U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM

Calendar Year Covered by this Report: 2006

OMB No. 2105-0529

l. El	MPLOYER:														
C	Company Name: AE	3C Charte	r Compa	ny											
	Doing Business As (D	BA) Name	e (if applic	able)					·						
Α	Address: 3030 Ivanrest SW Suite 2, Grandville, MI 49418									Email:					
. N	lame of Certifying Off	icial: <u>Co</u>	mpany R	epresenta	ive Name	Here	Signa	iture:						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
To	Telephone: 6165316661 Date Certified:														
P	repared By (If Differe	hez					Т	Telephone: 616-531-6661							
Name of Certifying Official: Company Representaive Name Here Signature:															
Chec	k the DOT agency fo	or which y	you are re	porting M	IS data; a	and com	plete the ir	nformatio	n on that	same li	ne as a	ppropr	iate:		
FM	ICSA - Motor Carrier:	DOT#:				C	Owner-Oper	ator: (Circ	le One)	YES or	NO I	Exempt	t (Circle	One) YE	S or NO
RS	PA - Pipeline: (Check	k) Gas Ga	thering	Gas Tra	nsmissio								ranspor	t Carbon	Dioxide
FR	:A - Railroad: Total N	lumber of	observed/	documente	ed Part 21	9 "Rule C	G" Observa	tions for c	overed en	npioyees	S:				··-
√ US	CG - Maritime: Vess	el ID#(U	SCG- or S	State-Issue	d): Blue	Eyes 124	45-84			····	_ (If mo	re than	one ve	ssel, list s	eparately.)
□FT/	A - Transit														
II. C	OVERED EMPL	OYEES:	: (A) En	ter Total	Numer	of Saf	ety Sens	itive En	nployee	s in A	II Emp	loyee	Cate	gories:	
(D)	Enter Total Nive	shar of I	Employ	aa Cata	orice:	4	1								
(D)	Enter I Otal Wall	ibei oi i	Employ	ee Catel	jories.										
(C)	Employee	Category	1	Tota			•								
_mployed datego.y			in this Category				em	employee category and complete Sections II (C), III, and IV for each							
Crewmember			separate e					arate emp	oyee cat	egory.	······································	·····			
III. Di	rug Testing Data	a: _	•	•			•	7		ρ.	40		4.4	49	49
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Type of Test		Res The 3, 9	Reg	≱‱ç	May 20	g S	POS	<u>8</u> 8	20 €	Ą	S	န်	<u> </u>	Sut Oth	ပို
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IV. A	Icohol Testing D	ata:		4	2		9	4	5		6	7	8	q	
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_	1	2	3	4	5	6	7	8	9
	T =	.c.	<u> </u>			<u>-</u>	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 With Results 0.02 Or Greater	Number Of Confirmation Test 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 Resutis
Pre-Employment	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 Susp./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