	U.S. DEPAR	TMENT (	OF TRANSP		ATION DR ear Covered					G MIS D	ATA CO	LLECTIC		
I. Empl	•			iuai 16	ear Covered	ı by tilis	кероп	20.	10			Form		No. 2105-052 5 (Rev. 5/2008
•	pany Name: <u>Ea</u>	•												
	g Business As (D													
	ess: 10 New Ro													
	e of Certifying Of													
	ohone: <u>(401) 47</u>													
a m	ared by (if differen													
Check th FMC X_ FAA PHM FRA USC FTA	A Name and Tele  The DOT agency of the SA - Motor Carri  Aviation: Certi  ISA - PipeLine: (0)  Railroad: Total  G - Maritime: Ve  Transit  Transit  Transit	or which ier: DOT # ficate # (if Check) Ga Number of ssel ID # (	you are repo #: f applicable): as Gathering _ of observed/do (USCG- or Sta	VJP Gas Tocument ate-Issu	R395K Transmissionted Part 21 ued):	Owner On Gar	r-operator Plas Distribu G" Obser	: (circle on the circle on the	one) ration ranspo for cov	YES or I # (if appl ort Hazard ered emp	NO Exemicable):ous Liquid loyees: (If more	npt: (circle ds Trans	one) Y	on Dioxide
	ter Total Number				1		noyees in	ZIII Emp	loyec	Categori	37			
(C)	Emplo	yee Catego	ory	To	otal Numbe	r of Emp	loyees in	Ifv	you ha	ve multir	ole employe	ee categorio	es, comple	te Sections
			-			Category	-	I a	nd II	(A) & (B)	. Take th	at filled-in	form and	make one
	Flight (	Crewmem	ber			0		1 1 -				egory and o	_	
III. Dru	g Testing Data	1:	2	3	4	5	6	7	8				12	13
								,				ısal Results		
Type o	f Test	Total Number Of Test Results [Should equal the sum of Columns 2,	Verified Negative Results	Verified Positive Results ∼ For One Or More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opiates	Positive For	Adulterated	Substituted	"Shy Bladder" ~ With No Medical Explanation	Other Refusals To Submit To Testing	Cancelled Results
Pre-En	nployment	0	0	0	0	0	0	0	0	0	0	0	0	0
Randor	m	0	0	0	0	0	0	0	0	0	0	0	0	0
Post-A	ccident	0	0	0	0	0	0	0	0	0	0	0	0	0
Reason	nable Susp./Cause	0	0	0	0	0	0	0	0	0	0	0	0	0
Return	-to-Duty	0	0	0	0	0	0	0	0	0	0	0	0	0
Follow	-Up	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAI	L	0	0	0	0	0	0	0	0	0	0	0	0	0
IV. Alco	ohol Testing Da	nta:	1		2		3	4		5	6	7	8	9
												Refusal		
	Type of Test		Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]		Screening Tests With Results Below 0.02	Screening Tests Wit	Results 0.02 Or Greater	Number Of Confirmation Tests	Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	Cancelled Results
	Pre-Employmen	nt	0		0		0	0		0	0	0	0	0
	Random		0		0		0	0		0	0	0	0	0
	Post-Accident		0		0		0	0		0	0	0	0	0
	Reasonable Sus	sp./Cause	0		0		0	0		0	0	0	0	0
	Return-to-Duty		0		0		0	0		0	0	0	0	0
	Follow-Up		0		0		0	0		0	0	0	0	0
	TOTAL		0		0		0	0		0	0	0	0	0

U.S. DEPAR	TMENT (								G MIS I	OATA CO	LLECTIC		<b>I</b> No. 2105-052
loyer:			nuai i c	ear Covered	i by tills	кероп		10			Form		
						_							
the DOT agency f CSA - Motor Carri A - Aviation: Certi MSA - PipeLine: (o A - Railroad: Total CG - Maritime: Ve	or which ier: DOT # ficate # (if Check) Ga Number of ssel ID # (	you are reports:  #: f applicable): as Gathering of observed/d (USCG- or St	VJP Gas ocumer ate-Issu	R395K Transmissionted Part 21 ued):	Owner On Ga Ga 9 "Rule	r-operator Plas Distribu G" Obser	: (circle on the circle of the	ration ranspo or cov	YES or 1 # (if appl ort Hazard ered emp	NO Exemicable):lous Liquidoloyees: (If more	npt: (circle ds Trans	one) Y	
				afety-Sensi 1	tive Emp	oloyees In	All Empl	loyee	Categori	es: 57			
Emplo	yee Catego	ory	To	otal Numbe	r of Emp	loyees in	Ifv	you ha	ve multi	ple employe	ee categorio	es, comple	te Sections
- '					_	-	La	nd II	(A) & (B	). Take th	at filled-in	form and	make one
Fligh	t Attendar	nt			0		1 1 -				· •	-	
ug Testing Data	1:	2		4		6							
					3	0	/	0	) :				13
of Test	Total Number Of Tes Results [Should equa the sum of Columns 2, 9, 10, 11, and 12]	Verified Negative Results	Verified Positive Results ~ For One O More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opiates	Positive For	Amphetamnes				Cancelled Results
mployment	0	0	0	0	0	0	0	0	C	0	0	0	0
om	0	0	0	0	0	0	0	0	C	0	0	0	0
Accident	0	0	0	0	0	0	0	0	C	0	0	0	0
nable Susp./Cause	0	0	0	0	0	0	0	0	C	0	0	0	0
n-to-Duty	0	0	0	0	0	0	0	0	C	0	0	0	0
w-Up	0	0	0	0	0	0	0	0	C	0	0	0	0
<b>A</b> L	0	0	0	0	0	0	0	0	C	0	0	0	0
ohol Testing Da	nta:	1		2		2	1		5	6	7	0	9
											I		,
Type of Test		Total Number Of Screening Test Results [Should equithe sum of Columns 2.3 7, and 8]		Screening Tests Wir Results Below 0.02	Screening Tests Wit	Results 0.02 Or Greater	Number Of Confirmation Tests	Results	Confirmation Test: With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 C Greater	"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	Cancelled Results
Pre-Employmen	nt	0		0		0	0		0	0	0	0	0
Random		0		0		0	0		0	0	0	0	0
Post-Accident		0		0		0	0		0	0	0	0	0
Reasonable Sus	sp./Cause	0		0		0	0		0	0	0	0	0
Return-to-Duty		0		0		0	0		0	0	0	0	0
Follow-Up		0		0		0	0		0	0	0	0	0
TOTAL		0		0		0	0		0	0	0	0	0
	Inpany Name:Ea Inpany Name:Ea Ing Business As (D Iteress:10 New R Iteress: _10 New R Iteress:10 New R Iteress: _10 New R Iteress: _10	Inter Total Number of Employee Categor Flight Attendant and Testing Data:  Type of Test  Type of Test  Type of Test  Type of Test  Pre-Employment  Random  Post-Accident  Random  Post-Accident	Apamy Name:Eaton Corporation  Ing Business As (DBA) Name (if applicable)  Ing Business As (DBA) Name (Ing Business As (	Calendar You   Calendar   Calendar You   Calendar   Calendar	Calendar Year Covered   Cale	Calendar Year Covered by this	Calendar Year Covered by this Report:	Calendar Year Covered by this Report:	Calendar Year Covered by this Report:	Calendar Year Covered by this Report:	Calendar Year Covered by this Report:   2016   20	Calendar Year Covered by this Report:   2016	Dayer   Property   P

	U.S. DEPAR	TMENT									G MIS D	OATA CO	LLECTIC		<b>I</b> No. 2105-052
Emplo	•			nua	i i ea	i Covered	ı by tilis	Report: _		)10			Form		No. 2105-05. 5 (Rev. 5/200
	any Name: <u>Ea</u>														
	Business As (D														
	ss: <u>10 New Ro</u>														
	of Certifying Of							_							
	none: <u>(401) 47</u>														
	red by (if differen														
heck the _ FMCS _ FAA - _ PHMS _ FRA - _ USCG	A Name and Tele the <b>DOT agency f</b> SA - Motor Carri A Aviation: Certi SA - PipeLine: (c Railroad: Total G - Maritime: Ve Transit	for which ier: DOT # ficate # (if Check) Ga Number o	you are reported for applicable): as Gathering of observed/o	ortin	JPR JPR Gas Tr mente	395K ransmissioned Part 21	Owner on Ga: 19 "Rule	r-operator Pla s Distribu G" Obser	: (circle of the control of the circle of th	one) tration ranspo for cov	YES or I # (if appl ort Hazard ered emp	NO Exemicable):lous Liquidovees:	npt: (circle ds Trans	one) Y	
. Cover	red Employees er Total Number					ety-Sensi	tive Emp	oloyees In	All Emp	ployee	Categori	es: 57			
c) [	Emplo	yee Catego	ory		Tota	al Numbe	– r of Emp	loyees in	If	you h	ve multir	ole employ	ee categori	es, comnle	te Sections
							Category	-	]   I :	and II	(A) & (B	). Take th	at filled-in	form and	make one
	Flight	t Instruction	on				0		1 1				egory and rate emplo	-	
I. Drug	Testing Data	ı <b>:</b>	2		2	4									
		1	2		3	4	5	6	7	8	9		) 11 Isal Results		13
Type of	Test	Total Number Of Test Results [Should equal the sum of Columns 2,	y, y, 10, 11, and 12] Verified Negative Results	Verified Positive	More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opiates	Positive For	Adulterated		"Shy Bladder" ~ Swith No Medical Explanation		Cancelled Results
Pre-Emp	oloyment	0	0		0	0	0	0	0	0	0	0	0	0	0
Random	l	0	0	(	0	0	0	0	0	0	0	0	0	0	0
Post-Ac	cident	0	0	(	0	0	0	0	0	0	0	0	0	0	0
Reasona	ble Susp./Cause	0	0	(	0	0	0	0	0	0	0	0	0	0	0
Return-t	o-Duty	0	0	(	0	0	0	0	0	0	0	0	0	0	0
Follow-	Up	0	0	(	0	0	0	0	0	0	0	0	0	0	0
TOTAL		0	0	(	0	0	0	0	0	0	0	0	0	0	0
. Alcol	hol Testing Da	ata:	1			2		3	,	4	5	6	7	8	9
Γ													Refusal		
	Type of Test		Total Number Of Screening Test Results [Should equal the sum of Columns	2, 2, 7, and 0]		Screening Tests With Results Below 0.02	Screening Tests Wit	Results 0.02 Or Greater	Number Of Confirmation Tests	Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	Cancelled Results
	Pre-Employmen	nt	0			0		0	0	)	0	0	0	0	0
	Random		0			0		0	0	)	0	0	0	0	0
	Post-Accident		0			0		0	0	)	0	0	0	0	0
	Reasonable Sus	sp./Cause	0			0		0	0	)	0	0	0	0	0
	Return-to-Duty		0			0		0	0	)	0	0	0	0	0
	Follow-Up		0			0		0	0	)	0	0	0	0	0
	TOTAL		0								0		0	0	0
	Follow-Up									)		+		-	_

	U.S. DEPAR	TMENT (								G MIS D	ATA CO	LLECTIO		<b>I</b> No. 2105-052
I. Empl	•			iluai 1	ear Covered	i by tills	Keport		10			Form		No. 2105-052 5 (Rev. 5/200
	pany Name: <u>Ea</u>													
	g Business As (D													
	ress: 10 New R													
	e of Certifying O						_							
	phone: <u>(401) 47</u>													
	ared by (if differe													
Check to FMC	PA Name and Tele he DOT agency f CSA - Motor Carr A - Aviation: Certi MSA - PipeLine: ( A - Railroad: Total CG - Maritime: Ve A - Transit	For which ier: DOT # ficate # (if Check) Ga Number of the cassel ID # (	you are reports:  #: f applicable): as Gathering of observed/d (USCG- or St	VJI Gas ocume ate-Iss	PR395K Transmissionted Part 21 sued):	Owner Ga Ga 9 "Rule	r-operator Plas Distribu G" Obser	: (circle o an/Registr tion Tr rvations fo	ration ranspo or cov	YES or N # (if appl rt Hazard ered emp	ous Liquic loyees: (If more	pt: (circle ds Trans	one) Ylport Carbo	
	ered Employees ter Total Number				1	tive Emp	oloyees In	All Emp	loyee	Categorie	s: 57			
(C)	Emplo	yee Catego	ory	T	otal Numbe	r of Emp	loyees in	If	you ha	ve multin	le emplove	ee categorie	es, comple	te Sections
					this	Category		Ia	nd II	(A) & (B)	. Take th	at filled-in	form and	make one
	Aircra	ft Dispatch	her			0		1 1 -		-	-	egory and o	-	
III. Dru	ıg Testing Data	1:	2	3	4	5	6	7	8				12	13
								/				sal Results	12	13
Туре с	of Test	Total Number Of Test Results [Should equal the sum of Columns 2,	Verified Negative Results	Verified Positive Results ~ For One Or More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opiates	Positive For	Adulterated	Substituted	"Shy Bladder" ~ With No Medical Explanation	Other Refusals To Submit To Testing	Cancelled Results
Pre-Er	mployment	0	0	0	0	0	0	0	0	0	0	0	0	0
Rando	m	0	0	0	0	0	0	0	0	0	0	0	0	0
Post-A	Accident	0	0	0	0	0	0	0	0	0	0	0	0	0
Reaso	nable Susp./Cause	0	0	0	0	0	0	0	0	0	0	0	0	0
Return	n-to-Duty	0	0	0	0	0	0	0	0	0	0	0	0	0
Follov	v-Up	0	0	0	0	0	0	0	0	0	0	0	0	0
ТОТА	L	0	0	0	0	0	0	0	0	0	0	0	0	0
	ohol Testing Da	ata:	1		2		3	4		5	6	7	8	9
						-						Refusal		
	Type of Test		Total Number Of Screening Test Results [Should equal the sum of Columns 2. 3. 7. and 81	,	Screening Tests With Results Below 0.02	Screening Tests Wi	Results 0.02 Or Greater	Number Of Confirmation Tests	Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	Cancelled Results
	Pre-Employme	nt	0		0		0	0		0	0	0	0	0
	Random		0		0		0	0		0	0	0	0	0
	Post-Accident		0	$\top$	0		0	0		0	0	0	0	0
	Reasonable Sus	sp./Cause	0	+	0		0	0		0	0	0	0	0
	Return-to-Duty	•	0	+	0		0	0		0	0	0	0	0
	Follow-Up		0	+	0		0	0		0	0	0	0	0
				+									-	
	TOTAL		0		0		0	0		0	0	0	0	0

	U.S. DEPAR'	TMENT (	OF TRANSF		ATION DR ear Covered					G MIS D	ATA CO	LLECTIC		
	ployer:			iluai 1	ear Covered	i by tills	кероп		10			Form		No. 2105-052 5 (Rev. 5/200
	ompany Name: <u>Ea</u>													
	oing Business As (D													
	ddress: 10 New R													
	ame of Certifying Of						_							
	elephone: <u>(401) 47</u>													
	epared by (if different													
Check FM X FA PH FF US	TPA Name and Tele  the DOT agency f  MCSA - Motor Carri  AA - Aviation: Certi  HMSA - PipeLine: (0  RA - Railroad: Total  SCG - Maritime: Ve  TA - Transit  Dvered Employees	for which ier: DOT # ficate # (if Check) Ga Number of sssel ID # (	you are reports:  #: f applicable): as Gathering of observed/de (USCG- or St	VJP Gas ocumenate-Iss	PR395K Transmissionted Part 21 aued):	Owner on Ga 9 "Rule	r-operator Plas Distribu G" Obser	: (circle o an/Registr tion Tr rvations fo	ration ranspo or cov	YES or I # (if appl ort Hazard ered emp	NO Exemicable):ous Liquid loyees: (If more	npt: (circle ds Trans	one) Ylport Carbo	
	Enter Total Number				1		noyees in	An Emp	loyee	Categorie	37			
(C)	Emplo	yee Catego	ory	T	otal Number	r of Emp	loyees in	If	you ha	ve multir	ole employe	ee categorio	es, comple	te Sections
						Category	-	l a	nd II	(A) & (B)	. Take th	at filled-in	form and	make one
	Aircraft Mainte					57		1 1 -		-		egory and rate employ	-	
III. D	Prug Testing Data	intenance i: 1	2	3	4	5	6	7	, <del>, 111, 1</del>					13
							0	/		, ,		isal Results		13
Тур	e of Test	Total Number Of Test Results [Should equal the sum of Columns 2,	Verified Negative Results	Verified Positive Results ~ For One Or More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opiates	Positive For	Adulterated		"Shy Bladder" ~ With No Medical Explanation		Cancelled Results
Pre-	-Employment	15	15	0	0	0	0	0	0	0	0	0	0	0
Ran	dom	16	15	1	1	0	0	0	0	0	0	0	0	0
Post	t-Accident	0	0	0	0	0	0	0	0	0	0	0	0	0
Rea	sonable Susp./Cause	0	0	0	0	0	0	0	0	0	0	0	0	0
Retu	urn-to-Duty	0	0	0	0	0	0	0	0	0	0	0	0	0
Foll	ow-Up	0	0	0	0	0	0	0	0	0	0	0	0	0
TO	ΓAL	31	30	1	1	0	0	0	0	0	0	0	0	0
IV. A	lcohol Testing Da	ata:	1		2		3	4		5	6	7	8	9
												Refusal		,
	Type of Test		Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]		Screening Tests With Results Below 0.02	Screening Tests Wit	Results 0.02 Or Greater	Number Of Confirmation Tests	Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	Cancelled Results
	Pre-Employmen	nt	0		0		0	0		0	0	0	0	0
	Random		7		7		0	0		0	0	0	0	0
	Post-Accident		0		0		0	0		0	0	0	0	0
	Reasonable Sus	sp./Cause	0		0		0	0		0	0	0	0	0
	Return-to-Duty		0		0		0	0		0	0	0	0	0
	Follow-Up		0		0		0	0		0	0	0	0	0
	TOTAL		7		7		0	0		0	0	0	0	0

	U.S. DEPAR	TMENT (			ATION DR ear Covered					G MIS E	OATA CO	LLECTIC		<b>I</b> No. 2105-052
I. Empl	•			iuai i e	ear Covered	ı by tilis	кероп		10			Form		No. 2105-052 5 (Rev. 5/200
•	pany Name: <u>Ea</u>	*												
	g Business As (D													
	ess: 10 New Ro													
	e of Certifying Of						_							
	ohone: <u>(401) 47</u>													
	ared by (if differen													
Check th FMC X_ FAA PHM FRA USC FTA	A Name and Tele  The DOT agency for SA - Motor Carri  Aviation: Certi  SA - PipeLine: (0)  Railroad: Total  G - Maritime: Ve  Transit	or which ier: DOT # ficate # (if Check) Ga Number of ssel ID # (	you are repo #:	VJP Gas ocumer ate-Issu	R395K Transmissionted Part 21 ued):	Owner on Ga	r-operator Plas Distribu G" Obser	: (circle on n/Registration Tr	ne) ation anspo or cov	YES or I # (if appl rt Hazard ered emp	NO Exemicable):lous Liquid loyees: (If more	npt: (circle ds Trans	one) Y	
	ered Employees ter Total Number				afety-Sensi 1	tive Emp	oloyees In	All Empl	loyee (	Categori	es: 57			
(C)	Emplo	yee Catego	ory	To	otal Numbe	r of Emp	loyees in	If v	ou ha	ve multir	ole emplove	ee categori	es, comple	te Sections
					this	Category		I a	nd II	(A) & (B	). Take th	at filled-in	form and	make one
	Ground Sec	urity Coo	rdinator			0			-		-	egory and rate employ	_	
III. Dru	g Testing Data	1	2	3	4	5	6	7	8				12	13
						3	0	/	8	,		isal Results	12	13
Type of	f Test	Total Number Of Test Results [Should equal the sum of Columns 2,	Verified Negative Results	Verified Positive Results ∼ For One Or More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opiates	Positive For	Adulterated		"Shy Bladder" ~ With No Medical Explanation	Other Refusals To Submit To Testing	Cancelled Results
Pre-En	nployment	0	0	0	0	0	0	0	0	0	0	0	0	0
Randor	n	0	0	0	0	0	0	0	0	0	0	0	0	0
Post-A	ccident	0	0	0	0	0	0	0	0	0	0	0	0	0
Reason	able Susp./Cause	0	0	0	0	0	0	0	0	0	0	0	0	0
Return	-to-Duty	0	0	0	0	0	0	0	0	0	0	0	0	0
Follow	-Up	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAI	L	0	0	0	0	0	0	0	0	0	0	0	0	0
IV. Alco	ohol Testing Da	ıta:	1		2		3	4		5	6	7	8	9
								1				Refusal		9
	Type of Test		Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]		Screening Tests With Results Below 0.02	Screening Tests Wit)	Results 0.02 Or Greater	Number Of Confirmation Tests	Kesuits	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	Cancelled Results
	Pre-Employmen	nt	0		0		0	0		0	0	0	0	0
	Random		0		0		0	0		0	0	0	0	0
	Post-Accident		0		0		0	0		0	0	0	0	0
	Reasonable Sus	sp./Cause	0		0		0	0		0	0	0	0	0
	Return-to-Duty		0		0		0	0		0	0	0	0	0
	Follow-Up		0		0		0	0		0	0	0	0	0
	1							1						

	U.S. DEPAR	TMENT								G MIS D	ATA CO	LLECTIO		<b>[</b> No. 2105-052
I. Empl	•			iuai i	ear Covered	i by tills	Keport		10			Form		No. 2105-052 (Rev. 5/200
	pany Name: <u>Ea</u>	*												
	g Business As (D													
	ress: 10 New R													
	e of Certifying O			_			_							
	phone: <u>(401) 47</u>													
	ared by (if differe													
Check to FMC	PA Name and Tele he DOT agency f CSA - Motor Carr A - Aviation: Certi MSA - PipeLine: ( A - Railroad: Total CG - Maritime: Ve A - Transit	for which ier: DOT # ficate # (if Check) Ga Number of essel ID # (	you are repo #: f applicable): as Gathering _ of observed/d (USCG- or St	VJI Gas ocume ate-Iss	PR395K Transmissionted Part 21 sued):	Owner on Ga 9 "Rule	r-operator Plas Distribu G" Obser	: (circle on the circle of the	ration ranspo or cov	YES or N # (if appli ort Hazard ered emp	ous Liquic loyees: (If more	pt: (circle	one) Yl port Carbo	
	ered Employees ter Total Number				Safety-Sensi	live Emp	oloyees In	All Emp	loyee	Categorie	s: 57			
(C)	Emplo	yee Catego	ory	T	Total Number	r of Emp	loyees in	Ifv	you ha	ve multin	le emplove	e categorie	es, comple	te Sections
	-					Category	-	I a	nd II	(A) & (B)	. Take th	at filled-in	form and	make one
	Aviatio	on Screeni	ing			0		1 1 -		_	-	egory and o	_	
III. Dru	ıg Testing Data	ı: 1	2		4		-							
		1	2	3	4	5	6	7	8	9		sal Results	12	13
Туре	of Test	Total Number Of Test Results [Should equal the sum of Columns 2,	Verified Negative Results	Verified Positive Results ~ For One Or More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opiates	Positive For	Ampuetamines Adulterated	Substituted	"Shy Bladder" ~ With No Medical Explanation	Other Refusals To Submit To Testing	Cancelled Results
Pre-Er	mployment	0	0	0	0	0	0	0	0	0	0	0	0	0
Rando	m	0	0	0	0	0	0	0	0	0	0	0	0	0
Post-A	ccident	0	0	0	0	0	0	0	0	0	0	0	0	0
Reaso	nable Susp./Cause	0	0	0	0	0	0	0	0	0	0	0	0	0
Return	n-to-Duty	0	0	0	0	0	0	0	0	0	0	0	0	0
Follov	v-Up	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTA	L	0	0	0	0	0	0	0	0	0	0	0	0	0
IV. Alc	ohol Testing Da	ata:	1		2		3	4		5	6	7	8	9
												Refusal		
	Type of Test		Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]		Screening Tests With Results Below 0.02	Screening Tests Wii	Results 0.02 Or Greater	Number Of Confirmation Tests	Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	Cancelled Results
	Pre-Employme	nt	0		0		0	0		0	0	0	0	0
	Random		0	$\top$	0		0	0		0	0	0	0	0
	Post-Accident		0		0		0	0		0	0	0	0	0
	Reasonable Sus	sp./Cause	0	+	0		0	0		0	0	0	0	0
	Return-to-Duty	•	0	+	0		0	0		0	0	0	0	0
	Follow-Up		0	+	0		0	0		0	0	0	0	0
	TOTAL		0	+	0		0	0		0	0	0	0	
	TOTAL		U	$\perp$	U		U			U	U	U	U	0

	U.S. DEPAR	TMENT (								G MIS D	ATA CO	LLECTIO		
I. Empl	•			iiuai i	Year Covered	i by tills	Keport		10			Form		No. 2105-052 5 (Rev. 5/2008
	pany Name: <u>Ea</u>													
	g Business As (D													
	ress: 10 New R													
	e of Certifying O			_			_							
	phone: (401) 47													
	ared by (if differe													
Check the FMC	PA Name and Tele he DOT agency f CSA - Motor Carr A - Aviation: Certi MSA - PipeLine: ( A - Railroad: Total CG - Maritime: Ve A - Transit	for which ier: DOT # ficate # (if Check) Ga	you are reported:  #: f applicable): as Gathering of observed/d	VJI Gas	MIS data; a PR395K s Transmission and Part 21	Owner on Ga 9 "Rule	r-operator Pla s Distribu G" Obser	: (circle on the circle of the	ne) ration ranspo or cov	YES or N # (if appl rt Hazard ered emp	NO Exem cable): ous Liquid loyees:	pt: (circle ds Trans	one) Ylport Carbo	
II. Cov	ered Employees ter Total Number				Safety-Sensi	tive Emp	oloyees In	All Emp	loyee	Categorie	s: 57			
(C)	Emplo	yee Catego	ory		Total Number	r of Emp	loyees in	If	von ha	ve multin	le employe	ee categorie	s, comple	te Sections
	1		•			Category	-	Ia	nd II	(A) & (B)	. Take th	at filled-in	form and	make one
	Air Tr	affic Cont	rol			0		1 1 -		-	-	egory and o	-	
III. Drı	ıg Testing Data	ı <b>:</b>	2											
		1	2	3	4	5	6	7	8	9		sal Results	12	13
Туре с	of Test	Total Number Of Test Results [Should equal the sum of Columns 2,	Verified Negative Results	Verified Positive Results ~ For One Or More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opiates	Positive For	Adulterated	Substituted	"Shy Bladder" ~ With No Medical Explanation	Other Refusals To Submit To Testing	Cancelled Results
Pre-Er	mployment	0	0	0	0	0	0	0	0	0	0	0	0	0
Rando	m	0	0	0	0	0	0	0	0	0	0	0	0	0
Post-A	Accident	0	0	0	0	0	0	0	0	0	0	0	0	0
Reason	nable Susp./Cause	0	0	0	0	0	0	0	0	0	0	0	0	0
Return	n-to-Duty	0	0	0	0	0	0	0	0	0	0	0	0	0
Follow	v-Up	0	0	0	0	0	0	0	0	0	0	0	0	0
ТОТА	L	0	0	0	0	0	0	0	0	0	0	0	0	0
	ohol Testing Da	ata:	1		2		3	4		5	6	7	8	9
			al .			-£						Refusal		
	Type of Test		Total Number Of Screening Test Results [Should equal the sum of Columns		Screening Tests With Results Below 0.02	Screening Tests Wi	Results 0.02 Or Greater	Number Of Confirmation Tests	Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	Cancelled Results
	Pre-Employme	nt	0		0		0	0		0	0	0	0	0
	Random		0		0		0	0		0	0	0	0	0
	Post-Accident		0		0		0	0		0	0	0	0	0
	Reasonable Sus	sp./Cause	0		0		0	0		0	0	0	0	0
	Return-to-Duty	•	0		0		0	0		0	0	0	0	0
	Follow-Up		0		0		0	0		0	0	0	0	0
	TOTAL		0		0		0	0		0	0	0	0	0
	TOTAL		U		<u> </u>		U			U		U	U	U

	U.S. DEPAR	TMENT (			ATION DR ear Covered					G MIS I	OATA CO	LLECTIC		<b>I</b> No. 2105-052
I. Empl	•			idai 1	ear Covered	i by tills	кероп		10			Form		No. 2105-052 5 (Rev. 5/200)
•	pany Name: <u>Ea</u>													
	g Business As (D													
	ess: 10 New Ro													
	e of Certifying Of						_							
	ohone: <u>(401) 47</u>													
	ared by (if differen													
Check th FMC X_ FAA PHM FRA USC	A Name and Tele ne DOT agency f CSA - Motor Carri - Aviation: Certi ISA - PipeLine: (0 - Railroad: Total G - Maritime: Ve - Transit	for which ier: DOT # ficate # (if Check) Ga	you are repo #: f applicable): as Gathering _ of observed/do	VJP Gas Coumer	MIS data; a PR395K Transmissionted Part 21	Owner on Ga 9 "Rule	r-operator Pla s Distribu G" Obser	: (circle or an/Registr tion Tr evations for	ne) ration ranspo or cov	YES or I # (if appl rt Hazard ered emp	NO Exemicable):lous Liquidolovees:	npt: (circle ds Trans	one) Ylport Carbo	
II. Cove	ered Employees ter Total Number				Safety-Sensi	tive Emp	oloyees In	All Empl	loyee	Categori	es: 57			
(C)	Emplo	yee Catego	ory	T	otal Number	r of Emp	loyees in	If	you ha	ve multi	ole employ	ee categori	es, comple	te Sections
						Category	-	] I a	nd II	(A) & (B	). Take th	at filled-in	form and	make one
	Operations	Control Sp	pecialist			0		1 1 -	•			egory and rate emplo	-	
III. Dru	g Testing Data	ı <b>:</b>	2		4	-	6		8		) 1(			
			2	3		5	6	7	0	, ,		) 11 Isal Results		13
Туре о	f Test	Total Number Of Test Results [Should equal the sum of Columns 2,	Verified Negative Results	Verified Positive Results ~ For One Or More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opiates	Positive For	Adulterated		"Shy Bladder" ~ With No Medical Explanation		Cancelled Results
Pre-En	nployment	0	0	0	0	0	0	0	0	0	0	0	0	0
Rando	m	0	0	0	0	0	0	0	0	0	0	0	0	0
Post-A	ccident	0	0	0	0	0	0	0	0	0	0	0	0	0
Reasor	nable Susp./Cause	0	0	0	0	0	0	0	0	0	0	0	0	0
Return	-to-Duty	0	0	0	0	0	0	0	0	0	0	0	0	0
Follow	-Up	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTA	L	0	0	0	0	0	0	0	0	0	0	0	0	0
IV. Alco	ohol Testing Da	ıta:	1		2		3	4		5	6	7	8	9
								1				Refusal		9
	Type of Test		Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]		Screening Tests With Results Below 0.02	Screening Tests Wit	Results 0.02 Or Greater	Number Of Confirmation Tests	Kesults	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	Cancelled Results
	Pre-Employmen	nt	0		0		0	0		0	0	0	0	0
	Random		0		0		0	0		0	0	0	0	0
	Post-Accident		0		0		0	0		0	0	0	0	0
	Reasonable Sus	sp./Cause	0		0		0	0		0	0	0	0	0
	Return-to-Duty	•	0		0		0	0		0	0	0	0	0
	Follow-Up		0		0		0	0		0	0	0	0	0
	TOTAL		0	+	0		0	0		0	0	0	0	0

## PAPERWORK REDUCTION ACT NOTICE (as required by 5 CFR 1320.21)

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2105-0529. Public reporting for this collection of information is estimated to be approximately 90 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, U.S. Department of Transportation, Office of Drug and Alcohol Policy and Compliance, 1200 New Jersey Avenue, SE, Suite W62-300, Washington, D.C. 20590.

Title 18, USC Section 1001, makes it a criminal offense subject to a maximum fine of \$10,000, or imprisonment for not more than 5 years, or both, to knowingly and willfully make or cause to be made any false or fraudulent statements of representations in any matter within the jurisdiction of any agency of the United States.