	U.S. DEPAR	TMENT (OF TRANS	PORTA	TION DR	UG ANI	D ALCO	HOL T	ESTING	G MIS D	ATA COI	LLECTIO	N FORM	
I. Emp			Cale	endar Ye	ear Covered	by this	Report: _	2	009					No. 2105-0529
	npany Name: O	HIO VALI	EY GAS C	ORP										
Company Name: OHIO VALLEY GAS CORP Doing Business As (DBA) Name (if applicable):														
Address: 111 Energy Park Dr. WINCHESTER Indiana 47394 E-mail:														
Name of Certifying Official: Ronald L. Loyd Signature:														
Telephone: (317) 584-6842, Ext 103 Date Certified: 03-04-2010														
Prepared by (if different): Telephone:(_)														
~ ~														
Check	PA Name and Tele the DOT agency to SCA - Motor Carr A - Aviation: Certi MSA - PipeLine: (A - Railroad: Total	for which v	Vou are ren	orting N	MS data;	and com Owner	plete the r-operator Plans Distribu	informa : (circle an/Regis	ation on one) stration #	that sam YES or N (if applied the same	te line as a O Exem cable):	appropria pt: (circle	te: one) YI	ES or NO
	r - Ramoad, Lotai	14milloci O	T ODSCLACTA	iocumer	neu Pari 21	9 Kule	G" Obset	rvations	for cove	ered emnl	ovees:			
US	CG - Maritime: Ve A - Transit	essel ID#(USCG- or S	tate-Issu	ıed):						(If more	than one v	essel, list	separately.)
II. Cov	vered Employee	s: (A) Ent	er Total Nu	mber Sa	afety-Sensi	tive Emp	oloyees In	All Em	ployee (Categorie	s: 100			
	nter Total Numbe				1					J				 .
(C) Employee Category Total Number of Employees in If you have multiple employee categories, complete Section 1.														
			- J	1	this Category			If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one						
Operation/Maintenance/Emergency Resp				Response 100] c	opy for	each emp	loyee cate	gory and	complete S	ections II
III D.	wa Tostina Data								C), III, a	nd IV for	each sepai	rate emplo	yee categor	у.
III. Drug Testing Data:				3	4	5	6	7	8	9	10) 11	12	13
		est ial		j							Refusal Resu			
Type of Test		Total Number Of Test Results [Should equal the sum of Columns 2, 3, 9, 10, 11, and 12]	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 Amphetamines	Adulterated	Substituted	"Shy Bladder" ~ With No Medical Explanation	Other Refusals To Submit To Testing	Cancelled Results
Pre-Employment		2	2	0	0	0	0	0	0	0	0	0	0	0
Random		29	29	0	0	0	0	0	0	0	0	0	0	0
Post-Accident		3	3	0	0	0	0	0	0	0	0	0	0	0
Reasonable 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
TOTAL 34		34	34	0	0	0	0	0	0	0	0	0	0	0
IV. Ale	cohol Testing Da	ita:	1		2		3	-!	4	5	6	7	8	9
						#		1		Confirmation Tests With Results 0.02 Through 0.039		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 Wi	Screening Tests With Results 0.02 Or Greater		Number Of Confirmation Tests Results		Confirmation Tests With Results 0.04 Or Greater	"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	Cancelled Results
	Pre-Employment									· · · · · · · · · · · · · · · · · · ·				
Random Post-Accident Reasonable Susp./Cause Return-to-Duty														
			0		0		0		0		0	0	0	0
		sp./Cause	0		0		0		0		0	0	0	0
			0		0		0		0		0	0	0	0
Follow-Up			0		0		0		0		0	0	0	0

TOTAL