



## DEPARTMENT OF THE NAVY

COMMANDING OFFICER  
TRARON EIGHT SIX  
390 SAN CARLOS RD SUITE G  
PENSACOLA FLORIDA 32508-5503

IN REPLY REFER TO:

TRARONEIGHTSIXINST 5355.4D

DAPA

28 Jan 2015

### TRARON EIGHT SIX INSTRUCTION 5355.4D

From: Commanding Officer, Training Squadron EIGHT SIX

Subj: ALCOHOL/DRUG ABUSE AND DETECTION POLICY

Ref: (a) OPNAVINST 5350.4D

Encl: (1) DAPA Admin Screening Form

1. Purpose. To delineate Training Squadron EIGHT SIX Alcohol/Drug Abuse and Detection procedures and policies.

a. Use, possession, and/or trafficking of illegal drugs and/or paraphernalia.

b. Random, probable cause, consent, military unit sweep, rehabilitation, and command directed urinalysis.

c. Disposition of drug offenders.

d. Education of personnel of the dangers and consequences of illegal drugs, paraphernalia, and alcohol abuse.

e. Designation of Command Drug/Alcohol Abuse Reports.

f. Submission of Drug and Alcohol Abuse Reports.

g. The obesity aftercare program.

2. Cancellation. TRARONEIGHTSIXINST 5355.4C

3. Background. Alcohol abuse and illegal use, possession, and trafficking of drugs and/or paraphernalia cannot be tolerated in the Navy and will not be tolerated onboard or within the realm of jurisdiction of Training Squadron EIGHT SIX. Reference (a) discusses the problem of drug abuse in the Navy and provides guidance for establishing and conducting a comprehensive drug/alcohol abuse program. It also presents procedural guidance, introduces a reorganized drug and alcohol treatment

28 JAN 2015

network, assigns responsibilities, and provides guidance for coordinating the policies of the program.

#### 4. Policy

a. Command directed urinalysis shall be ordered whenever a member's behavior gives rise to reasonable suspicion or drug abuse. Command directed urinalysis must be ordered by the Commanding Officer or, when so designated by the Commanding Officer, by the Executive Officer and/or CDO (with verbal confirmation from the CO/XO). Reasonable suspicion will frequently be generated by a member's involvement in the following:

(1) Serious accidents or incidents in which government property or equipment is damaged, safety precautions are violated, unusually careless acts performed.

(2) Automobile accidents.

(3) Accidents/incidents in which there is serious personal injury.

(4) Unusual or irregular behavior.

(5) Fights, assaults, or similar confrontation.

(6) Incidents involving repeated or serious breaches or discipline.

(7) Unauthorized absence.

b. When a service member tests positive and is assigned and/or performing duties where the health or safety of others may be endangered due to the effects of marijuana, narcotics, or other controlled substances, the individual shall be immediately relieved of all safety critical duties pending DOD lab confirmation. Exceptions to this rule may only be granted by the Commanding Officer. This authority may not be delegated.

c. Detection of illegal drugs and/or paraphernalia by use of drug dogs, random vehicle searches, and health/welfare inspections will be strongly pursued.

d. Probable cause urinalysis testing must be ordered by the Commanding Officer, or in his absence, the person exercising general command responsibilities.

28 JAN 2015

e. It is the policy of this command that drug offenses and drug-related incidents shall be punished under the appropriate article of the Uniform Code of Military Justice. Drug offenders will normally be processed for immediate separation from the Naval Service as an administrative action if disciplinary action has not already dictated separation.

f. Military unit sweep is the testing of an entire military unit. Unit sweep requests will be forwarded to CNATRA (N13). Requests can be made via telephone or message. The following information is to be included: Command, date of unit sweep, number of officers, and unit identification code (52902).

## 5. Responsibility

a. Executive Officer: The Executive Officer is the overall cognizant authority regarding the Training Squadron EIGHT SIX urinalysis screening program. He shall ensure enforcement of all aspects of this instruction.

b. Senior Watch Officer: The Senior Watch Officer shall ensure all Command Duty Officers are aware of the requirement to obtain permission from the Commanding Officer prior to ordering a probable cause urinalysis.

c. Urinalysis Program Coordinator: The Urinalysis Program Coordinator is the overall action officer for the Training Squadron EIGHT SIX urinalysis screening program.

### d. DAPA:

(1) Assist the Commanding Officer in developing and administering the alcohol/drug abuse prevention program. Apprise the Commanding Officer of available options in dealing with drug/alcohol abuse and obesity cases per reference (a).

(2) Assist the Commanding Officer in the preparation of required reports.

(3) Ensure that anyone ordered into a Level II/III Alcohol Treatment Program has a Human Immunodeficiency Virus-1 (HIV) screening performed prior to entering the rehabilitation program.

(4) Serve as the command self-referral procedure agent.

(5) Provide training for command members as required by reference (a).

28 JAN 2015

(6) Establish and monitor individuals in the Level I intervention program per reference (a).

(7) Conduct administrative screenings (including reviewing health and service records) of identified alcohol and drug abusers and members who do not meet physical readiness standards to provide the CAAC, Medical Officer, and the Commanding Officer with information for use in determining case disposition.

(8) Maintain DAPA client folders on all personnel referred to DAPA/CAAC for screening. Folders should contain at a minimum: a copy of the page 13 entry; service record and medical record screening; Counseling and Assistance Center (CAAC) and medical evaluation and any other data that may be pertinent to the case. Retain client folders for a period of one year after completion of the aftercare period. Client folders contain confidential/sensitive material and shall be handled accordingly. Per reference (a), the lowest level a client folder can be released to is the Executive Officer. Client folders can be released to CAAC and Medical Officers in the performance of their duties (screening the individual).

(9) Use enclosure (1) during screening for substance dependency and obesity. Forward a copy to CAAC whenever an individual is referred for further screening.

(10) Submit a Drug and Alcohol Abuse Report (DAAR) for all drug and alcohol related incidents per reference (a). Submit all DAARs with all available information and amend as required. Annotation of all Non-Judicial Punishment is required if it shows previous drug/alcohol abuse incidents. Block 26 must include rationale for retention for multiple alcohol abuses.

(11) Forward all DAPA packages of personnel being transferred to the individuals receiving command and mark "DAPA'S EYES ONLY" per reference (a).

(12) Act as the Aftercare Plan/Program Manager (APM) for the command, coordinating and monitoring the aftercare plan for members who return to the command after completion of Level II or III programs for alcohol and compulsive overeating/food abuse per reference (a).

e. All personnel onboard Training Squadron EIGHT SIX are responsible to report to the Urinalysis Officer between 0800 and

28 JAN 2015

1400 on the selected testing day. All personnel are fully accountable for their personal activities relating to drug abuse and responsible for immediately reporting known or suspected incidents of drug abuse to their immediate supervisor or Commanding Officer. Alcohol/drug abuse in Training Squadron EIGHT SIX will not be tolerated.

  
W. P. DONNELLY

Distribution:

Electronic only, via VT-86 Website:

<https://www.cnatra.navy.mil/tw6/vt86/Instructions.asp>

28 JAN 2015

**DAPA ADMIN SCREENING FORM**

**Servicemember Name:** \_\_\_\_\_

Supporting Directive OPNAVINST 5350-4D

<b>ADMINISTRATIVE SCREENING CHECKLIST</b>		
<b>Action</b>	<b>Date Completed</b>	<b>Comments</b>
Member identified		
Notify C.O. (if required)		
Collect service record		
Page 9 -10 delivered to member's supervisor		
Supervisor input returned		
Initial DAAR submitted within 30 days (Reservists 90 days)		
Member appointment scheduled (member and supervisor notified)		
Member interview conducted		
C.O. notified (if required) of DAPA recommendations		
MTF appointment scheduled		
Member/supervisor notified of appointment and MTF requirements (uniform etc.)		
Admin screening form/records delivered to MTF		
Recommendations/diagnosis received from MTF		
C.O. notified of diagnosis		
Member notified on treatment program requirements		
Final DAAR submitted (upon member's completion of formal treatment)		
Continuing Care (Aftercare) Plan received (after member completes treatment)		
Initial Aftercare meeting held; member notified of Aftercare requirements		
Aftercare Exit interview completed		
<p><b><i>This checklist is only a guide. DAPAs must liaise with local MTF on specific requirements for the area.</i></b></p>		

12 8 JAN 2010

**DAPA ADMIN SCREENING FORM**  
Servicemember Name \_\_\_\_\_

**1. Drug and Alcohol Program Advisor Administrative Screening Form**  
**NAVPERS 5350/3 (4/00)**

Information provided below will assist the DAPA, commanding officer, and medical treatment facility (MTF) staff in determining the servicemember's need for intervention/treatment. A copy of this form must be forwarded to the MTF based on local MTF regulations. Attach additional sheets of paper, if needed.

Date administrative screening form completed: \_\_\_\_\_

Servicemember Name (Last, First, MI)  
\_\_\_\_\_

Rate/Rank: \_\_\_\_\_ Sex:  F  M

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Command/UIC: \_\_\_\_\_

Command Address: \_\_\_\_\_

Division/work center: \_\_\_\_\_ Phone number: \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**2. How was the DAPA made aware of the servicemember's possible problem?**

Self-referral  date member self-referred \_\_\_\_\_

Command-referral  date command referral received \_\_\_\_\_

Incident referral  date incident occurred \_\_\_\_\_

What substance is involved? Alcohol  Yes  No Illicit drug  Yes  No

If yes for illicit drug, what drug(s) is/are involved? \_\_\_\_\_

Was the member arrested for DUI/DWI? \_\_\_\_\_

How many DUI/DWIs has the member incurred during career? \_\_\_\_\_

Was a Blood Alcohol Content (BAC) test conducted?  Yes  No Results \_\_\_\_\_

DAPA Name	Phone Number
-----------	--------------

**DAPA ADMIN SCREENING FORM**

**Servicemember Name** \_\_\_\_\_

3. Was a urinalysis test conducted?  Yes  No If yes, date conducted \_\_\_\_\_  
(DAPA must maintain copy of positive urinalysis results while forwarding copy of results to MTF). Describe, in detail, incident or facts of referral. (Attach additional paper if needed).

4. Is member currently under orders?  Yes  No

What Command is member going to? \_\_\_\_\_

5. Active duty service date \_\_\_\_\_ Delayed entry program \_\_\_\_\_

Time in service \_\_\_\_\_ EAOS \_\_\_\_\_

Date reported this command \_\_\_\_\_ PRD \_\_\_\_\_

Pre-service waiver?  Yes  No If yes, provide details of waiver.

6. Single  Married  Separated  Divorced

Next of kin listed in service record \_\_\_\_\_

Additional comments:

7. Highest grade completed: \_\_\_\_\_ Dates of high school: \_\_\_\_\_

GED:  Yes  No If yes, date awarded: \_\_\_\_\_

Evidence of college?  Yes  No Completion of degree:  Yes  No

Date completed \_\_\_\_\_

Date of most recent advancement/promotion: \_\_\_\_\_

DAPA Name	Phone Number
-----------	--------------

**DAPA ADMIN SCREENING FORM**

**Servicemember Name** \_\_\_\_\_

8. Date of reduction in paygrade: \_\_\_\_\_ From what paygrade: \_\_\_\_\_

Provide details of reduction in paygrade:



9. Previous duty station: \_\_\_\_\_

Location: \_\_\_\_\_ Reported: \_\_\_\_\_ Detached: \_\_\_\_\_

Evidence of previous drug or alcohol treatment?  Yes  No

If yes, provide details:



10. History of disciplinary action:

Evidence of NJP or Captains Mast? If yes, provide details.

Courts Memoranda: If yes, provide details.

Evidence of civil arrests: If yes, provide details.

Unauthorized absences: If yes, provide details.

Additional comments on disciplinary history:

DAPA Name	Phone Number
-----------	--------------

**DAPA ADMIN SCREENING FORM**

**Servicemember Name** \_\_\_\_\_

**11. Enlisted Evaluations** (Officer Fitness Reports are not maintained in service record)

Past Two (2) Evaluations:

Command: \_\_\_\_\_ Date: \_\_\_\_\_ Type: \_\_\_\_\_

Professional Knowledge: \_\_\_\_\_ Professional Expertise: \_\_\_\_\_  
(E1-E6) (01-06)

Personal Job Accomplishment /Initiative: \_\_\_\_\_ Mission Accomplishment/  
(E1-E6) Initiative: \_\_\_\_\_  
(01-06)

Military Bearing/Character: \_\_\_\_\_ Leadership: \_\_\_\_\_  
(E1-E6) (01-06)

Individual Trait Average: \_\_\_\_\_  
(E1-06)

Alcohol or drug related entries?  Yes  No If yes, provide details.

Command: \_\_\_\_\_ Date: \_\_\_\_\_ Type: \_\_\_\_\_

Professional Knowledge: \_\_\_\_\_ Professional Expertise: \_\_\_\_\_  
(E1-E6) (01-06)

Personal Job Accomplishment /Initiative: \_\_\_\_\_ Mission Accomplishment/  
(E1-E6) Initiative: \_\_\_\_\_  
(01-06)

Military Bearing/Character: \_\_\_\_\_ Leadership: \_\_\_\_\_  
(E1-E6) (01-06)

Individual Trait Average: \_\_\_\_\_  
(E1-06)

Alcohol or drug related entries?  Yes  No If yes, provide details.

DAPA Name

Phone Number

**DAPA ADMIN SCREENING FORM**

**Servicemember Name** \_\_\_\_\_

**12. Enlisted Evaluations** (Officer Fitness Reports are not maintained in service record)

Past Two (2) Evaluations:

Command: \_\_\_\_\_ Date: \_\_\_\_\_ Type: \_\_\_\_\_

Institutional & Technical Expertise: \_\_\_\_\_  
(E7-E9)

Character: \_\_\_\_\_  
(E7-E9)

Deck Plate Leadership: \_\_\_\_\_  
(E7-E9)

Individual Trait Average: \_\_\_\_\_  
(E1-06)

Alcohol or drug related entries?  Yes  No If yes, provide details.

Command: \_\_\_\_\_ Date: \_\_\_\_\_ Type: \_\_\_\_\_

Institutional & Technical Expertise: \_\_\_\_\_  
(E7-E9)

Character: \_\_\_\_\_  
(E7-E9)

Deck Plate Leadership: \_\_\_\_\_  
(E7-E9)

Individual Trait Average: \_\_\_\_\_  
(E1-06)

Alcohol or drug related entries?  Yes  No If yes, provide details.

DAPA Name	Phone Number
-----------	--------------

**DAPA ADMIN SCREENING FORM**

**Servicemember Name** \_\_\_\_\_

13. Drug and Alcohol Education

Evidence of attendance at:

NASAP  Yes  No

NADSAP  Yes  No

PREVENT  Yes  No

PREVENT 2000  Yes  No

ADAMS (Supervisor)  Yes  No

ADAMS (Manager)  Yes  No

AWARE  Yes  No

Other training (GMT etc)  Yes  No

If yes to any course, provide details including date, location and if member attended due to alcohol related incident.

---

14. Security Clearance:

downgraded  removed  access denied  special handling

If any of these, describe circumstances:

---

15. Is DD-1966 located in service record?  Yes  No

List prior civilian employment including dates of employment:

Pre-service arrests/charges/court actions/convictions (provide dates and description of circumstances):

Additional information found on DD-1966:

DAPA Name

Phone Number

**DAPA ADMIN SCREENING FORM**

**Servicemember Name** \_\_\_\_\_

16. Summary of review:

Commanding Officer comments (if so desired):

DAPA Name	Phone Number
-----------	--------------

**DAPA ADMIN SCREENING FORM**  
**Servicemember Name** \_\_\_\_\_

Supervisor Input Form

To: \_\_\_\_\_

(Supervisor name/work center/division)

Subj: ADMINISTRATIVE SCREENING IRT \_\_\_\_\_

(Servicemember rate/rank, name, work center/division)

1. Subject servicemember is being administratively screened. Your input is extremely important in helping the commanding officer and medical treatment facility staff in making the appropriate recommendation and diagnosis of a possible alcohol or drug problem. Please be as honest and complete in the answers as possible.

2. How long have you supervised this member? \_\_\_\_\_

3. Please place a check next to the word in each category that best describes the servicemember in the past 12 months:

a. Military performance:

Superior	<input type="checkbox"/>	Adequate	<input type="checkbox"/>	Improving	<input type="checkbox"/>
Excellent	<input type="checkbox"/>	Substandard	<input type="checkbox"/>	Declining	<input type="checkbox"/>

b. Work performance:

Superior	<input type="checkbox"/>	Adequate	<input type="checkbox"/>	Improving	<input type="checkbox"/>
Excellent	<input type="checkbox"/>	Substandard	<input type="checkbox"/>	Declining	<input type="checkbox"/>

c. Uniform/military appearance:

Superior	<input type="checkbox"/>	Adequate	<input type="checkbox"/>	Improving	<input type="checkbox"/>
Excellent	<input type="checkbox"/>	Substandard	<input type="checkbox"/>	Declining	<input type="checkbox"/>

d. Relationships with peers and superiors:

Superior	<input type="checkbox"/>	Adequate	<input type="checkbox"/>	Improving	<input type="checkbox"/>
Excellent	<input type="checkbox"/>	Substandard	<input type="checkbox"/>	Declining	<input type="checkbox"/>

Please provide additional comments about the above markings:

DAPA Name

Phone Number

**DAPA ADMIN SCREENING FORM**

**Servicemember Name** \_\_\_\_\_

- e. Has remedial counseling been conducted in the past 12 months? Yes  No
  - f. Has servicemember received NJP or other disciplinary action during the previous 12 months? Yes  No
  - g. Are you aware of any civil actions or referrals for family or financial counseling that have occurred in the previous 12 months? Yes  No
  - h. Are you aware of any previous/additional alcohol or drug problems? Yes  No
  - i. Does this member have a history of Monday or Friday absences, sick call visits or tardiness to work? Yes  No
  - j. Is this member the first to arrive or the last to leave? Yes  No
  - k. Does this member take unusually long lunch breaks on a routine basis? Yes  No
- If you marked yes for e, f, g, h, i or j please explain in detail.

4. If you had a choice would you want this servicemember to continue working for you? Yes  No

Provide details on why or why not.

5. Please complete and return this form no later than \_\_\_\_\_ (date required)  
 to \_\_\_\_\_, located in \_\_\_\_\_  
 (DAPA's name) (Room/bldg/compartment number)

If using internal mail, please place in sealed envelope. If you have any questions, I can be reached at \_\_\_\_\_ (Telephone)

\_\_\_\_\_  
 (DAPA Signature) (Date)

\_\_\_\_\_  
 (Supervisor Signature) (Date)

DAPA Name	Phone Number
-----------	--------------