarded weekly to: Director, Army Center for Substance Abuse Programs (ACSAP), 4501 Ford Avenue, Suite 320, ATTN: Program Analysis and Evaluation Branch, Alexandria, VA 22302-1460, Telephone Number: DSN 761-5578, COMMERCIAL(703) 681-5578, Fax Number: DSN 761-6575, COMMERCIAL (703) 681-6575. Under no circumstances will the original forms contain the patient's name or duty unit/office. Any records forwarded with incorrect or incomplete data will be returned for correction.

(2) A copy of the DA Form 4466 will be maintained in the patient's ASAP case file.

(3) A copy of the DA Form 4466 will be filed in the patient's health record that is maintained by the MTF, which provides the primary, health care.

(4) Any additional copies not necessary for the above distribution will be destroyed. Additional reproduction and distribution of completed records is prohibited.

##### *c.* SECTION I. IDENTIFICATION.

(1) Block 1. Date of Report. Enter the year-month-day the ASAP progress report is completed.

(2) Block 2. Patient Identification. Enter the patient's Social Security Number (SSN). Should the patient not have a SSN, enter three 0s and the year-month-day of their birth (ex. 000-55-0910 for a patient born on 10 Sep 1955).

(3) Block 3. Service Area Code (SAC). Enter the SAC of the ASAP which completes the PPR. See Table A, Table List.

(4) Block 4. Reason for Report. Enter the code, which reflects the reason for the report.

##### *d.* SECTION II. PATIENT PCS/REASSIGNMENT.

(1) Only ONE of the blocks in this section is completed depending on whether a patient is a PCS loss (complete block 5) or a PCS gain (complete block 6).

(2) Block 5. (PCS Loss Only). Gain Service Area for PCSs Loss. Enter the SAC to which the DEPARTING patient enrolled in the ASAP is being reassigned (Table A, Table List).

(3) Block 6. (PCS Gain Only). New Patient MACOM for PCS Gain/Reassignment. Enter the major army command to which the ARRIVING patient is being reassigned (Table D, Table List).

##### *e.* SECTION III. CHANGE TO DIAGNOSIS.

(1) Block 7. Physician Diagnosis (List primary diagnosis first). When the patient is referred for a medical evaluation, a physician will complete this block by entering one or more of the diagnostic findings and its corresponding code (Table F, Table List).

(2) Block 8. Typed Name and Grade of Physician. Examining physician in every case that requires a medical evaluation will make entry. Block will be left blank if there is no medical evaluation.

(3) Block 9. Signature of Physician. The examining physician in every case that requires a medical evaluation will make entry. Block will be left blank if there is no medical evaluation.

*f.* SECTION IV. ENROLLMENT. (1) Block 10. Change to Basis for Enrollment. Enter the changed basis for enrollment of a patient in the ASAP in descending order of importance; primary, secondary, tertiary (Table G, Table

List). Re-enter the entire sequence of primary, secondary, and tertiary whenever a “Change to Basis for Enrollment” is initiated.

*g.* SECTION V. INPATIENT RTF ENROLLMENT.

(1) Block 11. Date of Admission. Enter the year, month and day the patient was admitted into a Residential Treatment Facility (RTF) (ex. 1990-11-02).

(2) Block 12. RTF Code. Enter the code from Table H, Table List, for the admitting RTF.

(3) Block 13. Name of Facility. Enter the full name of the RTF attended by the patient (Table H, Table List).

(4) Block 14. Discharge Date. Enter the year-month and day the patient was discharged from the RTF (example: 1990-11-03 for 3 November 1990).

*h.* SECTION VI. PROGRESS EVALUATION.

(1) Block 15. Counselor’s Assessment of Progress. The assigned counselor will assess progress made by the patient within the ADAPCP during the reporting period

(2) Block 16. Counselor’s Recommendation. The assigned counselor will recommend disposition of the enrolled patient as part of patient evaluation.

(3) Block 17. Commander’s Appraisal of Performance. The commander will assess the patient’s duty performance as part of progress evaluation.

(4) Block 18. Commander’s Appraisal of Conduct. The patient’s commander will assess the patient’s conduct as part of progress evaluation.

(5) Block 19. Commander’s Decision. Commander of patient will decide the immediate disposition of the patient enrolled in the ASAP.

*i.* SECTION VII. RELEASE FROM PROGRAM.

(1) Block 20. Reason for Release from Program. Counselor will circle the reason the patient was released from enrollment in the ASAP.

(2) Block 21. Commander’s Assessment. Commander will assess the rehabilitation of the patient prior to release of the patient from the ASAP.

(3) Block 22. Name, Grade of Commander. Enter the full name and grade of the commander responsible for the patient.

(4) Block 23. Signature of Commander. Enter the signature of the commander.

(5) Block 24. Signature of Counselor. Enter the signature of the counselor assigned to the patient.

(6) Block 25. Name of Clinical Director. Enter the full name of the clinical director responsible for reviewing and authenticating the DA Form 4466.

(7) Block 26. Signature of Clinical Director. Enter the signature of the clinical director responsible for reviewing and authenticating the completion of the DA Form 4466.

**Table 5-1  
Codes for TABLE A (T-SAC)**

SAC	TYPE	ADDRESS	STREET	CITY	ST	ZIP
1R00	RCC	COMMANDER	FIRST US ARMY AFKA-PR-P		FT MEADE	MD 20755-7000
1R11	MUSARC	COMMANDER	76TH DIV (TNG)	700 S. QUAKER LANE	WEST HARTFORD	CT 06110-1292
1R12	MUSARC	COMMANDER	78TH DIV (EX)	KILMER RE-SERVE CENTER, KILMER RD.	EDISON	NJ 08817-2487
1R13	MUSARC	COMMANDER	80TH DIV (TNG)	6700 STRATH-MORE RD.	RICHMOND	VA 23237-1198
1R14	MUSARC	COMMANDER	98TH DIV (TNG)	2035 N. GOODMAN ST.	ROCHESTER	NY 14609-1098
1R16	MUSARC	COMMANDER	310TH TAACOM	BLDG 1355, MOSBY RE-SERVE CENTER	FT BELVOIR	VA 22060-5496
1R1C	MUSARC	COMMANDER	77TH ARCOM	ERNIE PYLE RE-SERVE CENTER	FT TOTTEN	NY 11359-1016
1R1G	MUSARC	COMMANDER	79TH ARCOM	MG WURTS RE-SERVE CENTER, NAS	WILLOW GROVE	PA 19090-5110

**Table 5-1  
Codes for TABLE A (T-SAC)—Continued**

SAC	TYPE	ADDRESS		STREET	CITY	ST	ZIP	
1R1H	MUSARC	COMMANDER	157TH IN BDE	400 HORSHAM RD.	HORSHAM	PA	19044-2189	
1R1K	MUSARC	COMMANDER	94TH ARCOM	BLDG. 1607, AFRC	HANSCOM AFB	MA	01731-5290	
1R1P	MUSARC	COMMANDER	97TH ARCOM	BLDG. P-1250, ANNAPOLIS RD.	FT MEADE	MD	20755-5340	
1R1T	MUSARC	COMMANDER	U.S. ARMY GARRISON	FT PICKETT	BLACKSTONE	VA	23824-5000	
1R1U	MUSARC	COMMANDER	99TH ARCOM	OAKDALE RE-SERVE CENTER	OAKDALE	PA	15071-5001	
2R00	RCC	COMMANDER	SECOND US ARMY	AFKD-PRH-H	FT GILLEM	GA	30050-7000	
2R21	MUSARC	COMMANDER	100TH DIV (TNG)	3590 CENTURY DIVISION WAY	LOUISVILLE	KY	40205-5000	
2R22	MUSARC	COMMANDER	108TH DIV (TNG)	1330 WESTOVER ST.	CHARLOTTE	NC	28205-5124	
2R23	MUSARC	COMMANDER	412TH EN CMD	1000 ARMY NAVY DR, PO BOX 55	VICKSBURG	MS	39181-0055	
2R24	MUSARC	COMMANDER	87TH DIV (EX)	1400 GOLDEN ACORN DR	BIRMINGHAM	AL	35244-1295	
2R25	MUSARC	COMMANDER	65TH ARCOM	BLDG 1308	FT BUCHANAN	PR	00934-7000	
2R2C	MUSARC	COMMANDER	81ST ARCOM	1514 E. CLEVELAND AVE.	EAST POINT	GA	30344-6904	
2R2D	MUSARC	COMMANDER	143RD TRANSCOM	AFRC-TCFL-PR	2800 DOWDEN RD	ORLANDO	FL	32827-5299
2R2E	MUSARC	COMMANDER	335TH SIGCOM	AFRC-SCGA-PR	2323 DAUPHINE ST	EAST POINT	GA	30344-2503
2R2G	MUSARC	COMMANDER	120TH ARCOM	BLDG 9810, LEE ROAD	FT JACKSON	SC	29207-6070	
2R2H	MUSARC	COMMANDER	121ST ARCOM	255 W. OXMOOR RD	BIRMINGHAM	AL	35209-6383	
2R2J	MUSARC	COMMANDER	125TH ARCOM	443 DONELSON PIKE	NASHVILLE	TN	37214-3558	
3R00	RCC	COMMANDER	THIRD US ARMY	AFRD-PAM	FT MCPHERSON	GA	30330-6000	
4R41	MUSARC	COMMANDER	70TH DIV (TNG)	34451 SCHOOLCRAFT RD.	LIVONIA	MI	48150-1399	
4R42	MUSARC	COMMANDER	84TH DIV (EX)	4828 W. SILVER SPRING DR	MILWAUKEE	WI	53218-3498	
4R43	MUSARC	COMMANDER	85TH DIV (EX)	1515 W. CENTRAL RD	ARLINGTON HEIGHTS	IL	60005-2475	
4R45	MUSARC	COMMANDER	300TH MP CMD	3200 S. BEECH DALY	INKSTER	MI	48141-2648	
4R46	MUSARC	COMMANDER	416TH EN CMD (CONST)	4454 W. CERMAK RD	CHICAGO	IL	60623-2991	
4R47	MUSARC	COMMANDER	19TH TAACOM	225 E. ARMY POST RD	DES MOINES	IA	50315-5899	
4R4C	MUSARC	COMMANDER	83RD ARCOM	BLDG 306, PO BOX 16515	COLUMBUS	OH	43216-5004	

**Table 5-1  
Codes for TABLE A (T-SAC)—Continued**

SAC	TYPE	ADDRESS		STREET	CITY	ST	ZIP	
4R4F	MUSARC	COMMANDER	86TH ARCOM	7402 W. ROOSEVELT RD	FOREST PARK	IL	60130-2587	
4R4H	MUSARC	COMMANDER	88TH ARCOM	BLDG 506	FT SNELLING	MN	55111-4066	
4R4M	MUSARC	COMMANDER	123RD ARCOM	BLDG 126	FT BENJAMIN	IN	46216-6400	
5R00	RCC	COMMANDER	FIFTH US ARMY	AFKB-PR-HR	FT SAM HOUS- TON	TX	78234-7000	
5R51	MUSARC	COMMANDER	95TH DIV (TNG)	5316 S. DOUGLAS BLVD	OKLAHOMA CITY	OK	73150-9704	
5R53	MUSARC	COMMANDER	377TH TAACOM	5010 LEROY JOHNSON DR	NEW ORLEANS	LA	70146-3601	
5R54	MUSARC	COMMANDER	420TH EN BDE	511 CARSON ST	BRYAN	TX	77801-1398	
5R55	MUSARC	COMMANDER	807TH MD BDE	701 W. SIMONDS RD.	SEAGOVILLE	TX	75159-3201	
5R56	MUSARC	COMMANDER	75TH DIV (EX)	1850 OLD SPANISH TRAIL	HOUSTON	TX	77054-2025	
5R5C	MUSARC	COMMANDER	89TH ARCOM	3130 GEORGE WASHINGTON BLVD	WICHITA	KS	67210-1598	
5R5K	MUSARC	COMMANDER	90TH ARCOM	1920 HARRY WRUZBACH HY	SAN ANTONIO	TX	78209-6097	
5R5M	MUSARC	COMMANDER	102D ARCOM	4301 GOODFEL- LOW BLVD	SAINT LOUIS	MO	63120-1794	
5R5Q	MUSARC	COMMANDER	122D ARCOM	800 CAMP ROBINSON RD	NORTH LITTLE ROCK	AR	72118-2206	
6R00	RCC	COMMANDER	SIXTH US ARMY	AFKC-PR-SH	PRESIDIO OF SAN FRANCISCO	SAN FRANCISCO	CA	94129-7000
6R61	MUSARC	COMMANDER	91ST DIV (EX)	BLDG 602	FT BAKER	CA	94965-5099	
6R62	MUSARC	COMMANDER	104TH DIV (TNG)	BLDG 987	VANCOUVER BARRACKS	WA	98661-3896	
6R6B	MUSARC	COMMANDER	63RD ARCOM	BLDG 4, ROBIN- SON HALL AFRC	LOS ALAMITOS	CA	90720-5001	
6R6C	MUSARC	COMMANDER	311TH COSCOM	1250 FEDERAL AVE	LOS ANGELES	CA	90025-3999	
6R6F	MUSARC	COMMANDER	96TH ARCOM	BLDG 103	FT DOUGLAS	UT	84113-5007	
6R6G	MUSARC	COMMANDER	124TH ARCOM	BLDG 200	FT LAWTON	WA	98199-5000	
6R6H	MUSARC	COMMANDER	143RD TRANSCOM	AFRC-TC-FL-PR	2800 DOWDEN RD	ORLANDO	FL	32827-5299
6R6J	MUSARC	COMMANDER	335TH THEATER SIGCOM	AFRC-SC-GA-PR	2323 DAUPHINE ST	EAST POINT	GA	30344-2503
6R6K	MUSARC	COMMANDER	FT HUNTER LIG- GETT	AFRC-FMH-PA		FT HUNTER LIG- GETT	CA	93928
6R6L	MUSARC	COMMANDER	PARKS RE- SERVE FORCES TRAINING AREA		BLDG 790	DUBLIN	CA	94568
AFR0	RTF	COMMANDER	AIR FORCE RES- IDENTIAL TREATMENT					

**Table 5-1  
Codes for TABLE A (T-SAC)—Continued**

SAC	TYPE	ADDRESS		STREET	CITY	ST	ZIP
AR00	MACOM	CHIEF	US ARMY RE-SERVES	DAAR-PE		WASHINGTON	DC 20310-2400
AR01	CCC	COMMANDER	US ARMY RE-SERVE PERSONNEL CENTER	ARPC-ZHS	9700 PAGE BLVD	ST LOUIS	MO 63132-5200
AS00	MACOM	COMMANDER	US ARMY INTELLIGENCE AND SECURITY CMD				
CB00	MACOM	COMMANDER	US ARMY CRIMINAL INVESTIGATION				
CE00	MACOM	COMMANDER	US ARMY CORPS OF ENGINEERS				
CML2	FTDTL	DIRECTOR	NORTHWEST TOXICOLOGY, INC		1141 EAST 3900 SOUTH	SALT LAKE CITY	UT 84124
CML3	FTDTL	DIRECTOR	PHARMCHEM LABORATORIES INC		1505A O'BRIEN DR.	MENLO PARK	CA 94025
DA01	HQDA	HQDA	DEPUTY CHIEF OF STAFF FOR PERSONNEL	DAPE-HR-PR	ALCOHOL AND DRUG POLICY OFFICE	WASHINGTON	DC 20310-0300
DA02	HQDA	DIRECTOR	US ARMY DRUG & ALCOHOL OPERATIONS	PEDA	4501 FORD AVENUE, SUITE 320	ALEXANDRIA	VA 22302-1460
DA03	HQDA	COMMANDER	OFFICE OF THE SURGEON GENERAL	SGPS-FP	5109 LEESBURG PIKE	FALLS CHURCH	VA 22041
DA04	HQDA	COMMANDER	US DISCIPLINARY BARRACKS	ATZL-DBB-O	SECURITY BATTALION S-3	FT LEAVENWORTH	KS 66027
E100	MACOM	COMMANDER	UNITED STATES ARMY, EUROPE	ODCSPER-MPPD-WB	UNIT# 29351	APO	AE 09014
E2B3	CCC	COMMANDER	415TH BSB KAISERSLAUTERN	AERAS-CA-F	CMR 402	APO	AE 09054
E2C1	CCC	COMMANDER	291ST BSB KARLSRUHE	GERSZWESKI CCC	CMR 424	APO	AE 09164
E2D1	CCC	COMMANDER	293RD BSB MAN-NHEIM	SULLIVAN CCC	UNIT 29901 BOX 30	APO	AE 09086
E2D2	CCC	COMMANDER	293RD BSB MAN-NHEIM	COLEMAN CCC	UNIT# 29901	APO	AE 09128
E2G1	CCC	COMMANDER	54TH BSB-SCHINNEN NETHERLANDS	AERAN-AD	CMR 461	APO	AE 09703
E2R0	MILCOM	COMMANDER	80TH ASG	AERSH-AB	CMR 451 BOX 285	APO	AE 09708
E2R1	CCC	COMMANDER	BELGIUM BSB	AERSH-AB	CMR 451 BOX 285	APO	AE 09708
E300	MILCOM	COMMANDER	22ND ASG VICENZA	AESE-VDA	UNIT# 31401 BOX 80	APO	AE 09630
E301	CCC	COMMANDER	VICENZA BSB	AESE-VDA-C	UNIT# 31401 BOX 73	APO	AE 09630
E302	CCC	COMMANDER	22ND AST DARBY	AESE-BSL-DA	UNIT# 31301 BOX 54	APO	AE 09613

**Table 5-1  
Codes for TABLE A (T-SAC)—Continued**

SAC	TYPE	ADDRESS		STREET	CITY	ST	ZIP
E5A0	MILCOM	COMMANDER	53RD ASG BAD KREUZNACH	AETV-BKG-AH	CMR 438 S1/ ADCO	APO	AE 09252
E5A1	CCC	COMMANDER	410TH BSB BAD KREUZNACH	AETV-BKR-DA	CMR 441	APO	AE 09252
E5B1	CCC	COMMANDER	222ND BSB BAUMHOLDER	AETV-BHR-AD	CMR 405	APO	AE 09034
E5C1	CCC	COMMANDER	233RD BSB DARMSTADT	AETV-DMB-DPCA	CMR 431	APO	AE 09175
E5C2	CCC	COMMANDER	233D BSB DARMSTADT	AETV-DAB-DCA- HD	BABENHAUSEN CCC	APO	AE 09175
E5D1	CCC	COMMANDER	418TH BSB FRANKFURT	AETV-FTB-AD	UNIT# 2574 BOX 25	APO	AE 09242
E5F2	CCC	COMMANDER	414TH BSB GIES- SEN	CCC	UNIT# 21104 BOX 46	APO	AE 09074
E5G0	MILCOM	COMMANDER	104TH ASG HANAU	AETV-HUG-ZH-A	CMR 470	APO	AE 09165
E5G1	CCC	COMMANDER	104TH ASG, BSB HANAU	AETV-HUS-H-ZD	HANAU SOUTH CCC, PIONEER KASERNE	APO	AE 09165
E5G4	CCC	COMMANDER	414TH BSB HANAU	AETV-HUG-ZD	UNIT# 20193	APO	AE 09165
E5G5	CCC	COMMANDER	104TH ASG, BSB HANAU	AETV-HUS-H-ZD	BUEDINGEN CCC	APO	AE 09165
E5H1	CCC	COMMANDER	221ST BSB WIESBADEN	AETV-WSB- ADCO	USMCA WIES- BADEN	APO	AE 09096
E5H3	CCC	COMMANDER	MAINZ BSB	AETV-MZ-BA	UNIT# 24242	APO	AE 09185
E7A1	CCC	COMMANDER	235TH BSB ANSBACH	CCC	KATTERBACH CCC	APO	AE 09177
E7A3	CCC	COMMANDER	235TH BSB ANSBACH	CCC	CMR 416, BOX 1296	APO	AE 09140
E7C1	CCC	COMMANDER	236TH BSB AUGSBURG	AESG-AUG-DCA- AD	CMR 25001	APO	AE 09178
E7E1	CCC	COMMANDER	279TH BSB BAM- BERG	CCC	BAMBERG CCC	APO	AE 09139
E7N1	CCC	COMMANDER	416TH BSB NURNBURG	WODK-CCC	UNIT# 279333	APO	AE 09222
E7P1	CCC	COMMANDER	280TH BSB SCHWEINFURT	CCC	457 CMR	APO	AE 09033
E7Q0	MILCOM	COMMANDER	6TH ASG STUT- TGART	AESG-CA-ADCO	CMR 445, BOX 50	APO	AE 09406- 5000
E7Q2	CCC	COMMANDER	STUTT GART BSB	AESG-CA-ADCO	PANZER KASERNE	APO	AE 09046- 0500
E7R0	MILCOM	COMMANDER	98TH ASG WUERZBURG	AETVT-WG-J	UNIT 26622	APO	AE 09244
E7R1	CCC	COMMANDER	417TH BSB OBTC	AETV-WG-J	UNIT 26622	APO	AE 09244
E7R2	CCC	COMMANDER	417TH BSB GIEBELSTADT	CCC	GIEBELSTADT CCC	APO	AE 09244
E7R4	CCC	COMMANDER	417TH BSB KIT- ZINGEN	CCC	LARSON BAR- RACKS CCC	APO	AE 09225
E800	MSC	COMMANDER	SEVENTH MEDI- CAL COMMAND	AEMCL-DACPO		APO	AE 09102
E8R1	RTF	COMMANDER	BAD CANSTATT MEDDAC	ATF		APO	AE 09154

**Table 5-1  
Codes for TABLE A (T-SAC)—Continued**

SAC	TYPE	ADDRESS		STREET	CITY	ST	ZIP
E8R2	RTF	COMMANDER	BERLIN MEDDAC	DEPT OF PSYCH RTF		APO	AE 09742
E8R3	RTF	COMMANDER	FRANKFURT ARMY MEDICAL CENTER	DEPT OF PSYCH RTF		APO	AE 09757
E8R4	RTF	COMMANDER	HEIDELBERG MEDDAC	DEPT OF PSYCH RTF		APO	AE 09102
E8R5	RTF	COMMANDER	LANDSTUHL ARMY REGIONAL MEDICAL	BOX 45, RTF		APO	AE 09180
E8R6	RTF	COMMANDER	NUERNBURG RESIDENTIAL TREATMENT			APO	AE
EE37	CCC	COMMANDER	411TH BSB HEIDELBERG	PATTON CCC	UNIT 29245	APO	AE 09102
EEA0	MILCOM	COMMANDER	26TH ASG SCHWETZINGEN	AEUSG-AG-DAP	UNIT #29237	APO	AE 09102
EN34	CCC	COMMANDER	409TH BSB GRAFENWOEHR	AETTG-SB-CCC	UNIT# 28130	APO	AE 09114
EN42	CCC	COMMANDER	282ND BSB HOHENFELS	AETTH-SB-CCC	UNIT# 28216	APO	AE 09173
EN78	CCC	COMMANDER	281ST BSB VIL- SECK	AETTV-AST-CCC	UNIT# 28038	APO	AE 09112
ENA0	MILCOM	COMMANDER	100TH ASG GRAFENWOEHR	AETT-SG-DCA- ADCO	UNIT# 28130	APO	AE 09114
FC00	MACOM	COMMANDER	US ARMY FORCES COM- MAND	FCAG-AD	BLDG 200	FT MCPHERSON	GA 30330- 6000
FC03	CCC	COMMANDER	XVIII AIRBORNE CORPS AND FT BRAGG	AFZA-DA (CCC)		FT BRAGG	NC 28307- 5000
FC04	CCC	COMMANDER	FT CAMPBELL	AFZB-PA-D	23RD ST AND IND AVE.	FT CAMPBELL	KY 42223- 5000
FC05	CCC	COMMANDER	4TH INFANTRY DIV (MEC) & FT CARSON	AFZC-PA-CA	BLDG 1217, EL- LIS ST, ROOM 208	FT CARSON	CO 80913- 5019
FC06	CCC	COMMANDER	US ARMY TNG CTR & FT DIX	ATZD-GAC-D		FT DIX	NJ 08640- 5140
FC07	CCC	COMMANDER	FT DEVENS	AFZD-PCF-AD		FT DEVENS	MA 01433- 5550
FC08	CCC	COMMANDER	10TH MTN DIV (LI) & FT DRUM	AFZS-PA-ADC		FT DRUM	NY 13602- 5018
FC10	CCC	COMMANDER	FORT BUCHANAN	AFZK-B-PA-AD	BUILDING 21	FT BUCHANAN	PR 00934- 5000
FC11	CCC	COMMANDER	III CORPS AND FT HOOD	AFZF-PA-ADC		FT HOOD	TX 76544- 5056
FC12	CCC	COMMANDER	FIFTH U.S. ARMY AND FT SAM HOUSTON	AFZG-PA-FAD	BLDG 1123	FT SAM HOUS- TON	TX 78234- 5000
FC13	CCC	COMMANDER	FT INDIANTOWN GAP	AFKA-ZQ-HQ	BLDG. 8-64	ANNVILLE	PA 17003- 5018
FC14	CCC	COMMANDER	I CORPS AND FT LEWIS	AFZH-PAD		FT LEWIS	WA 98433- 5000
FC16	CCC	COMMANDER	FT MCCOY	AFZR-PAF-ADCO		SPARTA	WI 54656- 5000

**Table 5-1  
Codes for TABLE A (T-SAC)—Continued**

SAC	TYPE	ADDRESS		STREET	CITY	ST	ZIP
FC17	CCC	COMMANDER	FT MCPHERSON	AFZK-PA-FD	BUILDING 171	FT MCPHERSON	GA 30330-5000
FC19	CCC	COMMANDER	1ST INF DIV & FT RILEY	AFZN-PA-AD		FT RILEY	KS 66442-6427
FC20	CCC	COMMANDER	PRESIDIO OF SAN FRANCISCO	AFKZ-ZM-PA-ADAP	PRESIDIO OF SAN FRANCISCO	SAN FRANCISCO	CA 94129-5075
FC22	CCC	COMMANDER	FT STEWART	AFZP-PAD	BLDG 623, GULICK AVE	FT STEWART	GA 31314-5142
FC23	CCC	HUNTER ARMY AIRFIELD CCC		ASZP-PAD-H	BLDG 1450	HUNTER ARMY	GA 31409-5010
FC26	CCC	COMMANDER	7TH INF DIV & FORT ORD	AFZW-PA-DA		FT ORD	CA 93941-5600
FC27	CCC	COMMANDER	JRTC & FT POLK	AFZX-PA-AD	SERVICE COMMAND CIRCLE	FT POLK	LA 71459-6950
FC28	CCC	COMMANDER	NATIONAL TRAINING CENTER AND FT IRWIN	AFZJ-PA-ADP	BLDG 573	FT IRWIN	CA 92310-5000
HS00	MACOM	COMMANDER	US ARMY MEDICAL COMMAND	MCHO-CL-H	2050 WORTH RD	FT SAM HOUSTON	TX 78234-6000
HS01	CCC	COMMANDER	U.S. ARMY GARRISON, FT DETRICK	HSHD-PCD		FREDERICK	MD 21702-5000
HS02	CCC	COMMANDER	FITZSIMONS ARMY MEDICAL CENTER	HSHG-PND		AURORA	CO 80045-5001
HS03	CCC	COMMANDER	WALTER REED ARMY MEDICAL CENTER	HSHL-RDA	BLDG 1, 3rd FLOOR WEST WING	WASHINGTON	DC 20307-5001
HSL1	FTDTL	CHIEF	WRAMC FORENSIC TOXICOLOGY DRUG TEST	HSHL-UDL	BLDG 2490	FT MEADE	MD 20755-5235
HSL2	FTDTL	CHIEF	TAMC FORENSIC TOXICOLOGY DRUG TEST	HSHK-DPF	BLDG. 40, THIRD FLOOR	HONOLULU	HI 96859-5000
HSR1	RTF	COMMANDER	WILLIAM BEAUMONT ARMY MEDICAL CENTER	HSHM-RTF		EL PASO	TX 79920-5001
HSR2	RTF	COMMANDER	DWIGHT DAVID EISENHOWER MEDICAL	ATF		FT GORDON	GA 37905-5650
HSR3	RTF	COMMANDER	TRIPLER ARMY MEDICAL CENTER	HSHK-P-ST		HONOLULU	HI 96859-5000
MA00	MACOM	SUPERINTE	US MILITARY ACADEMY	MAHR-G		WEST POINT	NY 10996-5000
MA01	CCC	SUPERINTE	US MILITARY ACADEMY	MAPA-AD		WEST POINT	NY 10996-5000
MP00	MEP-COM	COMMANDER	US MILITARY ENTRANCE PROCESSING	ATTN: MHR-PR	2500 GREEN BAY ROAD	NORTH CHICAGO	IL 60064-3094
MP01	MEP-COM	COMMANDER	EASTERN SECTOR, USMEP-COM	ATTN: UADC	2500 GREEN BAY ROAD	NORTH CHICAGO	IL 60064-3094

**Table 5-1  
Codes for TABLE A (T-SAC)—Continued**

SAC	TYPE	ADDRESS		STREET	CITY	ST	ZIP
MP02	MEP-COM	COMMANDER	WESTERN SEC-TOR, USMEP-COM	ATTN: UADC,	PACIFIC GATEWAY PLAZA, 3350 N PEORIA	AURORA	CO 80010-1408
MP03	MEPS	COMMANDER	ALBANY MEPS	ATTN: UADC	LEO W. O'BRIEN FEDERAL BUILDING	ALBANY	NY 12207-2334
MP04	MEPS	COMMANDER	ATLANTA MEPS	ATTN: UADC	77 FORSYTH STREET, SW	ATLANTA	GA 30303-3427
MP05	MEPS	COMMANDER	BALTIMORE MEPS	ATTN: UADC	DORSEY BUSINESS CTR, 6845 DEERPATH RD	BALTIMORE	MD 21227-6211
MP06	MEPS	COMMANDER	BECKLEY MEPS	ATTN: UADC	200 VALUE CITY CENTER	BECKLEY	WV 25801-3797
MP07	MEPS	COMMANDER	BOSTON MEPS	ATTN: UADC	495 SUMMER STREET	BOSTON	MA 02210-2109
MP08	MEPS	COMMANDER	BUFFALO MEPS	ATTN: UADC	1007 FEDERAL BLDG, 111 W. HURON ST	BUFFALO	NY 14202-2383
MP09	MEPS	COMMANDER	CHARLOTTE MEPS	ATTN: UADC	401 WEST TRADE STREET	CHARLOTTE	NC 28202-1626
MP10	MEPS	COMMANDER	CHICAGO MEPS	ATTN: UADC	1700 SOUTH WOLF ROAD	DES PLAINES	IL 60018-1960
MP11	MEPS	COMMANDER	CLEVELAND MEPS	ATTN: UADC	1240 EAST NINTH STREET	CLEVELAND	OH 44199-2097
MP12	MEPS	COMMANDER	COLUMBUS MEPS	ATTN: UADC	3333 INDIANOLA AVENUE	COLUMBUS	OH 43214-4193
MP13	MEPS	COMMANDER	DETROIT MEPS	ATTN: UADC	1172 KIRTS BLVD	TROY	MI 48084-4846
MP14	MEPS	COMMANDER	FT JACKSON MEPS	ATTN: UADC	BUILDING 2435, MARION STREET	FT JACKSON	SC 29207-6425
MP15	MEPS	COMMANDER	HARRISBURG MEPS	ATTN: UADC	BUILDING 521 A AVENUE	NEW CUMBERLAND	PA 17070-5098
MP16	MEPS	COMMANDER	INDIANAPOLIS MEPS	ATTN: UADC	141 SOUTH MERIDIAN, 5TH FLOOR	INDIANAPOLIS	IN 46225-1088
MP17	MEPS	COMMANDER	JACKSON MEPS	ATTN: UADC	664 SOUTH STATE STREET	JACKSON	MS 39201-5611
MP18	MEPS	COMMANDER	JACKSONVILLE MEPS	ATTN: UADC	4615 PHILLIPS HIGHWAY	JACKSONVILLE	FL 32207-7299
MP19	MEPS	COMMANDER	KNOXVILLE MEPS	ATTN: UADC	9745 TRUCKERS LANE	KNOXVILLE	TN 37922-2204
MP20	MEPS	COMMANDER	LANSING MEPS	ATTN: UADC	120 EAST JOLLY ROAD	LANSING	MI 48910-6647
MP21	MEPS	COMMANDER	LOUISVILLE MEPS	ATTN: UADC	600 DR. MARTIN LUTHER KING, JR. PL	LOUISVILLE	KY 40202-2230
MP22	MEPS	COMMANDER	MEMPHIS MEPS	ATTN: UADC	480 BEALE STREET	MEMPHIS	TN 38103-3232
MP23	MEPS	COMMANDER	MIAMI MEPS	ATTN: UADC	8395 EXECUTIVE DRIVE	MIAMI	FL 33166-4611
MP24	MEPS	COMMANDER	MONTGOMERY MEPS	ATTN: UADC	BLDG 1512, MAXWELL AFB, GUNTER ANNEX	MONTGOMERY	AL 36114-3110
MP25	MEPS	COMMANDER	NASHVILLE MEPS	ATTN: UADC	4751 TROUSDALE DRIVE	NASHVILLE	TN 37220-1378

**Table 5-1  
Codes for TABLE A (T-SAC)—Continued**

SAC	TYPE	ADDRESS		STREET	CITY	ST	ZIP
MP26	MEPS	COMMANDER	NEW YORK MEPS	ATTN: UADC	BUILDING 116, FT HAMILTON	BROOKLYN	NY 11252- 6700
MP27	MEPS	COMMANDER	PHILADELPIA MEPS	ATTN: UADC	1421 CHERRY STREET	PHILADELPHIA	PA 19102- 1495
MP28	MEPS	COMMANDER	PITTSBURGH MEPS	ATTN: UADC	1000 LIBERTY AVENUE	PITTSBURGH	PA 15222- 4101
MP29	MEPS	COMMANDER	PORTLAND, MAINE MEPS	ATTN: UADC	510 CONGRESS STREET, 3RD FLOOR	PORTLAND	ME 04101- 3403
MP30	MEPS	COMMANDER	RALEIGH MEPS	ATTN: UADC	2625 APPLIANCE COURT	RALEIGH	NC 27604- 2468
MP31	MEPS	COMMANDER	RICHMOND MEPS	ATTN: UADC	400 NORTH EIGHT ST, PO BOX 10187	RICHMOND	VA 23240- 0187
MP32	MEPS	COMMANDER	SAN JUAN MEPS	ATTN: UADC	PO BOX 34108, FT BUCHANAN	SAN JUAN	PR 00934- 0108
MP33	MEPS	COMMANDER	SPRINGFIELD MEPS	ATTN: UADC	1550 MAIN STREET	SPRINGFIELD	MA 01103- 1473
MP34	MEPS	COMMANDER	SYRACUSE MEPS	ATTN: UADC	100 SOUTH CLIN- TON STRET	SYRACUSE	NY 13260- 0027
MP35	MEPS	COMMANDER	TAMPA MEPS	ATTN: UADC	3520 W. WATERS AVENUE	TAMPA	FL 33614- 2716
MP36	MEPS	COMMANDER	ALBUQUERQUE MEPS	ATTN: UADC	PO BOX 103, 505 CENTRAL AVE, NW	ALBUQUERQUE	NM 87103- 0103
MP37	MEPS	COMMANDER	AMARILLO MEPS	ATTN: UADC	1100 SOUTH FILLMORE ST, SUITE 200	AMARILLO	TX 79101- 4318
MP38	MEPS	COMMANDER	ANCHORAGE MEPS	ATTN: UADC	1717 "C" STREET	ANCHORAGE	AK 99501- 5160
MP39	MEPS	COMMANDER	BOISE MEPS	ATTN: UADC	1655 FAIRVIEW AVENUE	BOISE	ID 83702- 5120
MP40	MEPS	COMMANDER	BUTTE MEPS	ATTN: UADC	PO BOX 189, 100 EAST BROAD- WAY	BUTTE	MT 59703- 0189
MP4 1	MEPS	COMMANDER	DALLAS MEPS	ATTN: UADC	USPO TERMINAL ANX, 207 S. HOUSTON ST	DALLAS	TX 75202- 4709
MP42	MEPS	COMMANDER	DENVER MEPS	ATTN: UADC	294 NEW CUS- TOM HSE, 19TH & STOUT ST	DENVER	CO 80202- 2515
MP43	MEPS	COMMANDER	DES MOINES MEPS	ATTN: UADC	2500 UNIVER- SITY AVENUE	WEST DES MOINES	IA 50266- 1480
MP44	MEPS	COMMANDER	EL PASO MEPS	ATTN: UADC	700 E. SAN AN- TONIO, 5TH FLOOR	EL PASO	TX 79901- 2520
MP45	MEPS	COMMANDER	FARGO MEPS	ATTN: UADC	225 FOURTH AVE NORTH, PO BOX 3026	FARGO	ND 58108- 3026
MP47	MEPS	COMMANDER	HONOLULU MEPS	ATTN: UADC	300 ALA MOANA BLVD, PO BOX 50266	HONOLULU	HI 96850- 0001
MP48	MEPS	COMMANDER	HOUSTON MEPS	ATTN: UADC	701 SAN JACIN- TO, PO BOX 52309	HOUSTON	TX 77052- 2309

**Table 5-1  
Codes for TABLE A (T-SAC)—Continued**

SAC	TYPE	ADDRESS		STREET	CITY	ST	ZIP
MP49	MEPS	COMMANDER	KANSAS CITY MEPS	ATTN: UADC	10316 NW PRARIE VIEW ROAD	KANSAS CITY	MO 64153- 1350
MP50	MEPS	COMMANDER	LITTLE ROCK MEPS	ATTN: UADC	100 MAIN STREET, SUITE 100	LITTLE ROCK	AK 72201- 1518
MP51	MEPS	COMMANDER	LOS ANGELES MEPS	ATTN: UADC	5051 RODEO ROAD	LOS ANGELES	CA 90016- 4791
MP52	MEPS	COMMANDER	MILWAUKEE MEPS	ATTN: UADC	310 WEST WIS- CONSIN AVE, TENTH FLOOR	MILWAUKEE	WI 53203- 2288
MP53	MEPS	COMMANDER	MINNEAPOLIS MEPS	ATTN: UADC	212 THIRD AVE- NUE SOUTH, ROOM 108	MINNEAPOLIS	MN 55401- 2584
MP54	MEPS	COMMANDER	NEW ORLEANS MEPS	ATTN: UADC	4400 DAUPHINE ST, BUILDING 603-1C	NEW ORLEANS	LA 70146- 5900
MP55	MEPS	COMMANDER	OAKLAND MEPS	ATTN: UADC	1500 BROADWAY	OAKLAND	CA 94612- 2002
MP56	MEPS	COMMANDER	OKLAHOMA CITY MEPS	ATTN: UADC	4400 SW 21ST STREET	OKLAHOMA CITY	OK 73108- 1747
MP57	MEPS	COMMANDER	OMAHA MEPS	ATTN: UADC	5303 F. STREET	OMAHA	NE 68117- 2805
MP58	MEPS	COMMANDER	PHOENIX MEPS	ATTN: UADC	MONROE SCHOOL, 215 N. 7TH STREET	PHOENIX	AZ 85034- 1012
MP59	MEPS	COMMANDER	PORTLAND, OR- EGON MEPS	ATTN: UADC	2107 NE COLUM- BIA BLVD	PORTLAND	OR 97211- 1987
MP60	MEPS	COMMANDER	SALT LAKE CITY MEPS	ATTN: UADC	2830 SOUTH REDWOOD ROAD	SALT LAKE CITY	UT 84119- 2375
MP61	MEPS	COMMANDER	SAN ANTONIO MEPS	ATTN: UADC	8310 VICAR DRIVE	SAN ANTONIO	TX 78218- 1550
MP62	MEPS	COMMANDER	SAN DIEGO MEPS	ATTN: UADC	1750 FIFTH AVE- NUE	SAN DIEGO	CA 92101- 2711
MP63	MEPS	COMMANDER	SEATTLE MEPS	ATTN: UADC	2901 3RD AVE- NUE	SEATTLE	WA 98121- 1042
MP64	MEPS	COMMANDER	SHREVEPORT MEPS	ATTN: UADC	200 NORTH THOMAS DRIVE	SHREVEPORT	LA 71107- 6587
MP65	MEPS	COMMANDER	SIOUX FALLS MEPS	ATTN: UADC	320 SOUTH 2ND AVENUE	SIOUX FALLS	SD 57101- 1310
MP66	MEPS	COMMANDER	SPOKANE MEPS	ATTN: UADC	US COURT HOUSE, W 920 RIVERSIDE AVE	SPOKANE	WA 99201- 1008
MP67	MEPS	COMMANDER	ST LOUIS MEPS	ATTN: UADC	RBT A YOUNG FED BLDG, 1222 SPRUCE ST	ST LOUIS	MO 63103- 2816
MP68	MEPS	COMMANDER	SACRAMENTO MEPS	ATTN: UADC	3870 ROSIN COURT, SUITE 105	SACRAMENTO	CA 95834- 1633
MT00	MACOM	COMMANDER	MILITARY TRAF- FIC MANAGE- MENT COM- MAND	MTPAL-HR (ADCO)	5611 COLUMBIA PIKE	FALLS CHURCH	VA 22041
MT01	CCC	COMMANDER	MTMC EASTERN AREA	MTEA-PE-ADCO		BAYONNE	NJ 07002- 5302

**Table 5-1  
Codes for TABLE A (T-SAC)—Continued**

SAC	TYPE	ADDRESS		STREET	CITY	ST	ZIP
MT02	CCC	COMMANDER	MTMC WESTERN AREA, USA GARRISON	MTW-GC-P	OAKLAND ARMY BASE	OAKLAND	CA 96626-5000
MW00	MACOM	COMMANDER	MILITARY DISTRICT OF WASHINGTON	ANPE-CF		FT	DC 20319-5050
MW03	CCC	COMMANDER	HEADQUARTERS FORT MYER	ANMY-PEF-D (ADCO)	BLDG 59	FT MYER	VA 22211-5050
MW04	CCC	DEPT ARMY	FT BELVOIR COMMUNITY COUNSELING	ANFB-PAC-CC	BUILDING 1826, FRANKLIN ROAD	FT BELVIOR	VA 22060-5028
MW05	CCC	COMMANDER	FT MEADE	AFKA-ZI-PAF-ADCO	4 1/2 STREET	FT MEADE	MD 20755-5077
MW06	CCC	COMMANDER	USAG FT RITCHIE	ASQNJ-P-CF-AP		FT RITCHIE	MD 21719-5010
NAR0	RTF	COMMANDER	OTHER RTF (NAVY)				
NAR1	RTF	COMMANDER	TRI-SERVICE ALCOHOL REHAB DEPT	026 NAT NAVAL REGIONAL MEDICAL CTR		BETHESDA	MD 20814
NG00	HQDA	COMMANDER	NATIONAL GUARD BUREAU	NGB-HR		WASHINGTON	DC 20310-2500
NG01	RCC	COMMANDER	ALABAMA ARMY NATIONAL GUARD		PO BOX 3711, 1750 DICKINSON DRIVE	MONTGOMERY	AL 36193-4701
NG02	RCC	COMMANDER	ALASKA ARMY NATIONAL GUARD		3601 C STREET, SUITE 620	ANCHORAGE	AK 99503-5989
NG03	RCC	COMMANDER	ARIZONA ARMY NATIONAL GUARD		5636 E. MCDOWELL ROAD	PHOENIX	AZ 85008-3495
NG04	RCC	COMMANDER	ARKANSAS ARMY NATIONAL GUARD	TAG-AZ-SO	CAMP ROBINSON	N. LITTLE ROCK	AR 72118-2200
NG05	RCC	COMMANDER	CALIFORNIA ARMY NATIONAL GUARD	CAMP-B	2829 WATT AVENUE, PO BOX 214405	SACRAMENTO	CA 95821-4405
NG06	RCC	COMMANDER	COLORADO ARMY NATIONAL GUARD		300 LOGAN STREET	DENVER	CO 80203-4072
NG07	RCC	COMMANDER	CONNECTICUT ARMY NATIONAL GUARD		360 BROAD STREET	HARTFORD	CT 06105-3795
NG08	RCC	COMMANDER	DELAWARE ARMY NATIONAL GUARD	DE-ARP-SG	FIRST REGIMENT ROAD	WILMINGTON	DE 19808-2191
NG09	RCC	COMMANDER	DC ARMY NATIONAL GUARD	NG ARMORY	2001 E. CAPTIOL STREET	WASHINGTON	DC 20003-1719
NG10	RCC	COMMANDER	FLORIDA ARMY NATIONAL GUARD	SPMO-ADCO	STATE ARSENAL, P.O. BOX 1008	ST. AUGUSTINE	FL 32085-1008
NG11	RCC	COMMANDER	GEORGIA ARMY NATIONAL GUARD	DCS-PA-HR/EO	935 E. CONFEDERATE AVE. SE	ATLANTA	GA 30316-0965
NG12	RCC	COMMANDER	GUAM ARMY NATIONAL GUARD	FORT JUNA MUNA	622 E HARMON INDUSTRIAL PARK BLVD	TAMUNING, GUAM	96911-4421

**Table 5-1  
Codes for TABLE A (T-SAC)—Continued**

SAC	TYPE	ADDRESS		STREET	CITY	ST	ZIP
NG13	RCC	COMMANDER	HAWAII ARMY NATIONAL GUARD		3949 DIAMOND HEAD ROAD	HONOLULU	HI 96816-4495
NG14	RCC	COMMANDER	IDAHO ARMY NATIONAL GUARD	IDPR-HS	PO BOX 45	BOISE	ID 83707-0045
NG15	RCC	COMMANDER	ILLINOIS ARMY NATIONAL GUARD		1301 N. MCARTHUR BLVD	SPRINGFIELD	IL 62702-2399
NG16	RCC	COMMANDER	INDIANA ARMY NATIONAL GUARD	MDI-ARP-EO	PO BOX 41326 (STOUT FIELD)	INDIANAPOLIS	IN 46241-0326
NG17	RCC	COMMANDER	IOWA ARMY NATIONAL GUARD	CAMP DODGE	7700 NORTHWEST BEAVER DRIVE	JOHNSTON	IA 50131-1902
NG18	RCC	COMMANDER	KANSAS ARMY NATIONAL GUARD	AGKS-DOP-M, LT	PO BOX C-300	TOPEKA	KS 66601-0300
NG19	RCC	COMMANDER	KENTUCKY ARMY NATIONAL GUARD	KG-DOP-AR	BOONE NATIONAL GUARD CENTER	FRANKFORT	KY 40601-6168
NG20	RCC	COMMANDER	LOUISIANA ARMY AND AIR NATIONAL GUARD	LANG-DMM	JACKSON BARRACKS	NEW ORLEANS	LA 70146-0330
NG21	RCC	COMMANDER	MAINE ARMY NATIONAL GUARD	MEARNG-DPA-MED	CAMP KEYES	AUGUSTA	ME 04333-0033
NG22	RCC	COMMANDER	MARYLAND ARMY NATIONAL GUARD		MILITARY DEPT, 5TH REGIMENT ARMORY	BALTIMORE	MD 21201-2288
NG23	RCC	COMMANDER	MASSACHUSETTS ARMY NATIONAL GUARD		905 COMMONWEALTH AVENUE	BOSTON	MA 02215-1399
NG24	RCC	COMMANDER	MICHIGAN ARMY NATIONAL GUARD	MIAR-P-HS	2500 S. WASHINGTON AVENUE	LANSING	MI 48913-5101
NG25	RCC	COMMANDER	MINNESOTA ARMY NATIONAL GUARD		VETERANS SERVICE BLDG	ST. PAUL	MN 55155-2098
NG26	RCC	COMMANDER	MISSISSIPPI ARMY NATIONAL GUARD	MS-P	1410 RIVERSIDE DRIVE (PO BOX 5027)	JACKSON	MS 39296-5027
NG27	RCC	COMMANDER	MISSOURI ARMY NATIONAL GUARD		1717 INDUSTRIAL DRIVE	JEFFERSON CITY	MO 65101-1468
NG28	RCC	COMMANDER	MONTANA ARMY NATIONAL GUARD		PO BOX 4789	HELENA	MT 59604-4789
NG29	RCC	COMMANDER	NEBRASKA NATIONAL GUARD	HR/EO SECTION	1300 MILITARY ROAD	LINCOLN	NE 68508-1090
NG30	RCC	COMMANDER	NEVADA ARMY NATIONAL GUARD		2525 S. CARSON STREET	CARSON CITY	NV 89701-5502
NG31	RCC	COMMANDER	NEW HAMPSHIRE ARMY NATIONAL GUARD	STATE MIL RES	#1 AIRPORT ROAD	CONCORD	NH 03301-5353

**Table 5-1  
Codes for TABLE A (T-SAC)—Continued**

SAC	TYPE	ADDRESS		STREET	CITY	ST	ZIP
NG32	RCC	COMMANDER	NEW JERSEY ARMY NATIONAL GUARD	CN 340	EGGERT CROSSING ROAD	TRENTON	NJ 08625- 0340
NG33	RCC	COMMANDER	NEW MEXICO ARMY NATIONAL GUARD	NMAG-DPA-MD	PO BOX 4277	SANTE FE	NM 87502- 4277
NG34	RCC	COMMANDER	NEW YORK ARMY NATIONAL GUARD	MNPA-HS	330 OLD NIS- KAYUNA ROAD	LATHAM	NY 12110- 2224
NG35	RCC	COMMANDER	NORTH CAROLINA ARMY NATIONAL GUARD	SPMO-HR	4105 REEDY CREEK ROAD	RALEIGH	NC 27607- 6410
NG36	RCC	COMMANDER	NORTH DAKOTA ARMY NATIONAL GUARD	AGND-DPER-EP	4200 E. DIVIDE, PO BOX 5511	BISMARK	ND 58502- 5511
NG37	RCC	COMMANDER	OHIO ARMY NA- TIONAL GUARD	AGOH-PA-HR/EO	2825 W. GRAN- VILLE ROAD	COLUMBUS	OH 43235- 2712
NG38	RCC	COMMANDER	OKLAHOMA MILI- TARY DEPART- MENT	OKPA-A	3501 MILITARY CIRCLE, NE	OKLAHOMA CITY	OK 73111- 4398
NG39	RCC	COMMANDER	OREGON ARMY NATIONAL GUARD		2150 FAIR- GROUNDS ROAD NE	SALEM	OR 97303- 3241
NG40	RCC	COMMANDER	PENNSYLVANIA ARMY NATIONAL GUARD	MP-MED	DEPT OF MILI- TARY AFFAIRS	ANNVILLE	PA 17003- 5002
NG41	RCC	COMMANDER	ADJUTANT GEN- ERAL OF PUERTO RICO	TAG-PR	PO BOX 3786	SAN JUAN	PR 00904- 3786
NG42	RCC	COMMANDER	RHODE ISLAND NATIONAL GUARD	HR/EO-ADCO	1051 N. MAINE STREET	PROVIDENCE	RI 02904- 5717
NG43	RCC	COMMANDER	THE ADJUTANT GENERAL OF SOUTH	TAG-MP-PMS	1 NATIONAL GUARD ROAD	COLUMBIA	SC 29201- 4766
NG44	RCC	COMMANDER	SOUTH DAKOTA ARMY NATIONAL GUARD		2823 WEST MAIN	RAPID CITY	SD 57702- 8186
NG45	RCC	COMMANDER	TENNESSEE ARMY NATIONAL GUARD		PO BOX 41502, HOUSTON BAR- RACKS	NASHVILLE	TN 37204- 1501
NG46	RCC	COMMANDER	TEXAS ARMY NATIONAL GUARD	AGTX-PA	2210 W. 35TH ST.	AUSTIN	TX 78703
NG47	RCC	COMMANDER	UTAH NATIONAL GUARD	UT-DPA-HR	PO BOX 1776	SALT LAKE CITY	UT 84020- 1776
NG48	RCC	COMMANDER	VERMONT ARMY NATIONAL GUARD	VT-DPA	CAMP JOHNSON, BLDG #1	WINOOSKI	VT 05404- 1697
NG49	RCC	COMMANDER	THE ADJUTANT GENERAL OF VIRGINIA	VAPA-M	501 EAST FRANKLIN STREET	RICHMOND	VA 23219- 2317
NG50	RCC	COMMANDER	VIRGIN ISLANDS NATIONAL GUARD	VI-HR-EO	ARRIVALS BLDG, ALXNDR HAMIL- TON	ST. CROIX, US	VI 00851

**Table 5-1  
Codes for TABLE A (T-SAC)—Continued**

SAC	TYPE	ADDRESS		STREET	CITY	ST	ZIP
NG51	RCC	COMMANDER	WASHINGTON ARMY NATIONAL GUARD	CAMP MURRAY		TACOMA	WA 98430-5000
NG52	RCC	COMMANDER	WEST VIRGINIA ARMY NATIONAL GUARD		1703 COONSKIN DRIVE	CHARLESTON	WV 25311-1085
NG53	RCC	COMMANDER	WISCONSIN ARMY NATIONAL GUARD		PO BOX 8111	MADISON	WI 53708-8111
NG54	RCC	COMMANDER	THE ADJUTANT GEN, STATE OF WYOMING	AGWY-MPO-PA	HEALTH SYS- TEMS SPEC, PO BOX 1709	CHEYENNE	WY 82003-1709
P100	MACOM	COMMANDER	US ARMY PA- CIFIC COMMAND	APPE-CFA		FT SHAFTER	HI 96858-5011
P101	CCC	COMMANDER	US ARMY SUP- PORT COMMAND HAWAII	APZV-PAF-D		FT SHAFTER	HI 96857-5000
P103	CCC	COMMANDER	6TH INF DIV (L) & USAG, ALASKA	APVR-PA-CA	600 RICHARDSON DRIVE #6600	FT RICHARDSON	AK 99505-6600
P104	CCC	COMMANDER	FT WAINWRIGHT	APVR/WPA-CA	1060 GAFFNEY RD, #6600	FT WAINWRIGHT	AK 99703-6600
P105	CCC	COMMANDER	6TH INF DIV (L) & USAG, ALASKA	AFVR-FG-CCC		FT GREELY	AK 98733-5100
P106	CCC	COMMANDER	25TH INF DIV	HSHK-ADAPCP- SB	BUILDING T695A	SCHOFIELD BARRACKS	HI 96857
P107	CCC	COMMANDER	17th AREA SUP- PORT GROUP	APAJ-GH-PA- CCC		APO	AP 96343-0054
P108	CCC	COMMANDER	10th AREA SUP- PORT GROUP	APAJ-GO-FC		APO	AP 96376-5115
P800	MACOM	COMMANDER	EIGHTH US ARMY	HRD-H	ACOFs, J1	APO	AP 96205-0010
P801	CCC	COMMANDER	23RD SUPPORT GROUP	EANC-HG- PACCC		APO	AP 96271-0164
P802	CCC	COMMANDER	2ND INFANTRY DIVISION	EAIDGP-DA (ADCO)		APO	AP 96258-0089
P803	CCC	COMMANDER	501ST SUPPORT GROUP	EANC-CP-CCC		APO	AP 96208-0252
P807	CCC	COMMANDER	34TH AREA SUP- PORT GROUP	EANC-SA-CCC		APO	AP 96205-0177
P809	CCC	COMMANDER	20TH AREA SUP- PORT GROUP	EANC-T-CCC		APO	AP 96218-0171
P8R1	RTF	COMMANDER	18 MED CMD	EAMC-PSY-RTF		APO	AP 96301
PC00	MACOM	COMMANDER	TOTAL ARMY PERSONNEL COMMAND				
RC04	MACOM	COMMANDER	US ARMY RECRUITING COMMAND	RCPER-HR-I	1307 3D AVENUE	FT KNOX	KY 40121-2726
SP00	MACOM	COMMANDER	US ARMY SPE- CIAL OPERA- TIONS COM- MAND	AOPE-PP		FT BRAGG	NC 28307-5200
SP01	HQDA	COMMANDER	US SPECIAL OP- ERATIONS COM- MAND	SOCS-H	7701 TAMPA BLVD	MACDILL AFB	FL 33621-5323

**Table 5-1  
Codes for TABLE A (T-SAC)—Continued**

SAC	TYPE	ADDRESS		STREET	CITY	ST	ZIP
SU00	MACOM	COMMANDER	US ARMY, SOUTH	SOCO-AD	PANAMA ADCO	APO MIAMI	FL 34004-5000
SU01	CCC	COMMANDER	US ARMY, SOUTH-PANAMA	UNIT 7116 SOCO-AD	PANAMA CCC	APO AA	FL 34004-5000
TC00	MACOM	COMMANDER	US ARMY TRAIN- ING AND DOC- TRINE COM- MAND	ATBO-FA		FT MONROE	VA 23651-5000
TC01	CCC	COMMANDER	USAG FT HUACHUCA	ATZS-HRP		FT HAUCHUCA	AZ 85613-5000
TC02	CCC	COMMANDER	US ARMY INFAN- TRY CTR & FT BENNING	ATZB-PAD		FT BENNING	GA 31905-5225
TC03	CCC	COMMANDER	US ARMY AIR DEFENSE CEN- TER & FT BLISS	ATZC-CA-D	1733 PLEASON- TON RD	FT BLISS	TX 79916-6816
TC04	CCC	COMMANDER	CARLISLE BAR- RACKS	ATZE-PA-CCC	BUILDING 36	CARLISLE BAR- RACKS	PA 17013-5002
TC06	CCC	COMMANDER	US ARMY TRNS CTR & FT EUS- TIS	ATZF-PCZ-D		FT EUSTIS	VA 23604-5115
TC07	CCC	COMMANDER	US ARMY SIG- NAL CENTER AND FT GOR- DON	ATZH-PAD		FT GORDON	GA 30905-5000
TC08	CCC	COMMANDER	US ARMY SOL- DIER SUPPORT CENTER	ATZI-PAC-AD	BLDG 32	INDIANAPOLIS	IN 46216-5130
TC11	CCC	COMMANDER	US ARMY TNG CTR & FT JA- CKSON	ATZJ-PCA-FSAD	BLDG 4159	FT JACKSON	SC 29207-5150
TC12	CCC	COMMANDER	US ARMY ARM CTR & FT KNOX	ATZK-PCC		FT KNOX	KY 40121-5000
TC13	CCC	COMMANDER	US ARMY CAC & FT LEAVEN- WORTH	ATZL-GCB-A	BLDG 222, OR- GAN AVENUE	FT LEAVEN- WORTH	KS 66027-5000
TC14	CCC	COMMANDER	US ARMY COMB ARMS SUP CMD & FT LEE	ATZM-PAC-D	BLDG 12000	FT LEE	VA 23801-5144
TC15	CCC	COMMANDER	USACML&MPCEN & FT MCCLEL- LAN	ATZN-DPF-D		FT MCCLELLAN	AL 36205-5000
TC16	CCC	COMMANDER	FT MONROE	ATZG-PAD	BLDS T-194	FT MONROE	VA 23651-6100
TC21	CCC	COMMANDER	US ARMY AVIA- TION CENTER & FT RUCKER	ATZQ-PAC-AD	BUILDING 3901, GLADIATOR STREET	FT RUCKER	AL 36362-5000
TC22	CCC	COMMANDER	US ARMY FLD ATRY CTR & FT SILL	ATZR-PCD		FT SILL	OK 73503-5100
TC24	CCC	COMMANDER	US ARMY ENG CTR & FT LEONARD WOOD	ATZT-CA-FSD-D	BLDG 606	FT LEONARD WOOD	MO 65437-5114
TC25	CCC	COMMANDER	FT HAMILTON	ATZD-FHB-ADC		BROOKLYN	NY 11252-3650
X100	MACOM	COMMANDER	US ARMY MATE- RIEL COMMAND	AMCPE-AC	5001 EISEN- HOWER AVE	ALEXANDRIA	VA 22333-0001

**Table 5-1  
Codes for TABLE A (T-SAC)—Continued**

SAC	TYPE	ADDRESS			STREET	CITY	ST	ZIP
X165	CCC	COMMANDER	US ARMY MATE-RIEL COMMAND	AMCPE-AC	5001 EISEN-HOWER AVENUE	ALEXANDRIA	VA	22333-0001
XA00	MSC	DIRECTOR	US ARMY LABO-RATORIES, HARRY DIA-MOND	SLCIS-WC	2800 POWDER MILL ROAD	ADELPHI	MD	20783-1145
XA12	CCC	DIRECTOR	US ARMY LABO-RATORY COM-MAND	SLCIS-WC	2800 POWDER MILL ROAD	ADELPHI	MD	20783-1145
XB00	MSC	COMMANDER	US ARMY AVIA-TION AND TROOP COM-MAND	AMSAT-B-U	4300 GOODFEL-LOW BLVD	ST LOUIS	MO	63120-1798
XB67	CCC	COMMANDER	US ARMY AVIA-TION AND TROOP COM-MAND	AMSAT-B-U	4300 GOODFEL-LOW BLVD	ST LOUIS	MO	63120-1798
XM00	MSC	COMMANDER	US ARMY TEST & EVALUATION COMMAND	AMSTE-PE-S		ABERDEEN PROVING	MD	21005-5505
XM02	CCC	COMMANDER	US ARMY ABER-DEEN PROVING GROUND	STEAP-PA-D		ABERDEEN PROVING	MD	21005-5505
XM13	CCC	COMMANDER	DUGWAY PROV-ING GROUND	STEDP-PT-F-DA		DUGWAY	UT	84022-5000
XM19	CCC	COMMANDER	JEFFERSON PROVING GROUND	STEJP-MS-A		MADISON	IN	47250-5100
XM61	CCC	COMMANDER	WHITE SANDS MISSILE RANGE	STEWS-DP-AA		WHITE SANDS	NM	88002-5020
XM63	CCC	COMMANDER	YUMA PROVING GROUND	STEYP-CA		YUMA	AZ	85365-9102
XQ00	MSC	COMMANDER	US ARMY ARMA-MENT MUNITION & CHEMICAL	AMSMC-HRS		ROCK ISLAND	IL	61299-6000
XQ35	CCC	COMMANDER	US ARMY ARMA-MENT RD&E CENTER	SMCAR-ISH-B		PICATINNY AR-SENAL	NJ	07806-5000
XQ36	CCC	COMMANDER	PINE BLUFF AR-SENAL	SMCPB-PA (ADCO)	10020 KABRICH CIRCLE	PINE BLUFF	AR	71602-9500
XQ43	CCC	COMMANDER	ROCK ISLAND ARSENAL	SMCRI-PCE		ROCK ISLAND	IL	61299-5000
XQ60	CCC	COMMANDER	WATERVLIET ARSENAL	SMCWV-PCC-E	BLDG 40	WATERVLIET	NY	12189-4050
XQ69	CCC	COMMANDER	MCALESTER ARMY AMMO PLANT	SMCMC-PTC		MCALESTER	OK	74501-5000
XQ70	CCC	COMMANDER	US ARMY CHEM-ICAL RD&E CEN-TER	SMCCR-EA		ABERDEEN PROVING	MD	21010-5423
XQ71	CCC	COMMANDER	ROCKY MOUN-TAIN ARSENAL	AMCPM-RMS-F		COMMERCE CITY	CO	80022-1748
XQ72	CCC	COMMANDER	CAMP STANLEY STORAGE AC-TIVITY	SDSRR-KA-PS	25800 RALPH FAIR RD	BOERNE	TX	78015-4800

**Table 5-1  
Codes for TABLE A (T-SAC)—Continued**

SAC	TYPE	ADDRESS		STREET	CITY	ST	ZIP
XS00	MSC	COMMANDER	US ARMY COMMUNICATIONS & ELECTRONICS	AMSEL-PT-AD	BUILDING 864	FT MONMOUTH	NJ 07703-5000
XS30	CCC	COMMANDER	US ARMY COMMUNICATIONS & ELECTRONICS	AMSEL-PT-AD	BUILDING 864	FT MONMOUTH	NJ 07703-5000
XT00	MSC	COMMANDER	US ARMY MISSILE COMMAND	AMSMI-PT-MO-CC		REDSTONE ARSENAL	AL 35898-5191
XT40	CCC	COMMANDER	US ARMY MISSILE COMMAND	AMSMI-PT-MO-CC		REDSTONE ARSENAL	AL 35898-5191
XU00	MSC	COMMANDER	US ARMY TANK-AUTOMOTIVE COMMAND	AMSTA-XZ		WARREN	MI 48397-5000
XU10	CCC	COMMANDER	US ARMY TANK-AUTOMOTIVE SUPPORT		BLDG 945, SELFRIDGE ANGB	MT CLEMENS	MI 48045-5016
XU11	CCC	COMMANDER	US ARMY TANK-AUTOMOTIVE COMMAND	AMSTA-XZ		WARREN	MI 48397-5000
XW00	MSC	COMMANDER	US ARMY DEPOT SYSTEM COMMAND	AMSDS-PE-F	BUILDING 6	CHAMBERSBURG	PA 17201-4170
XW03	CCC	COMMANDER	ANNISTON ARMY DEPOT	SDSAN-DPCA-CFA-AD		ANNISTON	AL 36201-5049
XW23	CCC	COMMANDER	LETTERKENNY ARMY DEPOT	FIOLE-RMT	1 OVERCASH AVE., BLDG 103	CHAMBERSBURG	PA 17201-4150
XW24	CCC	COMMANDER	LEXINGTON-BLUE GRASS ARMY DEPOT	SDSLB-IOC-A		LEXINGTON	KY 40511-5009
XW37	CCC	COMMANDER	PUEBLO ARMY DEPOT ACTIVITY	SDSTE-PU-ADCO		PUEBLO	CO 81001-5000
XW39	CCC	COMMANDER	RED RIVER ARMY DEPOT	SDSRR-OM-AH	BLDS 469	TEXARKANA	TX 75507-5000
XW45	CCC	COMMANDER	SACRAMENTO ARMY DEPOT	SDSSA-AMW-I		SACRAMENTO	CA 95813-5081
XW46	CCC	COMMANDER	SENECA ARMY DEPOT	SDSSE-PED		ROMULUS	NY 14541-5001
XW52	CCC	COMMANDER	SIERRA ARMY DEPOT	ADSSI-ADO		HERLONG	CA 96113-5001
XW55	CCC	COMMANDER	TOBYHANNA ARMY DEPOT	SDSTO-AW-P		TOBYHANNA	PA 18466-5037
XW56	CCC	COMMANDER	TOOELE ARMY DEPOT	SDSTE-MCC-A		TOOELE	UT 84074-5001
XW57	CCC	COMMANDER	UMATILLA ARMY DEPOT ACTIVITY	SDSTE-UAI		HERMISTON	OR 97838-9544
XW68	CCC	COMMANDER	CORPUS CHRISTI ARMY DEPOT	SDSCC-IA	STOP 62	CORPUS CHRISTI	TX 78419-6250
XZ00	MSC	COMMANDER	US ARMY SOLDIER SYSTEMS COMMAND	AMSSC-HC	HHC, BLDG 15, 15 KANSAS ST	NATICK	MA 01760
ZZR0	RTF	OTHER	CIVILIAN RESIDENTIAL TREATMENT				

**Table 5-2**  
**Codes for TABLE B (T-REJECT)**

Code	Rejection Reason
00	NO DISCREPANCY FOUND IN PROCESSING THE SPECIMEN
11	SPECIMEN SHIPPING CONTAINER RECEIVED WITH NO OR BROKEN SEAL
12	BOTTLE RECEIVED WITH NO SEAL OR SEAL BROKEN AND NO ANNOTATION OR FIELD TESTING
21	INCOMPLETE SSN ON CHAIN OF CUSTODY DOCUMENT OR BOTTLE LABEL
22	SSN ON BOTTLE LABEL AND CHAIN OF CUSTODY DOCUMENT DO NOT MATCH
23	ILLEGIBLE SSN ON BOTTLE LABEL OR CHAIN OF CUSTODY DOCUMENT
31	INCOMPLETE UNIT SPECIMEN NUMBER ON CHAIN OF CUSTODY DOCUMENT OR BOTTLE LABEL
32	SPECIMEN NUMBER ON BOTTLE LABEL AND CHAIN OF CUSTODY DOCUMENT AND BOTTLE LABEL DO NOT MATCH
33	ILLEGIBLE SPECIMEN NUMBER ON CHAIN OF CUSTODY DOCUMENT OR BOTTLE LABEL
34	SPECIMEN NUMBER IS A DUPLICATE OF A PREVIOUS SPECIMEN NUMBER
41	NO CHAIN OF CUSTODY DOCUMENT RECEIVED
42	CHAIN OF CUSTODY DOCUMENT RECEIVED SEPARATELY FROM SPECIMEN
43	NO CHAIN OF CUSTODY ENTRIES ON CHAIN OF CUSTODY DOCUMENT
44	ALTHOUGH LISTED ON THE CHAIN OF CUSTODY DOCUMENT, NO SPECIMEN WAS RECEIVED
51	QUANTITY IS NOT SUFFICIENT AS THE BOTTLE CONTAINS LESS THAN 60 ML OF URINE
61	SPECIMEN APPEARS TO HAVE BEEN ADULTERATED
62	UNAUTHORIZED SPECIMEN CONTAINER
63	SPECIMEN CONTAINS UNKNOWN SUBSTANCE THAT INTERFERES WITH TESTING
71	LABORATORY ACCIDENT
81	SPECIMEN LEAKED IN SHIPMENT
91	CHAIN OF CUSTODY DOCUMENT HAS DATA MISSING OTHER THAN SSN OR SPECIMEN NUMBER
92	CORRECTION ON CHAIN OF CUSTODY DOCUMENT OR BOTTLE LABEL NOT IN ACCORDANCE WITH AR 600-85
93	MISCELLANEOUS ERROR NOT OTHERWISE SPECIFIED

**Table 5-3**  
**Codes for TABLE C (T-DRUG)**

Code	Code Name
A	AMPHETAMINE
B	BARBITUATES
C	COCAINE
H	HALLUCINOGENS (LSD)
M	METHAQUALONE, SEDATIVE, HYPNOTIC, OR ANXIOLYTIC
O	OPIATES
P	PHENCYCLIDINE (PCP)
T	CANNABIS PRODUCTS (THC)
X	MIXED, UNCATEGORIZED BY ACSAP

**Table 5-4**  
**Codes for TABLE D (T-MACOM)**

Code	Code Name
AS	US ARMY INTELLIGENCE AND SECURITY COMMAND
CB	US ARMY CRIMINAL INVESTIGATION COMMAND
CT	US ARMY CENTRAL COMMAND
CZ	US ARMY INFORMATION SYSTEMS COMMAND
E1	US ARMY, EUROPE
FC	US ARMY FORCES COMMAND
HS	US ARMY HEALTH SERVICES COMMAND
MT	MILITARY TRAFFIC MANAGEMENT COMMAND
MW	US ARMY MILITARY DISTRICT OF WASHINGTON
NG	US ARMY ELEMENT NATIONAL GUARD BUREAU
P1	US ARMY, PACIFIC
P3	US ARMY, JAPAN
P8	EIGHTH US ARMY
SF	HEADQUARTERS, US ARMY
SP	US ARMY SPECIAL OPERATIONS COMMAND
SU	US ARMY, SOUTH
TC	US ARMY TRAINING AND DOCTRINE COMMAND
X1	US ARMY MATERIEL COMMAND

---

**Table 5-5**  
**Codes for TABLE E (T-TDP)**

---

Code	Rejection Reason
A	AVIATION POSITIONS
B	GUARD AND POLICE POSITIONS
C	PERSONNEL RELIABILITY PROGRAM POSITIONS
D	ASAP/FTDTL POSITIONS
X	OTHER DESIGNATED POSITIONS

---

---

**Table 5-6**  
**Codes for TABLE F (T-DIAG-CODE)**

---

Code	Rejection Reason
30390	ALCOHOL DEPENDENCE
30400	OPIOID DEPENDENCE
30410	SEDATIVE, HYPNOTIC, OR ANXIOLYTIC DEPENDENCE
30420	COCAINE DEPENDENCE
30430	CANNABIS DEPENDENCE
30440	AMPHETAMINE OR SIMILARLY ACTING SYMPATHOMIMETIC DEPENDENCE
30451	HALLUCINOGEN DEPENDENCE
30452	PHENCYCLIDINE (PCP) OR SIMILARLY ACTING ARYLCYCLOHEXYLAMINE DEPENDENCE
30460	INHALANT DEPENDENCE
30491	POLYSUBSTANCE DEPENDENCE
30499	PSYCHOACTIVE SUBSTANCE DEPENDENCE NOT OTHERWISE SPECIFIED
30500	ALCOHOL ABUSE
30520	CANNABIS ABUSE
30530	HALLUCINOGEN ABUSE
30540	SEDATIVE, HYPNOTIC, OR ANXIOLYTIC ABUSE
30550	OPIOID ABUSE
30560	COCAINE ABUSE
30570	AMPHETAMINE OR SIMILARLY ACTING SYMPATHOMIMETIC ABUSE
30591	INHALANT ABUSE
30592	PHENCYCLIDINE (PCP) OR SIMILARLY ACTING ARYLCYCLOHEXYLAMINE ABUSE
30599	PSYCHOACTIVE SUBSTANCE ABUSE NOT OTHERWISE SPECIFIED

---

---

**Table 5-7**  
**Codes for TABLE G (T-ENRL-BASIS)**

---

Code	Rejection Reason
ALC	ALCOHOL MISUSE
AMP	AMPHETAMINE OR SIMILARLY ACTING SYMPATHOMIMETIC MISUSE
CAN	CANNABIS MISUSE
COC	COCAINE MISUSE
EAP	EMPLOYEE ASSISTANCE PROGRAM REFERRAL
HAL	HALLUCINOGEN MISUSE
INH	INHALANT MISUSE
OPI	OPIAD MISUSE
OTH	OTHER SUBSTANCES MISUSE
PHE	PHENCYCLIDINE (PCP) OR SIMILAR ACTING ARYLCYCLOHEXYLAMINE MISUSE
SED	SEDATIVE, HYPNOTIC, OR ANXIOLYTIC MISUSE

---

---

**Table 5-8**  
**Codes for TABLE H (T-RTF)**

---

Code	Rejection Reason
AFR0	AIR FORCE RESIDENTIAL TREATMENT FACILITY
E8R1	BAD CANSTATT MEDDAC
E8R2	BERLIN MEDDAC
E8R3	FRANKFURT ARMY MEDICAL CENTER
E8R4	HEIDELBERG MEDDAC
E8R5	LANDSTUHL ARMY MEDICAL CENTER
E8R6	NUERNBURG RESIDENTIAL TREATMENT FACILITY
E8R7	AUGSBURG RESIDENTIAL TREATMENT FACILITY
HSR1	WILLIAM BEAUMONT ARMY MEDICAL CENTER
HSR2	DWIGHT DAVID EISENHOWER MEDICAL CENTER
HSR3	TRIPLER ARMY MEDICAL CENTER
NAR0	OTHER RESIDENTIAL TREATMENT FACILITY (NAVY)
NAR1	TRI-SERVICE ALCOHOL REHABILITATION DEPT
P8R1	MEDCOM-KOREA
ZZR0	OTHER CIVILIAN RESIDENTIAL TREATMENT FACILITY

---

## **Appendix A References**

### **Section I Required Publications**

#### **AR 40-66**

Medical Records Administration and Health Care Documentation Assurance Administration (Cited in para 2-5a)

#### **AR 40-3**

Medical, Dental, and Veterinary Care (Cited in para 2-5a.)

#### **AR 50-5**

Nuclear Surety Personnel Reliability Program (Cited in para 3-2f (6)(b))

#### **AR 50-6**

Chemical Surety Personnel Reliability Program (Cited in para 3-2f (6)(b))

#### **AR 380-67**

Personnel Security Program Regulation (Cited in para 2-3k)

### **Section II Related Publications**

A related publication is merely a source of additional information. The user does not have to read it to understand this publication.

#### **DOD DIRECTIVE 1010-3**

Drug and Alcohol Abuse Reports

#### **DOD Directive 1010.9.**

DOD Civilian Employee Drug Abuse Testing Program

Title 5 CFR, Part 752, Adverse Actions

Title 5 USC, "The Privacy Act," Sections 75, 552(a), 7301, (1987, and 8331 (20))

Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, PL 91-616

Drug Abuse Office and Treatment Act of 1972, PL 92-255

Civil Service Reform Act of 1978, PL 95-454

Federal Employees Substance Abuse Education and Treatment Act of 1986, title VI of PL 99-570

Supplemental Appropriations Act, 1987, PL 100-71, 503, 5 USC 7301 note

Drug-free Workplace Act of 1988, Subtitle D of the Anti-drug Abuse Act, PL 100-690

Omnibus Transportation Employee Testing Act of 1991, title V of PL 102-143

FAR 23.223-5, 23.223-6 and 52.223-5

### **Section III Prescribed Forms**

#### **DA Form 3711**

Alcohol and Drug Abuse Prevention and Control Program Resource and Performance Review (RAPR) (Prescribed in para 5-2)

**DA Form 4465**

Patient Intake/Screening Record (Prescribed in para 2-1a(1), 5-3)

**DA Form 4466**

Patient Progress Record (Prescribed in para 5-4)

**DA Form 5017**

Civilian Employee Consent Form (Prescribed in para 2-1a)

**DA Form 5019**

Condition of Employment for Certain Civilian Positions Identified Critical Under the Department of the Army Drug-Free Federal Workplace Program (Prescribed in para 3-2e(2))

**DA Form 7412**

Condition of Employment for Certain Civilian Positions Identified Safety-Sensitive Under the Department of Transportation, Federal Highway Administration Rules on Drug and Alcohol Testing (Prescribed in 4-4c(5)(b), 4-4c(6)(b)3)

**Section IV**

**Referenced Forms**

This section contains no entries.

## **Glossary**

### **Section I Abbreviations**

#### **ABMD**

Alcohol Breath Measuring Device

#### **ACSAP**

Army Center for Substance Abuse Programs

#### **AD**

Active Duty

#### **ADAPT**

Alcohol Drug Abuse Prevention Training

#### **ADCO**

Alcohol Drug Control Officer

#### **ADP**

Automatic Data Processing

#### **ADT**

Active Duty Training

#### **AMEDD**

Army Medical Department

#### **ARNG**

Army National Guard

#### **ASACS**

Adolescent Substance Abuse Counseling Services

#### **ASAP**

Army Substance Abuse Program

#### **ATRRS**

Army Training Requirements and Resources System

#### **CCC**

Community Counseling Center

#### **CD**

Clinical Director

#### **CDL**

Commercial Drivers' License

#### **CFR**

Code of Federal Regulations

#### **CMV**

Commercial motor vehicle

#### **CONUS**

Continental United States

#### **CPAC**

Civilian Personnel Advisory Center

**CPOC**

Civilian Personnel Operation Center

**DA**

Department of the Army

**DAMIS-HQ**

Drug and Alcohol Management Information System–Headquarters

**DAMIS-FS**

Drug and Alcohol Management Information System

**DCSPER**

Deputy Chief of Staff for Personnel

**DFW**

Drug-free Federal Workplace

**DHHS**

Department of Health and Human Services

**DHR**

Director of Human Resources

**DOD**

Department of Defense

**DOT**

Department of Transportation

**EAP**

Employee Assistance Program

**EAPA**

Employee Assistance Program Administrator

**EAPC**

Employee Assistance Program Coordinator

**EBT**

Evidential breath testing device

**EO**

Executive Order 12564

**FHWA**

Federal Highway Administration

**FTDTL**

Forensic Toxicology Drug Testing Laboratory

**HR**

Human Resources

**HQDA**

Headquarters, DA

**IADT**

Initial Active Duty Training

**IBAT**

Installation Breath Alcohol Technician

**IBTC**

Installation Biochemical Test Coordinator

**IPP**

Installation Prevention Plan

**LSD**

Lysergic Acid Diethylamide

**MACOM**

Major Army Command

**MEDCEN**

Medical Center

**MEDDAC**

Medical Department Activity

**MFR**

Memorandum for the Record

**MP**

Military Police

**MRO**

Medical Review Officer

**MTF**

Medical Treatment Facility

**NAF**

Non-appropriated fund

**NGB**

National Guard Bureau

**OCONUS**

Outside CONUS

**ONDCP**

Office of National Drug Control Policy

**ODCSPER**

Office of the DCSPER

**PC**

Prevention Coordinator

**PCP**

Phencyclidine

**PL**

Public Law

**PIR**

Patient Intake/Screening Report

**PM**

Provost Marshal

**PPA**

Prevention Program Administrator

**PRP**

Personnel Reliability Program

**RRP**

Risk Reduction Program

**RTF**

Residential Treatment Facility

**SAP**

Substance Abuse Professional

**SJA**

Staff Judge Advocate

**TDP**

Testing Designated Position

**TJAG**

The Staff Judge Advocate General

**UPL**

Unit Prevention Leader

**TSG**

The Surgeon General

**USACE**

U.S. Army Corps of Engineers

**USACIDC**

U.S. Army Criminal Investigation Command

**USAMEDCOM**

U.S. Army Medical Command

**USAR**

U.S. Army Reserve

**VA**

Veterans Administration

**Section II****Terms****Army Substance Abuse Program (ASAP)**

A personnel program that includes prevention, identification, education, and rehabilitation services. The program includes nonresidential and partial inpatient care program. The ASAP is responsive to the chain of command and supports the morale, safety, and combat readiness of the Army.

**ASAP Records**

Forms, records, or other documents required by this regulation. This includes any information, whether recorded or not, relating to a patient or client which is received or acquired in connection with any function of the ASAP, including

evaluation for possible enrollment in the ASAP. Creation or maintenance of alcohol or other drugs abuse records that would identify an individual as a client/patient of the ASAP, other than as required by this regulation, are prohibited.

**Air Blank**

A reading by an evidential breath test of ambient air containing no alcohol.

**Alcohol Abuse**

Any irresponsible use of an alcoholic beverage which leads to misconduct, unacceptable social behavior, or impairment of an individual's performance of duty, physical or mental health, financial responsibility, or personal relationships.

**Alcohol Level**

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. For example, a breath alcohol concentration of 0.04 means 0.04 grams (four one-hundredths of one gram) of alcohol in 210 liters of expired deep lung air.

**Alcoholism**

A treatable, progressive condition or illness characterized by excessive consumption of alcohol to the extent that the individual's physical and mental health, personal relationships, social conduct, or job performance are impaired.

**Alcohol and Drug Control Officer (ADCO)**

The person having staff responsibility for implementing, operating, and monitoring the ASAP at MACOM, installation, or major tenant unit level.

**Chain of Custody**

Procedures to account for the integrity of each urine specimen or aliquot, by tracking, handling, and storing from point of specimen collection to the final disposition of the specimen. Documentation of this process must include the date and purpose each time a specimen or aliquot is handled or transferred and identification of each individual in the chain of custody.

**Confirmation**

The process of using a second analytical procedure to identify the presence of a specific drug or metabolite that is independent of the initial test and which uses a different technique and chemical principle from that of the initial test in order to ensure reliability and accuracy.

**Drug Abuse**

The use or possession of controlled substances, or illegal drugs, or the nonmedical or improper use of other drugs (e.g. prescription, and over the etc.) that are packaged with a recommended safe dosage. That include the use of substances for other than their intended use (e.g. glue and gasoline fume sniffing or steroid use for other than that which is specifically prescribed by competent medical authority.

**Evidential Breath Testing (EBT) Device**

A device approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath and placed on NHTSA's "Conforming Products List (CPL) of Evidential Breath Measurement Devices."

**Enrollment**

The formal action taken by an ASAP clinician, in consultation with the commander, to enter a soldier into the ASAP.

**Family Member**

Spouse or minor children of a soldier, or a DA civilian employee. Use of the term in this regulation is intended to include only persons eligible for ASAP services by law or regulation.

**Follow-up Testing**

Unannounced testing which may be administered during or after counseling or rehabilitation. It is not to be confused with testing which is undertaken as part of rehabilitation or counseling (i.e., rehabilitation testing). Only verified results of follow-up testing may be used to support an adverse action.

**Forensic**

Suitable for a court of law, public debate, or argument

**Initial Test**

A screening test to identify those specimens that are negative for the presence of drugs or their metabolites. When negative, these specimens need no further examination and need not undergo a more costly confirmation test.

**Medical Evaluation**

Examination of an individual by a physician to determine whether there is evidence of alcohol or other drug abuse or dependency.

**Medical Review Officer (MRO)**

A licensed physician responsible for receiving laboratory results generated from a drug test who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate employees/applicants' confirmed positive tests together with their medical histories and any other relevant biomedical information.

**Prevention Procedures**

Those actions designed to increase the likelihood that individuals will make responsible decisions regarding the use of alcohol or other drugs. Those actions taken to eliminate to the extent possible abuse or misuse of alcohol or other drugs.

**Random Testing**

Testing which occurs without suspicion that a particular individual is using illegal drugs.

**Reasonable Suspicion**

An articulable belief that an employee uses illegal drugs or misuses alcohol from specific and particularized facts and reasonable inferences from those facts.

**Rehabilitation Team**

A coordinating group consisting of the soldier, the unit commander and/or First Sergeant, the ASAP clinical staff, and other appropriate personnel as required (e.g., clinical director, chaplain, physician, etc.). The team reviews all pertinent information about the soldier and recommends to the commander when rehabilitation is required. It selects the appropriate rehabilitation track and assists the commander in setting standards of behavior and goals for evaluation of the soldier's progress in rehabilitation.

**Employee Assistance Program Short-term Counseling**

The process whereby the Employee Assistance Program Coordinator provides short-term guidance, advice, education, and mediation to civilian employees towards resolution of employee problems and issues.

**Split Specimen**

An additional specimen collected with the original specimen to be tested in the event the original specimen tests positive.

**Testing Designated Position (TDP) Employee**

A DA employee who holds a position identified by the Army as having critical safety or security responsibilities related to the Army mission.

**Section III****Special Abbreviations and Terms**

The following abbreviations and term are used in this pamphlet are used in the DOT Testing Program.

**Alcohol**

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

**Alcohol use**

The consumption of any beverage, mixture, or preparation, including any medication containing alcohol.

**Breath Alcohol Technician (BAT)**

An individual who instructs and assists individuals in the alcohol testing process and operates an evidential breath testing device.

**Commercial motor vehicle (CMV)**

A motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle:

- a.* Has a gross combination weight of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds.
- b.* Has a gross vehicle weight rating of 26,001 or more pounds.
- c.* Is designed to transport 16 or more passengers, including the driver.
- d.* Is of any size and is used in the transportation of hazardous materials requiring placards.

**Driver**

Any person who operates a commercial motor vehicle. For the purposes of pre-employment testing, “driver” includes a person applying to drive a commercial motor vehicle.

**Drugs**

Marijuana, opiates, PCP, amphetamines, and cocaine are the drugs for which tested.

**Employer**

Any person (including the United States, a State, the District of Columbia or a political subdivision of a State) who owns or leases a commercial motor vehicle or assigns persons to operate such a vehicle, including agents, officers, and representatives of the employer.

**Evidential breath testing device (EBT)**

A device approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath and placed on NHTSA’s “Conforming Products List (CPL) of Evidential Breath Measurement Devices.”

**Medical Review Officer (MRO)**

A licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by an employer’s drug testing program, and who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual’s confirmed positive test result, together with his or her medical history and any other relevant biomedical information.

**Performing (a safety-sensitive function)**

Any period in which the driver is actually performing, ready to perform, or immediately able to perform any safety-sensitive functions.

**Refusal to submit (to an alcohol or controlled substance test)**

A driver:

- a.* Fails to provide adequate breath for testing without a valid medical explanation after he or she has received notice of the requirement for breath testing;
- b.* Fails to provide adequate urine for controlled substances testing without a valid medical explanation after he or she has received notice of the requirement for urine testing.
- c.* Engages in conduct that clearly obstructs the testing process.

**UNCLASSIFIED**

**PIN 999999-999**