

**CONSORTIUM MEMBER
ANTIDRUG PLAN/AMPP CERTIFICATION STATEMENT**

New Plan Plan Amendment

1. Consortium Name: RAA Aviation Associates' Anti-Drug Consortium
Address: 2025 M Street, -NW, Suite 800
City: Washington, D.C. State: _____ Zip: 20036-3309
Telephone Number: (voice) 202-367-1170 (fax) 202-367-2170
Consortium Plan Identification Number: E-EA-00111-U

Deborah C. McElroy Deborah C. McElroy 8-28-01
Signature Consortium ADPM Typed/Printed Consortium ADPM Date

2. Company/Operator Name: Inertial Airline Services, Inc.
d/b/a (if applicable) _____
Address: 375 Alpha Drive
City: Highland Heights State: OH Zip: 44143
Telephone number: (voice) 440-995-6555 (fax) 440-995-6559

3. Company/Operator Antidrug Program Manager (ADPM): Joyce Hanson

4. Type of Operator:	FAA Operating Certificate	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).	I9SR491N	1-6-97
<input type="checkbox"/> ATC facility.	N/A	N/A
<input type="checkbox"/> Contractor.	N/A	N/A

FOR FAA USE ONLY

Identification Number D-GL-00499-S

APPROVED C. Bradshaw DATE 9/28/01

Drug Abatement Division
Federal Aviation Administration

RECEIVED - FAA
SEP 07 2001

5. Number of Safety-Sensitive Employees:

Flight Crewmember	_____	Aircraft Maintenance	<u>22</u>
Flight Attendant	_____	Aviation Screening	_____
Flight Instructor	_____	Ground Security Coordinator	_____
Aircraft Dispatcher	_____	Air Traffic Control	_____
Total	<u>22</u>		

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 antidrug 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 in consortium program.


13. Recordkeeping/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 antidrug 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 previously submitted plans/amendments.

Company/Operator Certification Statement:

I certify that I am authorized to represent Inertial Airline Services in this matter,
(company/operator name)
that the information in this document is correct to the best of my knowledge and belief, and that
Inertial Airline Services will comply with the provisions of the FAA's antidrug and
(company/operator name)
alcohol misuse prevention programs regulations. If your consortium is in non compliance with
DOT or FAA regulations, you are responsible for the noncompliance and are subject to FAA
sanctions.

Signature  Date 8-28-01
Typed Name Joyce Hanson Title Account Mgr.
(Company/Operator ADPM)

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 1½ 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, SE., Washington, DC 20591. The information collection 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.



Regional Airline Association
1200 19th Street NW
Suite 300
Washington, DC 20036-2422

Phone - (202) 857 1170
Fax - (202) 429 5113
email - raa@dc.sba.com
Home Page - http://www.raa.org

September 15, 1998

Diane Wood, Manager
Drug Abatement Division
Office of Aviation Medicine
Federal Aviation Administration
800 Independence Avenue, SW
AAM-800, Room 803
Washington, D.C. 20591

Dear Ms Wood:

Enclosed please find amendments to the FAA-approved RAA Anti-Drug Consortium Plan (E-EA-00012-U) and RAA Aviation Associates' Anti-Drug Consortium Plan (E-EA-00111-U). The amendments reference changes in the Medical Review Officers (MROs) used by consortium members, effective 11/15/98.

Thank you for your assistance. Please feel free to contact me for any additional information.

Sincerely,

Deborah C. McElroy
Consortium Program Manager

This change to your antidrug/alcohol program
has been received and entered SEP 25 1998
Vicky McElroy
Drug Abatement Division
Federal Aviation Administration

**AMENDMENT TO
REGIONAL AIRLINE ASSOCIATION AVIATION ASSOCIATES'
ANTI-DRUG CONSORTIUM
FAA Approval Number E-EA-00111-U**

Part I: FAA Management Consortium Program Format For Drug and Alcohol Testing

1. Consortium Name:

Regional Airline Association Aviation Associates' Anti-Drug Consortium
1200 19th Street, NW
Suite 700
Washington, D.C. 20036-2444
Phone: (202) 857-1170
Fax: (202) 429-5113

9/21/98 dg

3. Medical Review Officers:

William Thomas Lemmon, M.D.
James A. Barnshaw, M.D.
FirstLab
722 East Butler Avenue
Ambler, PA 19002-2398
Phone: (800) 732-2784

State Licensing:

<u>Physician</u>	<u>State</u>	<u>License No.</u>
Lemmon	Pennsylvania	MD-027794L
Barnshaw	New Jersey	MA 36401

The MRO's duties and determinations will fully comply with 14 CFR Part 121, Appendix I and 49 CFR Part 40.

Should the consortium change the MRO/MRO company designated in this plan, the records will be forwarded to the new MRO within 10 days of notification.