

CONSORTIUM MEMBER ANTIDRUG PLAN/AMPP CERTIFICATION STATEMENT

New Plan

Plan Amendment

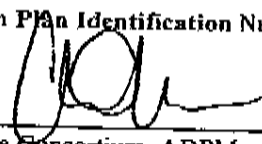
1. Consortium Name: Aviation Compliance Testing

Address: 11103 West Avenue, Suite 12

City: San Antonio State: TX Zip: 78213

Telephone: (voice) 210-308-9924 (fax) 210-308-9825

Consortium Plan Identification Number: E-SW-00099-U


Signature Consortium ADPM

Christine A. Vecera

Typed/Printed Name Consortium ADPM

3/22/01
Date

2. Company/Operator Name: Steiner Aviation International

d/b/a (if applicable) _____

Address: 1600 Triplet Blvd.

City: Akron State: OH Zip: 44306

Telephone number: (voice) 330-947-2069 ^(work) 330.733.6060 (fax) 330-947-2069 ^(work) 330.733.7010

3. Company/Operator Anti-Drug Program Manager (ADPM): Kevin Steiner

4. Type of Operator:

FAA Operating Certificate Issue Date

- Part 121.
- Part 135.
- Part 135.1 (c) operator (sightseeing only).

Part 145 (repair station)

ATC facility

Contractor

FAA Operating Certificate	Issue Date
N/A	N/A
V4NR896Y	3/16/01
N/A	N/A
N/A	N/A

FOR FAA USE ONLY

Plan Identification Number E-SW-00099-U (D-GL-607)

APPROVED Vicky Mc Intosh DATE MAY - 7 2001

Drug Abatement Division
Federal Aviation Administration

5. Number of Safety-Sensitive Employees:

Flight Crewmember	_____	Aircraft Maintenance	_____ 4
Flight Attendant	_____	Aviation Screening	_____
Flight Instructor	_____	Ground Security Coordinator	_____
Aircraft Dispatcher	_____	Air Traffic Control	_____
Total	_____ 4		

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

7. Medical Review Officer (MRO): As identified in consortium program.

8. DHHS-Certified Laboratory (Primary): As identified in consortium program.

9. DHHS-Certified Laboratory (Split Specimen):

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: As listed in consortium program

11. EAP Education and Training: As outlined in consortium program.

12. Testing for Pre-employment, Periodic, Random, Post Accident, Reasonable Cause/Suspicion, Return to Duty, and Follow-up: As outlined by consortium program.

13. Record keeping /Confidentiality: All employers are responsible for maintaining antidrug program records. Records will be maintained in accordance with the requirements of 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 part 121, appendices I and J.

14. Reporting: Annual reports of anti-drug 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 supersedes all previously submitted plans/amendments.

Company/Operator Certification Statement:

I certify that I am authorized to represent Steiner Aviation International in this matter, that the
(company/operator name)
information in this document is correct to the best of my knowledge and belief, and that

Steiner Aviation International will comply with the provisions of the FAA's anti-drug and alcohol
(company/operator name)
misuse prevention program regulations and with the terms therein. If your consortium is in noncompliance with DOT or
FAA regulations, you are responsible for the noncompliance and are subject to FAA sanctions.

Signature Beverly J. Steiner CEO/President Date March 14, 2001

Typed name Beverly J. Steiner C.E.O./Pres Date March 14, 2001
(Company/Operator ADPM)

The Paperwork Reduction Act Statement: The information collected on this form is necessary to determine compliance with the anti-drug 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 CFR part 61, et al, Anti-drug Program for Personnel Engaged in Specified Aviation Activities and 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.