

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

New Plan Plan Amendment

1. Company/Operator Name AIRCRAFT MAINTENANCE & MANAGEMENT
d/b/a (if applicable) HAGGAN AVIATION, Inc.
Address 12420 East Control Tower Road
City Englewood State CO Zip 80112-4144
Telephone: (voice) 303-792-0688 (fax) 720-875-0628

Previously approved identification number E-CE-00042-U

2. Antidrug Program Manager: Joy M. Adinolfi

3. Type of Operator	FAA Certificate Number	Issue Date
<input type="checkbox"/> Part 121.		
<input type="checkbox"/> Part 135.		
<input type="checkbox"/> Part 135.1(c) operator (sightseeing only).	N/A	N/A
<input checked="" type="checkbox"/> Part 145 (repair station).	H51R588Y	
<input type="checkbox"/> ATC facility.	N/A	NA
<input type="checkbox"/> Contractor.	N/A	NA

4. Number of Safety-Sensitive Employees:

Flight Crewmember	_____	Aircraft Maintenance	<u>14</u>
Flight Attendant	_____	Aviation Screening	_____
Flight Instructor	_____	Ground Security Coordinator	_____
Aircraft Dispatcher	_____	Air Traffic Control	_____
Total	<u>14</u>		

FOR FAA USE ONLY

Identification Number _____

APPROVED _____

Drug Abatement Division
Federal Aviation Administration

RECEIVED-FAA
DRUG ABATEMENT DIV.
2002 JAN 17 AM 8:01

**This change to your antidrug/alcohol program
has been received and entered** MAR 29 2002
Cindy Ingrao
**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:**

Do not include a facility or another location of your company. This space is for a totally separate company that you are covering under your program. List all facilities or other locations on a separate sheet of paper so that we know they are covered under your program.

Name N/A
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 Dr. Timothy M. Scanlan M. D. D.O.
Address PO Box 273
City Wichita State KS Zip 67201
Telephone Number (voice) 316-945-5535 (fax) 866-945-0402

The MRO will comply with the requirements of 49 CFR Part 40 and 14 CFR Part 121, Appendix I.

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

Name Clinical Reference Laboratory
Address 8433 Quivira
City Lenexa State KS Zip 66215

9. Provide the name and address of the member-selected split specimen dhhs-certified laboratory or, if the company/operator permits the employee to select any dhhs-certified laboratory to test the split specimen, check the box below:

Name _____
Address _____
City _____ State _____ Zip _____ **OR:**

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 must be in conformance with 49 CFR 40.31(d), which requires 3 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 14 CFR Part 121 Appendices 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 14 CFR Part 121, Appendices I and J.
14. **Reporting:** Annual reports of antidrug program and alcohol misuse prevention program results will be provided to the FAA in accordance with the requirements of 14 CFR Part 121 Appendices I and J.

This plan/amendment supercedes all previous plan/amendment submissions.

(Aircraft Maintenance & Management)

I certify that I am authorized to represent Haggan Aviation, Inc. in this matter, that
(company/operator name)

the information in this document is correct to the best of my knowledge and belief, and that

Haggan Aviation, Inc. will comply with the provisions of the FAA's antidrug and alcohol
(company/operator name)

misuse prevention program regulations.

Signature Joy M. Adinolfi Date 11/29/01

Typed name Joy M. Adinolfi Title Office Manager

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 collection is mandatory. (14 C.F.R. part 61, et al, Antidrug Program for Personnel Engaged in Specified Aviation Activities and 14 C.F.R. 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.