



FEDERATION OF INDIAN PILOTS

FIP/MOCA/25-10

24 October 2025

To,

Mr AX Joseph, DAS
Directorate General of Civil Aviation
Technical Centre, Opp. Safdarjung Airport
New Delhi – 110003

COMMENTS ON DRAFT CAR SECTION 5 SERIES F PART III

Dear Sir,

1) We thank your esteemed office for revisiting the above Draft CAR. The revisions represent a welcome step towards a balanced and fair regulation. However, we wish to submit the following comments for your kind consideration, in the interest of both aviation safety and the sustainability of India's pilot workforce.

2) *Endogenous Ethanol Production and Low BAC Levels*

Scientific evidence establishes that the human body produces ethanol endogenously through gut microbiota and metabolic processes. This can result in baseline Blood Alcohol Concentrations (BAC) ranging between 0.000 and 0.007%, even in non-drinkers. In conditions such as diabetes or dysbiosis, these levels may be higher.

3) Such endogenous alcohol can appear in breath samples during belching or vomiting, occasionally causing false positives. Recognized medical conditions like Auto-Brewery Syndrome further illustrate this risk. Therefore, ultra-low BAC thresholds risk penalizing innocent pilots who have not consumed alcohol externally.

4) *Breath Analyzer Equipment Accuracy and Manufacturer Guidelines*

Breath analyzer systems such as the Alco-Sensor IV specify accuracy tolerances of ± 0.010 or ± 0.05 , depending on calibration. The Original Equipment Manufacturer (OEM) recommends a 0.020% BAC cut-off for evidential testing, noting that this level reliably indicates external alcohol ingestion. Even in non-evidential contexts, a 0.010% cut-off is the lowest recommended limit. Hence, the proposed CAR limit of 0.005% BAC falls below the technical accuracy range of most analyzers and invites erroneous enforcement.



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It is recommended that the BAC cut-off be revised to ****0.020%****, aligning with OEM specifications and ensuring reliability.

5) **International Standards and Best Practices**

The International Civil Aviation Organization (ICAO) recognizes 0.10% as the intoxication level for aviation safety. Major aviation regulators—including the UAE GCAA, Singapore CAAS, Australia CASA, and the US FAA—apply practical limits around 0.020%. The FAA, for instance, removes crew temporarily if readings are between 0.020 and 0.039, but treats these as non-violations once levels normalize. The global consensus of 0.020% therefore ensures justice, reduces false positives, and reflects scientific and operational realities.

6) **Recommendation: Rationalize BAC Policy and Introduce Graduated Enforcement**

We respectfully propose increasing the BAC limit to “0.020%”, consistent with international aviation norms and OEM advice. In parallel, enforcement may follow a graded approach:

- a) First-time readings $\leq 0.020\%$: permit duty continuation but defer career progression (promotion, training, or command upgrade) upto 3 years as deterrence.

For first-time breath alcohol readings confirmed between 0.02% and 0.039% BAC, the individual shall be temporarily removed from flight duty and subjected to counselling by the Chief Medical Officer and Chief of Flight Safety on the physiological and operational impact of alcohol. *(In alignment with FAA guidance that readings between 0.02% and 0.039% are not considered a federal testing violation but require temporary removal from duty until levels fall below 0.02% or for a minimum of 8 hours, the crew shall likewise remain off roster until cleared medically.)*

- b) Repeat violations: attract suspension or cancellation as per current CAR provisions. This maintains deterrence while preserving workforce strength and fairness.

7) **Appeal Mechanism and Natural Justice**

To ensure procedural fairness and uphold the principles of natural justice, the CAR should incorporate a clearly defined appeal and review mechanism for personnel who wish to contest the outcome of a breath alcohol test. Where a pilot or crew member disputes the test result, the following safeguards are recommended:



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- a) **Confirmatory Testing:** The individual should be afforded the right to request immediate confirmatory testing through blood or urine analysis, ideally conducted within 1–2 hours of the initial breath test, to establish evidential accuracy.
 - b) **Independent Verification:** Samples so obtained may be analysed by an independent, DGCA-approved laboratory to ensure impartiality and transparency in the process.
 - c) **Medical Review:** The concerned person should have access to a medical evaluation to determine the presence of any physiological or metabolic conditions—such as endogenous ethanol production or Auto-Brewery Syndrome—that could plausibly account for a positive reading despite abstinence from alcohol.
 - d) **Structured Appeal Process:** The CAR should specify a time-bound review and appeal procedure before a designated authority within the DGCA. This will ensure that all representations are considered objectively, and that no individual is wrongfully penalized due to technical or medical anomalies.
8. Such a framework would preserve both the integrity of enforcement and the dignity of aviation professionals, ensuring that regulatory intent—safety and discipline—is balanced with fairness, scientific accuracy, and human rights.
- a) The CAR should include an appeal provision to uphold due process. Individuals contesting results should be allowed: Blood or urine sampling within 1–2 hours of BA test for confirmation.
 - b) Access to independent laboratory testing. Medical evaluation to identify conditions leading to endogenous ethanol production.
 - c) A defined review and appeal process ensuring that innocent personnel are not wrongfully penalized.

9. **Summary of Recommendations**

- a) Revise BAC threshold to 0.020% for evidential reliability and international alignment.'
- b) Adopt progressive enforcement—counselling and promotion freeze for first offence, suspension for repeats.



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- c) Introduce a formal appeal mechanism with confirmatory testing provisions.
 - d) Maintain fairness while preserving India's skilled pilot workforce and growth trajectory.
10. These measures uphold safety while aligning with international best practices and India's strategic vision to emerge as a global aviation hub. We trust the DGCA will consider these suggestions favorably.

With Warmest Respects,

(Capt. CS Randhawa)
President
Federation Of Indian Pilots (FIP)

Encls:

1. OEM Accuracy Check Specifications (Alco-Sensor IV)
2. OEM Recommendations for Cut-off Levels

ACCURACY CHECK AND CALIBRATION PROCEDURE FOR THE ALCO-SENSOR IV

New Alco-Sensor IV's should be checked for accuracy once a week for the first month, and once a month thereafter. Programs which use the Alco-Sensor IV very frequently, or who must meet rigorous quality control regulations, may require a more frequent accuracy check interval.

A. ACCURACY CHECK

1. Insert a clean mouthpiece to start the test procedure.
2. Most instruments will run a blank automatically. A few instruments will require the operator to press the **MANUAL** button to run the blank. A few instruments will also prompt the operator to press the Set button after the blank.
3. Make a note of the Target value of the Mini Alcohol Can, Alcohol Gas Tank, or simulator, and deliver a sample of the alcohol to the Alco-Sensor IV.

If using the Mini Alcohol Can:

Note: Intoximeters does not recommend using the Mini Alcohol Can to perform accuracy checks or adjustments on the Alco-Sensor IV. The Mini Alcohol Can should be used only for non-evidential testing.

Connect the Mini Alcohol can, valve, mouthpiece, and Alco-Sensor IV as follows. Remove the clear plastic tubing from the top of the Mini Alcohol can. With a light back and forth twisting motion, attach valve to the stem on the top of the Mini Alcohol can. Insert a clean mouthpiece into the Alco-Sensor IV. Insert the small plastic tubing on the valve into the end of the mouthpiece that is in the Alco-Sensor IV.

When the Alco-Sensor IV flashes **TEST**, depress the valve on Mini Alcohol can for 4 seconds. On the 3rd second of the 4-second count, press the **MANUAL** button. The Alco-Sensor IV will sample the gas at this time. It is important to press the **MANUAL** button while the gas is still flowing.

4. Note the reading on the Alco-Sensor IV. Press the **SET** button. You can recall the reading at any time before you remove the mouthpiece by pressing the **RECALL** button.
5. If the reading is +/- .010 of the target value on Mini Alcohol Can the unit is considered within calibration limits and no further action is necessary. If the reading is not within limits, the Calibration Procedure should be performed.

Example: Target value of Mini Alcohol can is .113. Acceptable limit is .113 +/- .010, or any reading between .103 and .123. An accuracy check shows an Alco-Sensor IV reading of .111. This is within acceptable limits, so Calibration Procedure is not necessary.

If using Alcohol Gas Tank:

First, purge the regulator by depressing the valve on Alcohol Gas Tank for at least 10 seconds to allow stale gas to be expelled from regulator. Insert a clean mouthpiece into the Alco-Sensor IV. Make a firm connection between the plastic tubing from the regulator and the end of the mouthpiece. When the instrument displays **TEST**, allow seven seconds of gas to flow through the mouthpiece. On the sixth second, while the gas is flowing, press the **MANUAL** button. Continue to hold the gas button down for the full seven seconds.

4. Note the reading on the Alco-Sensor IV. Press the **SET** button. You can recall the reading with the **RECALL** button at any time before ejecting the mouthpiece.

5. If the reading is +/- .005 of the target value of Alcohol Gas Tank, the unit is considered within calibration limits and no further action is necessary. If not within limits, the Calibration Procedure should be performed.

Example: Target value of Alcohol Gas Tank is .037. Acceptable limit is .037 +/- .005, or any reading between .032 and .042. An accuracy check shows an Alco-Sensor IV reading of .031. This is not within acceptable limits, so Calibration Procedure is necessary.

If using Simulator:

Prepare the simulator according to manufacturers instructions. Be sure the temperature is at 34 degrees Celsius. Make a positive connection between the output of the simulator and the mouthpiece of the instrument. Blow steadily through the Simulator for about 6 seconds. Press **MANUAL** button on the 4th second, while continuing to blow through the Simulator.

4. Note the reading on the Alco-Sensor IV. Press the **SET** button. You can redisplay the reading at any time by pressing the **RECALL** button before removing the mouthpiece.

5. If the reading is +/- .005 of the target value of the Simulator, the unit is considered within calibration limits and no further action is necessary. If not within limits, the Calibration Procedure should be performed.

Example: Target value of Simulator is .100. Acceptable limit is .100 +/- .005, or any reading between .095 and .105. An accuracy check shows an Alco-Sensor IV reading of .106. This is not within acceptable limits, so Calibration Procedure is necessary.

B. CALIBRATION PROCEDURE

The purpose of Calibration Procedure is to adjust the sensitivity of the Alco-Sensor IV to bring it into correct calibration. We recommend using the Alcohol Gas Tank or Simulator to perform calibration adjustments. We do not recommend using the Mini Alcohol Can for this procedure.

Note: If the temperature is not within the range of 23-27 degrees Celsius, the Alco-Sensor IV will not allow the calibration procedure to be performed. If the temperature is high, remove the mouthpiece and put the unit in a cool place for a few minutes. If the temperature is too low, remove the mouthpiece and put the unit in a warm place, such as your pocket, for a few minutes.

1. Remove the battery cover to expose the calibration switches. While holding down switch #1 (the far left hole) with the calibration tool, insert a mouthpiece into the instrument. When the instrument displays four squares, release switch #1.
2. While the display displays **.000** from the black check, insert the calibration tool into switch #3 (the button on the far right) and hold it down until the blank is completed. See your manual for a picture.
3. After the blank is completed, the **.000** display will change to another number. This number will be the one that was used for the last calibration. When this number appears, release switch #3. If the display show temp> or temp<, remove the mouthpiece, bring the unit to proper temperature, and start the procedure again.
4. On some instruments, after a few seconds the display goes to **SET**; if so, press the **SET** button to cock the sampling pump. The number will return to the display.
5. Adjust the number in the display up (by pressing switch #1) or down (by pressing switch #2) until the number matches the value of the standard that you are using. For example, if the value of your Alcohol Gas tank is .037, you should adjust the number on your Alco-Sensor IV to read **.037**.

IMPORTANT: If your instrument already displays the value of your alcohol standard this does NOT mean that your instrument is calibrated. You must proceed to the next step.

6. Use the calibration tool to press switch #3 again. The display will display **CAL**. The Alco-Sensor is ready now to read the alcohol standard.
7. Follow the instruction for the Calibration Check to deliver the alcohol standard (Mini Alcohol Can, Alcohol Gas Tank, or Simulator) to the instrument. Use the same procedure as when performing an Accuracy Check, using the **MANUAL** button to sample the standard.
8. The instrument will re-display the number entered in Step. 5. When the instrument displays **SET**, press the **SET** button. Remove the mouthpiece at the intermittent beep.

IMPORTANT: The final display will always be the same number that you set the display to. It does NOT mean that you have successfully calibrated your instrument. You must perform an Accuracy Check to confirm that the instrument is calibrated.

9. After a two-minute wait, use a new mouthpiece to perform an accuracy check to confirm the calibration. The Accuracy Check result should be +/- .003 of the target value. If not, then repeat the calibration procedure. If two attempts to calibrate the Alco-Sensor IV fail to produce an acceptable accuracy check, then the instrument should be taken out of service and technical assistance requested.

GLOSSARY

Accuracy Check: a procedure used to see how accurately an Alco-Sensor IV is reading and determine if the Alco-Sensor IV needs a calibration adjustment or not.

Calibration Adjustment: A procedure that adjusts the sensitivity of the Alco-Sensor IV. The Alco-Sensor IV makes this adjustment in its computer chip

Target Value: The expected reading an alcohol standard will produce.

Alcohol Standard: A means to produce and alcohol vapor of a know alcohol concentration. The manufacturer recommends using the Alcohol Gas Tank or Simulator for use with the Alco-Sensor IV. Some customers use the Mini Alcohol cans, but these do not have the same accuracy as the other alcohol standards.

If you have questions, comments, or difficulties calibrating your instrument, please contact AlcoPro, Inc. at 800-227-9890.



You are in control

Flying, while fun and exciting, is a precise, demanding, and unforgiving endeavor. Any factor that impairs the pilot's ability to perform the required tasks during the operation of an aircraft is an invitation for disaster.

The use of alcohol is a significant self-imposed stress factor that should be eliminated from the cockpit. The ability to do so is strictly within the pilot's control.

Alcohol avoidance

Ideally, total avoidance of alcohol should be a key element observed by every pilot in planning or accomplishing a flight.

Alcohol avoidance is as critical as developing a flight plan—a good preflight inspection, obeying ATC procedures, and avoiding severe weather.

Department of Transportation (DOT)/ Federal Aviation Administration (FAA) 14 CFR Part 120 - Drug and Alcohol Testing Program Regulations

The FAA drug and alcohol testing regulation applies to pilots who perform flight crewmember duties (directly or by contract) for a domestic commercial air carrier or operator. The FAA's rule defines who is subject to testing, the types of testing, consequences, prohibitions for using drugs or misusing alcohol, and other administrative requirements. The DOT's procedural regulation, 49 CFR part 40, outlines the specimen collection, testing, and verification procedures for all DOT testing. Employees that have a breath alcohol test result confirmed with a concentration of 0.04 or greater alcohol or other alcohol misuse prohibition while performing flight crewmember duties must be immediately removed from duty and referred for education and/or treatment. A breath alcohol test confirmed between 0.02 and 0.039 is not considered a federal testing

violation; however, the employee must be temporarily removed from duty until they test below 0.02 or for 8 hours. Safety-sensitive employees must be subject to pre-employment, random, post-accident, random, reasonable cause/suspicion, return-to-duty, and follow-up testing. For more information about the DOT/FAA testing, visit www.faa.gov/go/drugabatement or www.dot.gov/odape/employee.

General Recommendations

1. As a **minimum**, adhere to all the guidelines of 14 CFR Part 91.117:
 - 8 hours from "bottle to throttle"
 - do not fly while under the influence of alcohol
 - do not fly while using any drug that may adversely affect safety
2. A more conservative approach is to wait 24 hours from the last use of alcohol before flying. This is especially true if intoxication occurred or if you plan to fly IFR. Cold showers, drinking black coffee, or breathing 100% oxygen cannot speed up the elimination of alcohol from the body.
3. Consider the effects of a hangover. Eight hours from "bottle to throttle" does not mean you are in the best physical condition to fly, or that your blood alcohol concentration is below the legal limits.
4. Recognize the hazards of combining alcohol consumption and flying.
5. Use good judgment. Your life and the lives of your passengers are at risk if you drink and fly. Keep in mind that regulations alone are no guarantee that problems won't occur. It is far more important for pilots to understand the negative effects of alcohol and its deadly impact on flight safety.

ALCOHOL USE IN AMERICA

- Over 67.4% of American adults consume alcohol.
- In 2022, 23.5% of American adults reported that they engaged in binge drinking in the past month.
- In 2022, 11.2% of adults had Alcohol Use Disorder in the past year.
- Different alcoholic beverages have different concentrations of alcohol; however, their total alcohol content can be the same. For example, a pint of beer contains as much alcohol as a 5½-ounce glass of table wine. Therefore, the notion that drinking low-concentration alcoholic beverages is safer than drinking hard liquor is erroneous.
- The total alcohol content of any alcoholic beverage can be easily calculated using the following formula: "Proof" divided by 2 = percent pure alcohol by volume.

References

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4. Dubowski KM. Absorption, distribution and elimination of alcohol: highway safety aspects. J Stud Alcohol. 1985;10:98–108.

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Federal Aviation
Administration

Alcohol & Flying

A DEADLY COMBINATION



Alcoholic beverages, used by many to “unwind” or relax, act as a social “icebreaker,” a way to alter one’s mood by decreasing inhibitions. Alcohol consumption is widely accepted, often providing the cornerstone of social gatherings and celebrations. Along with cigarettes, many adolescents associate the use of alcohol as a rite of passage into adulthood.

While its use is prevalent and acceptable in our society, it should not come as a surprise that problems arise in the use of alcohol and the performance of safety-related activities, such as driving an automobile or flying an aircraft. These problems are made worse by the common belief that accidents happen “to other people, but not to me.” There is a tendency to forget that flying an aircraft is a highly demanding cognitive and psychomotor task that takes place in an inhospitable environment where pilots are exposed to various sources of stress.

Hard facts about alcohol

- It’s a sedative, hypnotic, and addicting drug.
- Alcohol quickly impairs judgment and leads to behavior that can easily contribute to, or cause accidents.

The erratic effects of alcohol

- Alcohol is rapidly absorbed from the stomach and small intestine, and transported by the blood throughout the body. Its toxic effects vary considerably from person to person, and is influenced by variables such as gender, body weight, rate of consumption (time), and total amount consumed.
- The average, healthy person eliminates pure alcohol at a fairly constant rate. That is about $\frac{1}{4}$ to $\frac{1}{2}$ oz. of pure alcohol per hour. This is equivalent to the amount of pure alcohol contained in any of the popular drinks listed in Table 1. This rate of elimination of alcohol is relatively constant, regardless of the total amount of alcohol consumed. In other words, whether a person consumes a few or many drinks, the rate of elimination of alcohol from the body is essentially the same. Therefore, the more alcohol an individual consumes, the longer it takes the body to get rid of it.
- Even after complete elimination of all of the alcohol in the body, there are hangover effects that can last 48 to 72 hours following the last drink.
- The majority of adverse effects produced by alcohol relate to the brain, eyes, and inner ear which are three crucial organs to a pilot.

Type of Beverage	Typical Serving (ounces)	Pure Alcohol Content (ounces)
Table Wine	4	.48
Light Beer	12	.48
Aperitif Liquor	1.5	.38
Champagne	4	.48
Vodka	1	.50
Whiskey	1.25	.50

Table 1. Amount of alcohol in various alcoholic beverages.

- Brain effects include impaired reaction time, reasoning, judgment, and memory. Alcohol decreases the ability of the brain to make use of oxygen. This adverse effect can be magnified as a result of simultaneous exposure to altitude, characterized by a decreased partial pressure of oxygen.
- Visual symptoms include eye muscle imbalance, which leads to double vision and difficulty focusing.
- Inner ear effects include dizziness, and decreased hearing perception.
- If such other variables are added as sleep deprivation, fatigue, medication use, altitude hypoxia, or flying at night or in bad weather, the negative effects are significantly magnified.



Studies of how alcohol affects pilot performance

- Pilots have shown impairment in their ability to fly an ILS approach or to fly IFR, and even to perform routine VFR flight tasks while under the influence of alcohol, regardless of individual flying experience.
- The number of serious errors committed by pilots dramatically increases at or above concentrations of 0.04% blood alcohol. This is not to say that problems don't occur below this value. Some studies have shown decrements in pilot performance with blood alcohol concentrations as low as the 0.025%.



Hangovers are dangerous

A hangover effect, produced by alcoholic ¹ beverages after the acute intoxication has worn off, may be just as dangerous as the intoxication itself. Symptoms commonly associated with a hangover are headache, dizziness, dry mouth, stuffy nose, fatigue, upset stomach, irritability, impaired judgment, and increased sensitivity to bright light. A pilot with these symptoms would certainly not be fit to safely operate an aircraft. In addition, such a pilot could readily be perceived as being under the influence of alcohol.

Alcohol tolerance

Alcohol tolerance occurs when the brain and body change over time to compensate for the sedative effects of alcohol. Tolerance is dangerous. Tolerant individuals can still perform complex tasks at high BACs despite cognitive impairment.

Under 14 CFR Part 67, tolerance is evidence of alcohol dependence.¹ It can develop with daily or periodic heavy or binge drinking. Tolerant individuals must drink more in order to get the same effect they used to get with fewer drinks. For example, non-tolerant individuals have difficulty with complex tasks at a blood alcohol concentration (BAC) of 0.08, while tolerant individuals may perform the same tasks at much higher BAC levels (e.g., 0.16)². However, tolerant individuals only “appear” to maintain cognitive function and motor skills at higher levels of blood alcohol. Actual cognition and judgment are still impaired.^{2,4}

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) argues that alcohol related problems (including tolerance) increase for men who drink 5 or more standard drinks in a day (or more than 14 per week) and women who drink 4 or more in a day (or more than 7 per week).³ The medical literature shows that individuals who have minimal observable effects at BACs of 0.20% or higher are tolerant.⁴ Higher body weight is no protection against tolerance or dependence. Airmen with higher body weight may actually show tolerance or dependence at BACs as low as 0.15%.^{2,4}

**Zero Tolerance Alcohol Testing:
AlcoPro's View on Setting Cut-off Levels for Alcohol Testing
June 24, 2013**

Zero Tolerance Policy

Many programs have a "zero tolerance" policy for alcohol use. Their program policies frequently prohibit the use of any alcohol. Does this mean that any reading on an Alco-Sensor higher than .000 is a positive test and grounds for taking action against a client or employee? While it might seem logical that .000 is the only acceptable negative test result for a zero tolerance policy, AlcoPro recommends that agencies use a threshold of either .010 or .020 as a positive test. We do not recommend taking action on an alcohol test result lower than the threshold levels of .010 or .020.

Why not use .000 as a threshold level?

The industry standard for laboratory drug testing is to set a numerical cut-off level for the drug being detected. If the drug is present at a concentration at, or above, the cut-off level the test is positive. If the drug is not present at or above the cut-off level, the test is negative. Cut-off levels vary from one drug to another. Scientists choose a cut-off level that 1), reliably indicates the presence of the drug and 2), and is at a level that the measuring instruments can reliably detect.

For example, the screening cut-off level for marijuana is 50 ng/ml. A negative drug test for marijuana means that drug was not present at a concentration of 50 ng/ml or greater. A negative drug test does not mean that there was zero amount of drug. A specimen can still contain drug below the cut-off level and be correctly identified as a negative test. A laboratory report simply says "negative" or "positive." We never know if a small amount of drug was present in a specimen or if there was zero amount of drug.

The scientific principles of establishing cut-off levels that apply to drug testing also apply to alcohol testing. However, unlike a laboratory test in which we see only the report of "positive" or "negative," when testing with an Alco-Sensor the operator sees the numerical result and we must make the determination of "negative" or "positive."

The case for a .020 threshold level

We recommend using a .020 cut-off level for employee testing and other evidential alcohol testing applications. A .020 cut-off level is very conservative; there is no question that a person with .020 BAC has consumed alcohol, and there is no question that an Alco-Sensor can reliably detect this amount of alcohol. The U.S. Department of Transportation (DOT) uses this cut-off level in their mandatory alcohol testing programs. A policy that is based on the U.S. Department of Transportation alcohol testing regulation is easily defended.

When using a .020 threshold level, any test result of .019 or lower is considered a negative test.

The case for a .010 threshold level

We recommend using a .010 cut-off level for testing in non-evidential settings, such as alcohol treatment programs. AlcoPro, Inc. believes that .010 is a high enough alcohol concentration to reliably indicate that a person has consumed alcohol. And .010 is within the accuracy limits of the Alco-Sensors. (All three-digit Alco-Sensors have an accuracy of +/- .005. Two-digit Alco-Sensors have an accuracy of +/- .01.)

When using a .010 threshold level, any test result of .009 or lower is considered a negative test. We recommend that agencies do not take action on test results lower than .010.