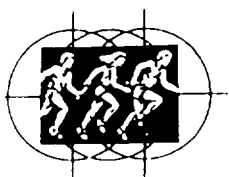


Attachment 14

to Operational Factors/Human Performance Group Chairman's Factual Report

DCA99MA007



Member of Helian
Health Group Inc

HOWELL INDUSTRIAL
730 Peachtree St. S 100
Atlanta, GA 30308
Tel No (404) 881-1155
FAX No (404) 881-9875

INDUSTRIAL CLINIC
3580 Atlanta Avenue
Hapeville, GA 30354
Tel No (404) 768-3351
FAX No (404) 763-2002

HOWELL MEDICAL
6475 Jimmy Carter Blvd S 2C
Norcross, GA 30071
Tel No (770) 242-7744
FAX No (770) 368-0164

☐ HELIAN MEDICAL CENTER
STOCKBRIDGE
3584 Highway 138 S E
Stockbridge, GA 30281
Tel No (770) 507-0220
FAX No (770) 507-0420

☐ HELIAN MEDICAL CENTER
CONYERS
905 Flat Shoals Road
Conyers, GA 30207
Tel No (770) 760-0066
FAX No (770) 922-7599

U.S. Department of Transportation (DOT) Breath Alcohol Testing Form

(THE INSTRUCTIONS FOR COMPLETING THIS FORM ARE ON THE BACK OF COPY 3)

• STEP 1: TO BE COMPLETED BY BREATH ALCOHOL TECHNICIAN

Employee Name	Charles W. Ware
Employee ID No.	[REDACTED]
Company Name	AirTran
Address	
City	
State	
Zip	
Test Results	<input type="checkbox"/> Pre-accident <input type="checkbox"/> Random <input type="checkbox"/> Post-accident <input checked="" type="checkbox"/> Post-accident <input type="checkbox"/> Return to work <input type="checkbox"/>

• STEP 2: TO BE COMPLETED BY EMPLOYEE

Signature of Employee	11/1/98
-----------------------	---------

• STEP 3: TO BE COMPLETED BY BREATH ALCOHOL TECHNICIAN

Screening Test			
Complete <u>only</u> if the testing device is not designed to <u>print</u> the following			
Test No.	Testing Device No.	Testing Device Serial Number	Time
			AM PM
Confirmation Test - Confirmation test results <u>MUST</u> be affixed to the back of each copy of this form.			
Remarks			
N.M. Davis		Signature Breath Alcohol Technician	11/1/98
PRINTED Breath Alcohol Technician's Name First MI Last		9/109	

• STEP 4: TO BE COMPLETED BY EMPLOYEE

Signature of Employee		11/1/98
-----------------------	--	---------

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Factual Report

ATTACHMENT 14-1

DCA99MA007

DO NOT USE IF
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IS BROKEN

IN TEST RESULTS HERE

USE T.

CONCENTRA AIRPORT
INTOXILYZER - ALCOHOL ANALYZER
DOT MODEL 5000 CO SN 68-001467

11/20/1998 SEQUENCE NO = 1916

TEST = INITIAL
TYPE = POST ACCIDENT
DONOR = CHARLES W. WARE
DONOR ID = [REDACTED]
CHAIN OF CUSTODY = AIRTRAN
DONOR COMPANY = AIRTRAN
OPER = RANDI D. DAVIS
OPER ID = 9109

EVIDENT TAPE

TEST	AC	TIME
DIAGNOSTICS	OK	23:00:37
AIR BLANK	.000	23:01:37
SUBJECT TEST	.000	23:02:37
AIR BLANK	.000	23:03:37

X Charles W. Ware
SUBJECT NAME

TIME FIRST OBSERVED: INSTRUMENT ID: 9109
W. M. K. OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

DO NOT USE IF
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TEST PRINTER CARD

By CMI INC.

EMI

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

Public reporting burden for this collection of information is estimated for each respondent to average 1 minute/employee, 4 minutes/Breath Alcohol Technician. Individuals may send comments regarding burden estimates, or any other aspect of this collection of information, including suggestions for reducing the burden, to U.S. Department of Transportation, Drug Enforcement and Program Compliance, Room 9404, 400 Seventh St., SW, Washington, D.C. 20590 or Office of Management and Budget, Paperwork Reduction Project, Room 3001, 725 Seventeenth St., NW, Washington, D.C. 20503.

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Factual Report

ATTACHMENT 14-2

OMB No 2105-0529

Exp Date 2/28/97

• • DCA99MA007

MRW, Inc.

Suite 404

1266 West Paces Ferry Road

Atlanta, GA 30327

770/998-4711

MRO Report on Drug Screen

Employer/Consortium Group:

AIRTRAN AIRLINES, INC
ATTN: MR. MATT LEE
9955 AIRTRAN BLVD
ORLANDO, FL 32827

770/994-6310

FAX #: 770/994-6311

Employee Location:

ATL

Employee's Name:

CHARLES W. WARE, JR.

Social Security Number:

[REDACTED]

Collection Date:

11/01/1998

Type of Test:

NIDA DOT

Reason for Test:

Post-Accident

Collection Site:

CONCENTRA-AIRPORT


This report is based on a laboratory report from a DHHS certified laboratory.

All NIDA tests are performed in accordance with U.S. Department of Transportation regulations specified in 49CFR Part 40.

The specimen was tested for the following drugs:

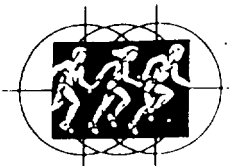
Marijuana, Cocaine, Phencyclidine, Opiates, and Amphetamines

This specimen is **NEGATIVE** for the tested drugs.


Robert S. Harshman M.D.
Medical Review Officer

Medical Review Date: 11/03/1998

Report Printed on: 11/03/1998



Member of Helian
Health Group, Inc.

HOWELL INDUSTRIAL
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CONYERS
905 Flat Shoals Road
Conyers, GA 30207
Tel. No. (770) 760-0066
FAX No (770) 922-7599

U.S. Department of Transportation (DOT) Breath Alcohol Testing Form

(THE INSTRUCTIONS FOR COMPLETING THIS FORM ARE ON THE BACK OF COPY 3)

• STEP 1: TO BE COMPLETED BY BREATH ALCOHOL TECHNICIAN

Employee Name	Paul J. Felix		
PRN (First, MI, Last)	[REDACTED]		
SSN (Employee ID No)	[REDACTED]		
Company	Air Tran		
Address			
City/State/Zip			
Telephone No.			
Telephone Number			
Test Results	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	<input checked="" type="checkbox"/> Reasonable Suspicion
	<input type="checkbox"/> Refused	<input type="checkbox"/> Return to Duty	<input type="checkbox"/> Follow up

• STEP 2: TO BE COMPLETED BY EMPLOYEE

Signature of Employee	Date
[REDACTED]	11 / 1 / 98
Signature of Employee	Month Day Year

• STEP 3: TO BE COMPLETED BY BREATH ALCOHOL TECHNICIAN

Screening Test: Complete <u>only</u> if the testing device is not designed to <u>print</u> the following			
Test No.	Testing Device Name	Testing Device Serial Number	Time
			AM PM
Confirmation Test: Confirmation test results <u>MUST</u> be affixed to the back of each copy of this form.			
PRN (First, MI, Last)			
Signature Breath Alcohol Technician		Date	
[REDACTED]		11 / 1 / 98	
9109		Month Day Year	

• STEP 4: TO BE COMPLETED BY EMPLOYEE

Signature of Employee	Date
[REDACTED]	11 / 1 / 98
Signature of Employee	Month Day Year

HMC003

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Factual Report

ATTACHMENT 14-4

• DCA99MA007

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ION TEST RESULTS HERE

USE

ER-EVIDENT TAPE

CONCENTRA AIRPORT
INTOXILYZER - ALCOHOL ANALYZER
DOT MODEL 5000 CO SN 68-001467

11/01/1998 SEQUENCE NO = 1915

TEST= INITIAL
TYPE= POST ACCIDENT
DONOR= PAUL J. FALIX
DONOR ID = [REDACTED]
CHAIN OF CUSTODY= AIRTRAN
DONOR COMPANY = AIRTRAN
OPER = NANCY M. DAVIS
OPER ID = 9109

TEST	AC	TIME
DIAGNOSTICS	OK	22:55 EST
HIF BLANK	.000	22:56 EST
SUBJECT TEST	.000	22:56 EST
HIF BLANK	.000	22:56 EST

X Paul J. Falix
SUBJECT'S NAME

TIME FIRST OBSERVED: 22:55 INSTRUMENT LOCATION: RMA BAT 9109
OPERATOR: N.M.D.

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER INSTRUMENT PRINTER CARD

DO NOT USE IF
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IS BROKEN

EMI
DO NOT USE IF
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IS BROKEN

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

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COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

OMB No. 2105-0529

Exp. Date: 2/28/97

Factual Report

ATTACHMENT 14-5

* * DCA99MA007

MRW, Inc.

Suite 404

1266 West Paces Ferry Road

Atlanta, GA 30327

770/996-4711

MRO Report on Drug Screen

Employer/Consortium Group:

**AIRTRAN AIRLINES, INC
ATTN: MR. MATT LEE
9955 AIRTRAN BLVD
ORLANDO, FL 32827**

407/251-5628

FAX #: 407/251-5602

Employee Location:

ATL

Employee's Name:

PAUL J. FALIX

Social Security Number:

[REDACTED]

Collection Date:

11/01/1998

Type of Test:

NIDA DOT

Reason for Test:

Post-Accident

Collection Site:

CONCENTRA-AIRPORT

This report is based on a laboratory report from a DHHS certified laboratory.

All NIDA tests are performed in accordance with U.S. Department of Transportation regulations specified in 49CFR Part 40

The specimen was tested for the following drugs:

Marijuana, Cocaine, Phencyclidine, Opiates, and Amphetamines

This specimen is NEGATIVE for the tested drugs.


Robert S. Harshman M.D.
Medical Review Officer

Medical Review Date 11/03/1998

Report Printed on: 11/05/1998