



U.S. Department
of Transportation
Federal Aviation
Administration

CANCELLED 5/20/94

Advisory Circular

Subject: GUIDELINES FOR DEVELOPING AN
ANTI-DRUG PLAN FOR AVIATION
PERSONNEL

Date: 3/16/89
Initiated by: AAM-220

AC No: 121-30
Change:

1. PURPOSE. This advisory circular (AC) provides guidelines for developing an anti-drug plan as required by the final rule entitled "Anti-Drug Program for Personnel Engaged in Specified Aviation Activities" (53 FR 47024; 14 CFR 61, 63, 65, 121, and 135). The anti-drug plan format is shown in Appendix 1.

2. RELATED FEDERAL AVIATION REGULATIONS (FAR).

- a. Part 61--Certification: Pilots and Flight Instructors
- b. Part 63--Certification: Flight Crewmembers Other Than Pilots
- c. Part 65--Certification: Airmen Other Than Flight Crewmembers
- d. Part 121--Certification and Operations: Domestic, Flag, and Supplemental Air Carriers and Commercial Operators of Large Aircraft
- e. Part 135--Air Taxi Operators and Commercial Operators

3. OTHER RELATED FEDERAL REGULATIONS.

a. Department of Transportation (DOT) Interim Final Rule, "Procedures for Transportation Workplace Drug Testing Programs" (49 CFR 40; 53 FR 47002) establishes procedures that employers must follow when conducting drug testing.

b. Department of Health and Human Services Notice, "Current List of Laboratories Which Meet Minimum Standards to Engage in Urine Drug Testing for Federal Agencies" (54 FR 7475) issued February 21, 1989, identifies certified drug testing laboratories (see Appendix 3).

4. BACKGROUND.

a. "Anti-Drug Program for Personnel Engaged in Specified Aviation Activities." On November 21, 1988, the Federal Aviation Administration (FAA) published its final rule in the Federal Register with an effective date of December 21, 1988. This rule prohibits an aviation employee from performing a sensitive safety- or security-related function if that employee has used drugs evidenced by a urine drug test showing the presence of drugs or drug metabolites. Since the rule is designed to ensure a drug-free aviation workforce, certain segments of the aviation

industry are required to establish anti-drug programs. The programs include urine drug testing and the establishment of Employee Assistance Programs (EAP) to provide education and training to employees and supervisors regarding the consequences of drug use.

b. This AC provides guidelines for developing an anti-drug plan. More detailed guidelines, suggestions, and informational material will be furnished in a subsequent AC. The information provided in this AC does not limit an employer in the way or method in which to implement a program. For instance, an employer may wish to establish an EAP that provides training and education beyond that specified in the final rule or as suggested in this AC. An employer's anti-drug plan which is submitted to the PAA, however, should only demonstrate how its program meets the requirements of the FAA anti-drug program final rule. There are areas in which an employer does not have latitude. For instance, the FAA's rule authorizes testing of employees performing specific functions. Testing of employees performing other than these specified duties would not be authorized by the rule; any additional testing would be guided by existing labor-management agreements, conditions of employment, and applicable State and local laws.

5. DISCUSSION: The following is a discussion of the "Anti-Drug Program for Personnel Engaged in Specified Aviation Activities" final rule.

a. Applicability.

(1) Domestic and supplemental air carriers, commuter operators, certain commercial operators, certain contractors, and air traffic facilities not operated by, or under contract with, the FAA or the U.S. military are required by the rule to have anti-drug programs for employees who perform sensitive safety- or security-related functions. Specifically, anti-drug programs are required of air carriers, air travel clubs, and operators for compensation or hire operating under FAR Part 121; air taxi and commercial operators under FAR Part 135; operators as defined in section 135.1(c) as amended in the rule; and air traffic control facilities not operated by or under contract to the FAA or U.S. military. For ease of reference, for hire or for compensation operations referenced by the new section 135.1(c) are identified below:

(i) Student instruction;

(ii) Nonstop sightseeing flights that begin and end at the same airport, and are conducted within a 25-statute-mile radius of that airport;

(iii) Ferry or training flights;

(iv) Aerial work operations, including: crop dusting, seeding, spraying, and bird chasing; banner towing; aerial photography or survey; fire fighting; helicopter operations in construction or repair work (but not including transportation to and from the site of operations); and powerline or pipeline patrol, or similar types of patrol approved by the Administrator;

(v) Sightseeing flights conducted in hot air balloons;

(vi) Nonstop flights conducted within a 25-statute-mile radius of the airport of takeoff carrying persons for the purpose of intentional parachute jumps;

(vii) Helicopter flights conducted within a 25-statute-mile radius of the airport of takeoff;

(viii) Operations conducted under Part 133 of this title; and

(ix) Operations conducted under the provisions of FAR 91.59.

(2) Direct/prime contractors who perform a sizable portion of the maintenance on Part 121 or Part 135 aircraft and their component parts and take responsibility for the airworthiness of that product are required by the rule to be included in the anti-drug program of one of those certificate holders. For instance, if a repair station is under contract to ABC Airlines and uses covered employees (e.g., mechanics, repairmen, etc.) to perform repairs, the repair station's covered employees should be included in ABC Airlines' anti-drug program. Participating covered employees are authorized to provide their services to subsequent carriers without joining additional anti-drug programs.

(3) Covered employees. Any person who performs a function defined below is a covered employee and is required by the rule to be included in an FAA-approved anti-drug program. If an employer determines that managers or supervisors who are not directly performing the function might be required to do so, then the employer should include them in the program.

(i) Flight crewmember duties which include pilots, flight engineers, and flight navigators.

(ii) Flight attendant duties and cabin crew.

(iii) Flight instructor or ground instructor duties.

(iv) Flight test duties which include operational maintenance checks, airman proficiency checks, and airman certification duties.

(v) Aircraft dispatcher duties which are those duties related to the preparation of a dispatch document, flight release, load manifest, or a flight plan.

(vi) Aircraft maintenance or preventive maintenance duties.

(A) Maintenance means inspection, overhaul, repair, preservation, and the replacement of parts, but excludes preventive maintenance.

(B) Preventive maintenance means simple or minor preservation operations and the replacement of small standard parts not involving complex assembly operations.

(vii) Aviation security or screening duties which include preboarding passenger and baggage screening, checked baggage screening, or ground security coordinator duties.

(viii) Air traffic control duties performed by non-FAA or non-military personnel.

(4) Additions to FAA-approved list of covered employees. The functions listed above were selected based on their sensitive safety- or security-related nature. The FAA may add functions to the list, in a future rulemaking action, based on indicators from data collected through industry and other sources. Any additions by employers fall outside the purview of this rule. This does not preclude the employer from petitioning the FAA under Section 11.25 of 14 CFR to add additional functions.

b. Types of Drug Testing. Employers are required to conduct the following six types of testing in accordance with these procedures and DOT "Procedures for Transportation Workplace Drug Testing Programs" (49 CFR 40).

(1) Preemployment testing.

(i) A preemployment drug test must be conducted when either an applicant is selected for employment for a covered position or when a current employee is moved from a noncovered to a covered position. Also, a covered employee who is no longer in an anti-drug program because of a leave of absence must be preemployment tested prior to performing covered employee duties. An employer is not required to test every applicant, but only to test a selectee before he/she is actually hired. The employer is required to advise an applicant at the time of application that preemployment drug testing will be conducted.

(ii) An employer is required to conduct a preemployment test only the first time an employee is hired pursuant to a contract with that employer as long as the individual remains in the employer's drug testing program. As long as an employee is subject to an FAA-approved anti-drug program, another employer may use that individual to perform a covered safety duty. An individual who participates in one employer's FAA-approved anti-drug program or through a consortium would be able to

provide services on a contract basis to different employers without having to submit to subsequent preemployment tests or to participate in another employer's drug testing program. If an employee has not been continuously subject to an FAA-approved anti-drug program, an employer would be required to conduct a preemployment test.

(111) It would be acceptable to the FAA for an employer to allow a contract covered employee to continue in the employer's anti-drug program after termination of a contract. In the case of an employer who hires employees for a series of short-term contracts, the employer could "rehire" the individual at any time, but would not be required to conduct preemployment drug testing. In addition, the covered employee could perform safety or security duties for another employer on a temporary basis, but would not be required to participate in the other employer's program or to submit to another preemployment drug test.

(2) Periodic testing.

(1) The rule requires that a covered employee who holds a medical certificate pursuant to FAR Part 67 submit to a drug test as part of the first medical examination during the calendar year after implementation of the anti-drug program. For example, pilots who hold Class I medical certificates who have medical examinations every 6 months must be drug tested at the first medical examination of the year after implementation of the anti-drug program. Aviation Medical Examiners (AME) who choose to participate in the collection and chain-of-custody process may provide this service to employers. We expect that the urine collection will be scheduled to coincide with the date of the medical examination.

(11) An employer may discontinue its periodic drug testing program after the first year when its random testing program has reached a 50 percent annualized rate.

(3) Random testing.

(1) An employer is required to develop and to implement a random drug testing program. An employer may implement procedures that will allow phasing in of unannounced testing based on random selection of covered employees during the first 12 months. Employers are permitted to start the program at a lower testing rate and work up to a 50 percent annualized rate by the time of the final collection in the first year of the program. The total number of random tests during the first 12 months, however, would have to equal at least 25 percent of covered employees. The tests should be reasonably spaced throughout the year, such as a testing schedule of once a month. The FAA would not approve a plan that specified "batching" or the collection of large numbers of specimens on a once- or twice-a-year basis. This strategy is not considered to be truly random, can be disruptive to the workforce, and takes on the aspects of a "sweep" program. After the first year of implementation, an employer is required to maintain an annualized rate of 50 percent of covered employees who are subject to the rule at the beginning of a calendar year.

Employers may develop a random selection procedure using a random number table or computer-based, number generator that is matched with an employee's payroll identification number or any other alternative procedure approved by the FAA. It may be necessary for an employer to select a number of covered employees in excess of the actual number to meet the required percentage. Selection of a greater number of employees enables the employer to reach the appropriate annualized rate despite legitimate absence due to vacations, medical leave, or travel requirements.

(ii) The following is an example of the random process. If an employer has 1,000 covered employees, at a 50 percent annual rate, the employer is required to conduct 500 unannounced tests based on random selection a year. Under the phased approach, however, the employer may conduct only a few drug tests at the start of the program and then gradually increase the number of tests until, by the end of the first year at the last collection, the annualized rate of 50 percent is achieved. If an employer's plan calls for random testing 12 times a year, the employer will need to collect and test 42 urine specimens for analysis (500 divided by 12) on the last collection of the year, but may collect fewer specimens until then. Overall, the employer would have to collect and test at least 250 specimens (25 percent) for analysis during the first year. In following years, the employer is required to maintain the 50 percent annualized rate. The FAA encourages employers to establish a random system that will test approximately the same percentage of covered employees in each occupation.

(iii) If a consortium is established among employers or operators, the consortium would be required to select and test the appropriate rate of the total number of employees covered by the consortium. When developing a random selection scheme, an employer or consortium should specify any variations in the anti-drug plan for FAA review to ensure that the scheme does not dilute the required annualized rate.

(4) Postaccident testing. The rule requires that an employer drug test a covered employee if that employee's performance either contributed to an accident or cannot be completely discounted as a contributing factor to the accident. The employee should be tested as soon as possible, but not later than 32 hours after the accident. Because certain drugs or drug metabolites do not remain in the body for extended periods of time, testing should be done as soon as possible. "Accident" is defined as an occurrence associated with the operation of an aircraft which takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death or serious injury, or in which the aircraft receives substantial damage (49 CFR section 830.2). A serious injury is defined as any injury which:

(i) Requires hospitalization for more than 48 hours, commencing within 7 days from the date of the injury was received;

(ii) Results in a fracture of any bone (except simple fractures of fingers, toes, nose);

(iii) Causes severe hemorrhages, nerve, muscle or tendon damage;

(iv) Involves any internal organ; or

(v) Involves second or third degree burns, or any burns affecting more than 5 percent of the body surface.

Substantial damage to aircraft is defined as damage or failure which adversely affects the structural strength, performance or flight characteristics of the aircraft, and which would normally require major repair or replacement of the affected component. Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairings or cowlings, dented skin, small punctured holes in the skin or fabric, ground damage to rotor or propeller blades; and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wingtips are not considered substantial damage.

(5) Reasonable cause testing.

(i) The rule requires that an employer test any covered employee who is reasonably suspected of using a prohibited drug. A decision to test must be based on specific contemporaneous physical, behavioral, or performance indicators of probable drug use. For instance, evidence of repeated errors on the job, regulatory or company rule violations, or unsatisfactory time and attendance patterns, if coupled with a specific contemporaneous event that indicated probable drug use, could provide evidence to test an employee based on reasonable cause. Employers that employ 51 or more covered employees are required to have two supervisors substantiate and concur in the decision to test an employee for reasonable cause. At least one of two supervisors must have received training for detecting symptoms of drug use. Employers that employ 51 or more covered employees which have facilities with only one supervisor may utilize an offsite supervisor to substantiate and concur in a decision to require reasonable cause drug testing under this rule. Employers that employ 50 or less covered employees are required to have one such trained supervisor substantiate the determination to test. Supervisors who make reasonable cause testing determinations are also required under the rule to have annual EAP training that will enable them to assess and demonstrate the basis for reasonable cause testing. A record of all training programs must be maintained by the employer in the office of the Anti-Drug Program Manager.

(ii) Provided prior FAA approval was given in the anti-drug plan, an employer is permitted to test a specimen, collected pursuant to a reasonable cause determination, for the presence of other drugs or metabolites listed in Schedules I or II of the Controlled Substances Act (schedules I and II drugs are listed in Appendix 4). An employer should

specify as a separate issue when submitting its anti-drug plan that it wishes to include additional drugs for testing. Upon FAA approval and in compliance with DOT procedures in 49 CFR 40, an employer may test for additional drugs only for reasonable cause. The FAA will not approve testing for additional drugs until the Department of Health and Human Services develops guidelines for testing protocols and threshold levels for additional drugs.

(6) Return-to-duty testing.

(i) An employer is required to test covered employees who have been returned to duty after failing a drug test or refusing to submit to a drug test. An employer is to monitor an individual who has returned to duty by giving unannounced drug tests, as scheduled by the medical review officer, for not more than 60 months after the employee has returned to duty. The rule does not state a minimum; however, we expect a reasonable minimum is at least 1 year of return-to-duty testing. Whether testing is conducted on a daily, weekly, monthly or longer basis is left to the discretion of the Medical Review Officer (MRO).

(ii) The employer is also required to conduct drug testing of an individual who is hired for a covered position after failing a drug test or after refusing to submit to a test for another employer and who has not previously been subject to return-to-duty testing. In the case of an individual who fails a drug test or refuses to submit to a drug test and does not return to duty for an employer, any subsequent employer would be required to test the individual for not more than 60 months after the individual is hired. If an employee failed a drug test given by a previous employer but returned to duty with that employer and complied with the schedule of unannounced return-to-duty testing established by the MRO, a subsequent employer would not be required to reevaluate a prior employer's return-to-duty decision. An employer would be required to test this individual prior to employment, but would not be required to monitor the employee after the employee was hired. If a prospective employee has given his or her written consent, a previous employer may release employment drug test records so that a subsequent employer could determine if a prospective employee has refused or failed a drug test.

c. Role of the MRO.

(1) An employer's anti-drug program should designate or appoint an MRO to interpret, evaluate, and monitor its drug testing program. If the employer does not have a qualified individual on staff to serve as the MRO, the employer may contract for the provision of MRO services as part of its drug testing program. This does not mean that each employer must have its own individual MRO. There are a number of possible alternatives that a company can select to meet this requirement. For example, it is anticipated that small organizations will either associate with large companies or participate in a consortium.

(2) The MRO must be a licensed physician, either a doctor of medicine or a doctor of osteopathy, knowledgeable in the medical use of prescription drugs and the pharmacology and toxicology of illicit drugs. A physician's knowledge of substance abuse could be obtained through clinical experience, classroom instruction, or a combination of the two. The primary responsibility of the MRO is to review and interpret positive test results obtained through the company's drug testing program. It is important to remember that a positive test result does not automatically identify an employee/applicant as a drug user in violation of the rule. The MRO must assess and determine whether alternate medical explanations could account for the positive test result. Appendix I to Part 121 and 49 CFR 40 describe specific duties and responsibilities of the MRO. A more comprehensive description of the MRO function will be included in a subsequent AC.

6. IMPLEMENTATION. The implementation timetable (Appendix 2) for an employer's anti-drug program relates to the number of covered employees, and whether the carrier is a Part 121 or a Part 135 certificated carrier or an operator as defined in the rule. All employers who are subject to this rule fall into one of three implementation groups.

7. ANTI-DRUG PLAN FORMAT. Although Appendix I of FAR Part 121 outlines the standards and components that must be included in an anti-drug plan, each anti-drug plan submitted to FAA should address all items listed in Appendix 1 of this AC. Supplemental information may be included at the end of the plan. Employers should submit an original and five copies to the FAA via certified mail. The FAA will return to the air carrier a copy of its plan with an FAA approved date.

8. REQUIRED REPORTS TO FAA. The employer is required by the rule to submit semiannual and annual statistical reports to the FAA summarizing the drug testing programs. The semiannual report covers January through June; the annual report covers January through December. The reports are to contain the following data and are to be submitted to the FAA office identified in item 9.

a. Total number of tests performed and total tests performed for each category of test.

b. Total number of positive test results by category of test; total number of positive test results by each occupational function; and total number of positive test results by type of drug or multiple drugs.

c. The disposition of those persons who failed a drug test or who refused to submit to a drug test by category of test.

9. REQUEST FOR INFORMATION. For more information on anti-drug plans, contact the FAA Drug Abatement Branch (AAM-220), Office of Aviation Medicine, 800 Independence Avenue, SW., Washington, DC 20591. Telephone (202) 267-3413.

A handwritten signature in black ink, appearing to read "RRM McMeekin". The signature is written in a cursive, somewhat stylized font.

ROBERT R. MCMEEKIN, M.D.
Federal Air Surgeon

APPENDIX 1. ANTI-DRUG PLAN FORMAT

1. NAME, ADDRESS, PHONE NUMBER OF THE EMPLOYER AND MANAGER OF ANTI-DRUG PROGRAM:
2. TYPE OF OPERATING CERTIFICATE (PART 121, PART 135, OTHER)
3. DATE OF CERTIFICATE ISSUANCE AND NUMBER, IF APPLICABLE.
4. TOTAL NUMBER OF COVERED EMPLOYEES AT THE BEGINNING OF A CALENDAR YEAR OR USING AN ALTERNATIVE METHOD THAT INCLUDES TEMPORARY, PART-TIME, AND SEASONAL EMPLOYEES.
5. NUMBER OF COVERED EMPLOYEES BY OCCUPATIONAL CATEGORY. SEPARATE PERMANENT AND NONPERMANENT EMPLOYEES:
 - (a) FLIGHT CREWMEMBERS (PILOTS, FLIGHT ENGINEERS, NAVIGATORS)
 - (b) FLIGHT ATTENDANTS
 - (c) FLIGHT INSTRUCTORS OR GROUND INSTRUCTORS
 - (d) FLIGHT TESTING
 - (e) AIRCRAFT DISPATCHERS
 - (f) AIRCRAFT MAINTENANCE OR PREVENTIVE MAINTENANCE PERSONNEL
 - (g) AVIATION SECURITY OR SCREENER PERSONNEL
 - (h) AIR TRAFFIC CONTROLLERS (NON-FAA/NON-MILITARY EMPLOYEES)
 - (i) TOTAL COVERED EMPLOYEES
6. NAME OF CONTRACTOR(s) WHICH PROVIDE COVERED EMPLOYEE SERVICES TO YOU. ARE THEY COVERED UNDER YOUR ANTI-DRUG PROGRAM OR ANOTHER COMPANY'S? IF SO, GIVE NAME AND ADDRESS OF OTHER COMPANY.
7. NAME, ADDRESS, PHONE NUMBER OF THE MEDICAL REVIEW OFFICER(S), STATE, AND LICENSE NUMBER.
8. NAME, ADDRESS, PHONE NUMBER OF THE APPROVED DRUG TESTING LABORATORY(S).
9. IDENTIFY WHO THE COLLECTOR(S) WILL BE, I.E., CONTRACTOR(S) OR EMPLOYER REPRESENTATIVES.
10. NAME, ADDRESS, PHONE NUMBER OF THE COMPANY EMPLOYEE ASSISTANCE PROGRAM (EAP) DESIGNEE OR CONTRACTOR.
11. DESCRIBE EMPLOYEE EAP TRAINING/EDUCATION PROGRAM AND DESCRIBE THE MEANS OF SUBSTANTIATING THAT INDIVIDUALS WERE PROVIDED THE TRAINING/EDUCATION.
12. DESCRIBE THE POLICIES AND PROCEDURES YOU WILL FOLLOW TO IMPLEMENT THE FOLLOWING TYPES OF TESTING:
 - (a) PREEMPLOYMENT:
 - (b) PERIODIC:

Appendix 1

(c) RANDOM: SPECIFY HOW PERSONNEL WILL BE SELECTED RANDOMLY AND HOW OFTEN YOU WILL TEST, I.E., WEEKLY, MONTHLY, BIMONTHLY INCREMENTS, ETC: SPECIFY HOW YOU WILL TEST EMPLOYEES AT DIVERSE GEOGRAPHICAL LOCATIONS. SPECIFY HOW YOU WILL TEST CATEGORIES OF EMPLOYEES SUCH AS PILOTS AND FLIGHT ATTENDANTS.

(d) REASONABLE CAUSE:

(e) POSTACCIDENT:

(f) RETURN-TO-DUTY TESTING:

13. DESCRIBE THE MEDICAL REVIEW OFFICER'S PROCESS FOR VERIFICATION OF CONFIRMED POSITIVE TEST RESULTS:

14. DESCRIBE YOUR POLICIES AND PROCEDURES FOR ENSURING CONFIDENTIALITY OF DRUG PROGRAM REPORTS AND RECORDS.

15. SUPPLEMENTAL DATA.

APPENDIX 2. ANTI-DRUG PLAN TIMETABLE

GROUP A - All FAR Part 121 carriers and Part 135 carriers with 51 or more covered employees*

11/21/88	12/21/88	4/20/89	6/19/89	6/29/89	12/16/89
Publish Date	Effective Date of Regulation	Submit Plan	FAA Review and Approval	Implement Preemployment Plan	Implement Remainder of Plan

GROUP B - FAR Part 135 carriers with 11-50 covered employees*

11/21/88	12/21/88	6/19/89	8/18/89	12/16/89	2/13/90	2/14/90	8/13/90
Publish Date	Effective Date of Regulation	Submit Plan (Less Random)	FAA Review and Approval	Submit Random Plan	Implement Plan (Less Random)	FAA Review and Approval of Random Plan	Implement Random Plan

GROUP C - FAR Part 135 carriers with 10 or fewer covered employees.* other operators as defined in section 135.1(c), and air traffic control facilities.

11/21/88	12/21/88	12/16/89	2/14/90	8/13/90
Publish Date	Effective Date of Regulation	Submit Plan	FAA Review and Approval	Implement Plan

*Covered employees are persons who perform functions listed in Appendix I, of FAR Part 121.

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Alcohol, Drug Abuse, and Mental Health Administration****Current List of Laboratories Which Meet Minimum Standards to Engage in Urine Drug Testing for Federal Agencies****AGENCY:** National Institute on Drug Abuse.**ACTION:** Notice.

SUMMARY: The Department of Health and Human Services notifies Federal agencies of the laboratories currently certified to meet standards of Subpart C of Mandatory Guidelines for Federal Workplace Drug Testing Programs (53 FR 11986). A similar notice listing all currently certified laboratories will be published monthly, updated to include laboratories which subsequently apply and complete the certification process. If any listed laboratory fails to maintain its certification, it will be omitted from updated lists until such time as it is restored to full certification under the Guidelines.

FOR FURTHER INFORMATION CONTACT: Office of Workplace Initiatives, National Institute on Drug Abuse, Room 10A-53, 8600 Fishers Lane, Rockville, Maryland 20857. (301) 443-6780

SUPPLEMENTARY INFORMATION: Mandatory Guidelines for Federal Workplace Drug Testing were developed in accordance with Executive Order 12564 and section 503 of Pub. L. 100-71. Subpart C of the Guidelines, "Certification of Laboratories Engaged in Urine Drug Testing for Federal Agencies," sets strict standards which laboratories must meet in order to conduct urine drug testing for Federal agencies. To become certified an applicant laboratory must undergo three rounds of performance testing plus on-site inspection. To maintain that certification a laboratory must

participate in an every-other-month performance testing program plus periodic on-site inspections. In accordance with Subpart C of the Guidelines, the following laboratories meet the standards set forth in the Guidelines:

(Submitted for publication in the Federal Register on February 17, 1989.)

American Medical Laboratories, 11091 Main Street, P.O. Box 188, Fairfax, VA 22030. 703-691-9100

Center for Human Toxicology, 417 Wakara Way, Rm. 200, University Research Park, Salt Lake City, UT 84108. 801-381-3117

ChemWest Analytical Laboratories, Inc., 800 West North Market Blvd., Sacramento, CA 95834. 916-923-0840

CompuChem Laboratories, Inc., 3308 Chapel Hill/Nelson Hwy., P.O. Box 12632, Research Triangle Park, NC 27709. 919-349-8263. 919-348-6494

Med Arts/South Community Hospital, 1001 Southwest 44th Street, Oklahoma City, OK 73109. 405-336-7041

MetPath, Inc., 1355 Mittel Boulevard, Wood Dale, IL 60191. 312-365-3888

MedTox Laboratories, Inc., 402 West County Road D, St. Paul, MN 55112. 612-636-7466

National Center for Forensic Science, 1901 Sulphur Spring Road, Baltimore, MD 21227. 301-247-9100

(Name changed; formerly Maryland Medical Laboratories, Inc.)

Nichols Institute, 7323 Engineer Road, San Diego, CA 92111. 619-278-3900

Doctors and Physicians Laboratory, 801 E. Dixie Ave., Leesburg, FL 32748. 904-787-9006

International Clinical Laboratories, 8000 Sovereign Row, Dallas, TX 75247. 214-838-1301

SmithKline Bio-Science Laboratories, 2201 W. Campbell Park Drive, Chicago, IL 60612. 312-685-2010

(Name changed; formerly International Toxicology Laboratories, Inc.)

South Bend Medical Foundation, Inc., 830 North Lafayette Blvd., South Bend, IN 46601. 219-234-4176

Richard A. Millstein,
Deputy Director, National Institute on Drug Abuse.

(FR Doc. 89-4017 Filed 2-17-89; 8:45 am)

BILLING CODE 4160-00-01

Controlled Substances

Drugs	Schedule	Trade or Other Names	Medical Use
Narcotics			
Opium	II, III, V	Dover's Powder, Paregoric, Parepectolin	Analgesic, antidiarrheal
Morphine	II, III, V	Morphine, Pectoral Syrup	Analgesic, antitussive
Codaine	II	Tylenol with Codeine, Empirin Compound with Codeine, Roblussin A-C	Analgesic, antitussive
Heroin	II	Diacetylmorphine, Horse, Smack	Under investigation
Hydrocodone	II	Dilaudid	Analgesic
Meperidine (Pethidine)	II	Demerol, Mepergan	Analgesic
Methadone	I, II, III, IV, V	Dolophine, Methadone, Methusol	Analgesic
Other Narcotics		LAAM, Levorine, Numorphan, Percodan, Tussohex, Fentanyl, Darvon, Talwin, * Lomotil	Analgesic, antidiarrheal, antitussive
Depressants			
Chloral Hydrate	IV	Noctec, Somnos	Hypnotic
Barbiturates	II, III, IV	Phenobarbital, Tunal, Amytal, Nembutal, Serebral	Anesthetic, anticonvulsant, sedative, hypnotic
Benzodiazepines	III	Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Vertran, Halcion, Proxam, Restoril	Anti-anxiety, anticonvulsant, sedative, hypnotic
Methaqualone	III, IV	Paresi, Quaalude	Sedative, hypnotic
Glutethimide	II	Doriden	Sedative, hypnotic
Other Depressants		Equanil, Miltown, Noludar, Placidyl, Valmid	Anti-anxiety, sedative, hypnotic
Stimulants			
Cocaine **	II, III	Coke, Flake, Snow	Local anesthetic
Amphetamines	II	Biphetamine, Dextrobase, Desoxyn, Dexedrine, Mediatric	Hyperkinesia, narcolepsy, weight control
Phenmetrazine	III, IV	Preludin	Hyperkinesia, narcolepsy, weight control
Methylphenidate	I	Ritalin	Hyperkinesia, narcolepsy, weight control
Other Stimulants		Adipex, Bicarate, Cylert, Didrex, Ionamin, Plegine, Pre-Sate, Sanorex, Tenuate, Tepanil, Vioral	Hyperkinesia, narcolepsy, weight control
Hallucinogens			
LSO	I	Acid, Microdot	None
Mescaline and Peyote	II	Mesc, Buttons, Cactus	None
Amphetamine Variants		2,5-DMA, PMA, STP, MDA, MDMA, TMA, DOM, DOB	None
Phencyclidine	I	PCP, Angel Dust, Hog	Veterinary anesthetic
Phencyclidine Analogs		PCE, PCP, TCP	None
Other Hallucinogens		Bufotenine, Ibogaine, DMT, DET, Psilocybin, Psilocyn	None

* Not designated a narcotic under the CSA
 ** Designated a narcotic under the CSA