

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

New Plan

Plan Amendment

1. Company/Operator name: **NFF AVIONICS SERVICE, INC.**  
 d/b/a (if applicable)  
 Address: **115 Corporation Drive**  
 City: **Aliquippa** State: **PA** Zip: **15001**  
 Telephone:(voice) **(724)-378-9454** (fax) **(724)-378-9461**

Previously approved plan identification number: **D-SO-00749-S**

2. Antidrug Program Manager: **STEPHEN PALOMBO**

3. Type of Operator: \_\_\_\_\_ FAA Certificate Number \_\_\_\_\_ Issue Date \_\_\_\_\_

- Part 121. \_\_\_\_\_
- Part 135. \_\_\_\_\_
- Part 135.1 (c) operator (sightseeing only). \_\_\_\_\_ N/A \_\_\_\_\_ N/A
- Part 145 (repair station). \_\_\_\_\_ **N01R648Y** \_\_\_\_\_
- ATC facility. \_\_\_\_\_ N/A \_\_\_\_\_ N/A
- Contractor. \_\_\_\_\_ N/A \_\_\_\_\_ N/A

4. Number of Safety-Sensitive Employees:

Flight Crewmember	_____	Aircraft Maintenance	_____ 10 _____
Flight Attendant	_____	Aviation Screening	_____
Flight Instructor	_____	Ground Security Coordinator	_____
Aircraft Dispatcher	_____	Air Traffic Control	_____

Total: 10

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DRUG ABATEMENT DIVISION**

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<b>FOR FAA USE ONLY</b>	
Plan Identification Number	<u>D-EA-00394-S</u>
APPROVED	<u>C. Bradshaw</u>
	MAY 26 2000
Drug Abatement Division Federal Aviation Administration	

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

6. Other Company/Operator Included in This Plan:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Certificate type and number \_\_\_\_\_

Other Company/Operator's Covered Employees:

Flight Crewmember	_____	Aircraft Maintenance	_____
Flight Attendant	_____	Aviation Screening	_____
Flight Instructor	_____	Ground Security Coordinator	_____
Aircraft Dispatcher	_____	Air Traffic Control	_____

Total: \_\_\_\_\_

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

Name: Richard L. Dolsey M.D.  
Address: 6221 NW 36 Street  
City: Miami State: Florida Zip: 33166  
Telephone Number: (305) 871-3627 Fax: (305) 871-3403

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

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

Name: QUEST DIAGNOSTICS, INC. LABORATORIES  
Address: 7470 Mission Valley Road  
City: San Diego, State: CA Zip: 92108-4406 OR:

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

Name: DSI LABORATORIES  
Eastpointe Professional Service  
Address: 4048 Evans Ave., Suite 301  
City: Ft. Myers, FL Zip: 33901-9390

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

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

I certify that I am authorized to represent NFF Avionics Services Inc. in this matter, that the  
 (Company / Operator Name)  
 information in this document is correct to the best of my knowledge and belief, and that

NFF Avionics Services Inc. will comply with the provisions of the FAA's antidrug and alcohol  
 (Company / Operator Name)  
 misuse prevention program regulations and with the terms therein.

Signature Stephen G. Palombo Date 09/12/2000

Typed name Stephen G. Palombo Title Regional Manager  
 (company/operator ADPM name)

The Paperwork Reduction Act Statement: The information collected on this form is necessary to determine compliance with the antidrug and alcohol misuse prevention programs. In completing the certification statement, we estimate that it will take 1-1/2 hours. The portion required for the alcohol program is estimated to take 6 minutes to complete. If you wish to make any comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden, send those comments to the Federal Aviation Administration, Office of Aviation Medicine, Implementation, Regulations and Policy Branch, AAM-810, 800 Independence Avenue, SW., Washington, DC., 20591. The information collections is mandatory. (14 CFR part 61, et al, Alcohol Misuse Prevention Program for Personnel Engaged in Specified Aviation Activities) Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers associated with this collection are 2120-0535 and 2120-0571.