

TO: Interested Parties

FROM: Beverly Bow
Director of Member Programs

SUBJECT: Federal DOT Drug/Alcohol Testing Rules

The U.S. Department of Transportation has expanded rules for drug and alcohol testing to all holders of Commercial Drivers Licenses who operate vehicles of more than 26,000 pounds. For more information, you may refer to Public Laws 103-272 and 102-143; U.S. Code Title 49 CFR#2 and Federal Registers dated 2-15-94 page 7484, 8-19-94 page 42996, and 3-13-95 on page 13369.

To comply the employer must:

1. Adopt a drug/alcohol policy within DOT guidelines
2. Provide supervisors with training on implementation of drug/alcohol programs
3. Have affected employees in a randomly selected drug testing pool from which 50% of employees will be selected for drug testing and 10% — 25% of affected employees will be selected for alcohol testing

MESO checked around and found that currently available drug testing programs were expensive. We did research and developed a program that will save members over one third over what they are currently paying.

How did we do it? Economies of scale. We are combining cities, schools, counties, and out-of-state utilities in a large consortium that cuts costs and cuts down on your time for administration.

We can help you meet this mandate with a minimum amount of work. By joining the Local Government Testing Consortium administered by MESO, you will get:

1. Sample policies for implementation
2. Video tapes for required supervisor training
3. Local collection of specimens for drug testing
4. Local testing for alcohol

5. In state laboratory analysis
6. Reports for your files as well as reports of any violations
7. Medical Review Officer review of any sample that is positive for drug use
8. Random test generation and administration
9. Only one place for billing for all services
10. After hours emergency response, if necessary

The costs for these services are:

1. Drug/alcohol testing program set-up fee of \$100 which includes policies and supervisors' training video and account set-up.
2. Local alcohol testing, local drug specimen collection, drug testing and random selection or \$35.50 per employee per year.
3. Special tests (new hire, post accident, etc.) for drug and alcohol will be \$45.00.
4. Pre-employment drug tests for agencies doing their own collections will be \$30.00.

MESO will bill for this service on a semi-annual basis

Call the MESO office if you have any questions.

LOCAL GOVERNMENT TESTING CONSORTIUM
SUBSTANCE ABUSE PREVENTION PROGRAM
COMMERCIAL DRIVERS

Consortium Member Agreement

This agreement is entered into this _____ day of _____, 201____, between the Local Government Testing Consortium (LGTC) and _____
_____(Employer/Contractor)

LGTC and the Employer/Contractor agree as follows:

1. In order to comply with the requirements for alcohol and controlled substances testing programs for commercial drivers as set out at 49 CFR Part 382 (the Regulations), the Employer/Contractor will adopt LGTC's "Substance Abuse Prevention Program for Commercial Drivers" (Program).
2. The Program is offered by LGTC as a service to its members, but responsibility for compliance with the Regulations remains with the Employer/Contractor.
3. Membership in the consortium will be open to units of government and non-profit corporations.
4. LGTC will perform all duties necessary in the operation of the consortium, including arranging for services of a DHHS-certified drug testing laboratory and a Medical Review Officer (MRO).
5. The Employer/Contractor will comply with all elements of the LGTC Program and with all applicable provisions of the Regulations.
6. The Employer/Contractor, as appropriate, will pay to LGTC the fees set out in the fee schedule. The fee schedule is subject to periodic amendment as set out in Paragraph Seven.
7. The fees set out in the fee schedule will remain in effect through December 31, 2011.
8. LGTC will make a reasonable attempt to arrange for local specimen collection site, when we are unable to complete on-site testing.
9. The Employer/Contractor will provide to LGTC upon entering the consortium the name and drivers license number of each employee subject to drug and alcohol testing under the Program.
10. The Employer/Contractor will provide timely notification to LGTC of the name and driver license number of each new employee covered by the Program. The employer

will provide timely notification to LGTC when an employee is terminated or otherwise no longer subject to drug testing under the Program.

11. This agreement shall remain in force and in effect until terminated by one of the parties or until such time as federal regulations under which this agreement is executed are no longer applicable.

12. The Employer/Contractor may terminate this agreement at the conclusion of a Program year by providing written notice of termination to LGTC at least thirty (30) days prior to the commencement of the new program year.

13. LGTC or the Employer/Contractor may terminate this agreement upon ninety (90) days written notice of good cause, including failure to pay the required fees or failure to comply with the provisions of the Program or the Regulations.

WITNESS this _____ day of _____, 201__.

Employer/Contractor

Signature

Title

LOCAL GOVERNMENT
TESTING CONSORTIUM

Signature

Title

LOCAL GOVERNMENT TESTING CONSORTIUM
SUBSTANCE ABUSE PREVENTION PROGRAM
COMMERCIAL DRIVERS

**Consortium Member Agreement
Fee Schedule**

The following fees apply for services performed under the LGTC Substance Abuse Prevention Program

1. **Initial Fee.** Each participating employer or independently participating contract is assessed a setup fee of one hundred dollars (\$100) for the initial program year.
2. **Random Drug and Alcohol Testing Fee.** A random drug and alcohol testing fee of thirty-five dollars and fifty cents (\$35.50) per program year is assessed for each covered employee subject to random drug and alcohol testing. This covers local collection by LGTC as well as testing.
3. **Additional Drug Testing Fee.** A fee of forty dollars (\$45) is assessed for each pre-employment, post accident, reasonable suspicion, and return to duty or follow-up drug test.
4. **Alcohol Testing.** The consortium will give notice of random alcohol testing in conjunction with random drug testing. No additional fee is required for the notice and record keeping. However, in order to generate records of alcohol testing required by federal rules, the results of alcohol tests must be reported to the consortium by fax or mail.

Registration Form

MESO/Local Government Testing Consortium

Name of Entity: _____

Address: _____

Telephone: _____

Fax: _____

Chief Executive Officer: _____

Chief Financial Officer: _____

Person to contact when employees are to be sent for drug/alcohol testing:

Phone Number: _____

Email: _____ @ _____ Secure: Yes or No

Contact Fax: _____ Secure: Yes or No

Person to contact when above official is unavailable:

Phone Number: _____

Email: _____ @ _____ Secure: Yes or No

Alternate Contact Fax: _____ Secure: Yes or No

CHECK ONE

_____ We require drug testing to meet Office of Pipeline Safety Compliance

_____ We require drug and alcohol testing to meet DOT requirements for CDL holders

_____ We are enclosing one list for Pipeline Safety Compliance and one list for DOT requirement for CDL holders

LGTC\MESO INFORMATION

MESO

MEDICAL REVIEW OFFICER (MRO)

DOT:

Dr. Randel Morgan
6201 North Santa Fe
Oklahoma City, OK 73118
(405) 230-9254
(405) 943-0499 FAX

NON-DOT:

St. Anthony's Toxicology Lab
1000 Lee Street
Oklahoma City, OK 73105
(405) 272-6545
(405) 231-3702 FAX

CERTIFIED LABORATORY

St. Anthony Hospital
Toxicology Laboratory
1000 North Lee Street
Oklahoma City, Oklahoma 73101
(405) 272-6951
(405) 231-3702 FAX

EMPLOYEE ASSISTANCE RESOURCES

St. Anthony Hospital Behavioral Medicine Marketing
Amy Hinton
(405) 713-5863

St. Anthony Hospital Behavioral Medicine 24-Hours Crisis Hotline
(405) 272-6216 or (800) 851-0888

SUBSTANCE ABUSE PROFESSIONAL (SAP)

Terry Simpson
St. Anthony Recovery and Treatment – START
1000 North Lee Street
Oklahoma City, OK 73101
(405) 713-5982

**When you can use the e-mail system,
you are flexible to update your group information as often as needed.**

**IMPORTANT!! If you have multiple cities for collection sites, please note which
city the employee will go to for testing.**

St. Anthony Substance Abuse Testing Services has simplified the way your employees are randomly selected for drug and alcohol testing! The new procedure has been embraced by numerous businesses because of its speed and ease of use.

BENEFITS:

- Your work is already done if you maintain a computerized roster of your active employees. Human Resources departments typically maintain such a roster for payroll and tax purposes.
- Employee rosters can be easily e-mailed right from your computer.
- Lists of randomly selected employees can be sent directly to your e-mail address.
- Never again will you have to update an employee roster on paper. No more manually adding and deleting names and identification numbers.

OPTIONS:

- Employee rosters may be e-mailed, or “snail-mailed” on floppy disk, to LGTC/MESO, 308 N.E. 27th Street, Oklahoma City, Oklahoma 73105-2717
- Employee rosters may be in any of the following formats:
 - .xls: Microsoft Excel, Versions 2000, 97, or 6.0
Ideal if you already maintain your roster in Microsoft’s Excel, or an Excel-compatible spreadsheet program.
 - “.csv”: Comma Separated Value
Ideal if you use a program other than Microsoft’s Excel to maintain your employee records. Just use the “Save As” option and save your roster in this generic spreadsheet format.
- Column order is not important.
The columns that contain employees’ first names, last names, and identification numbers need not be in a specific arrangement. For your convenience, just send the data as you have it arranged in your system. (Required information will be outlined later in these instructions.)
- You may use our ready-made Excel template as a guide.
The example template is already an attachment if you received this information via e-mail

REQUIRED EMPLOYEE ROSTER DATA (Your employee spreadsheet must contain, at a minimum, the following columns):

Employee Last Name

Employee First Name

Employee Identification Number

Employers are strongly encouraged to update their records to include employees' driver license numbers, as Social Security numbers are no longer used on Oklahoma driver licenses. Drug test forms MUST be labeled using the number found on the photo identification card presented by the donor – typically a driver license.

Employee Classification

Employees must be properly categorized as “DOT,” or “non-DOT,” in accordance with federal and state drug testing guidelines. The United States Department of Transportation (DOT) classifies numerous jobs as “safety sensitive,” and requires employers of such jobs to adhere to prescribed drug testing policies, record-keeping protocols, and annual reporting of program compliance. Non-“safety-sensitive” employees are generally categorized as “non-DOT,” and must be tested in accordance with Oklahoma’s unique drug testing guidelines. DOT and non-DOT employees combined on the same roster will be sorted into separate groups during the randomization process. Employees may also be classified under any of the DOT-mandated industries if necessary. For example, if a company hires both Research and Special Programs Administration (RSPA)-mandated workers and Federal Railroad Administration (FRA)-mandated workers, it is acceptable to use “RSPA” and “FRA” as classifications. For more information about DOT regulations go to <http://www.dot.gov/ost/dapc/>. For more information about Oklahoma regulations go to <http://www.health.state.ok.us/program/medfac/regs.html> - wor.

OPTIONAL EMPLOYEE ROSTER DATA (Your employee spreadsheet may also contain the following columns):

Employee Middle Initial

Employee Work Location

Use such a column if your entity has multiple locations or branches, and you need to specify where each employee reports to work.

Employee Department or Division

Use such a column to indicate the division or department in which each employee works. Examples include division or department names like, “Marketing,” “Maintenance,” “Fire Department,” “Police Department,” or “Client Services.”

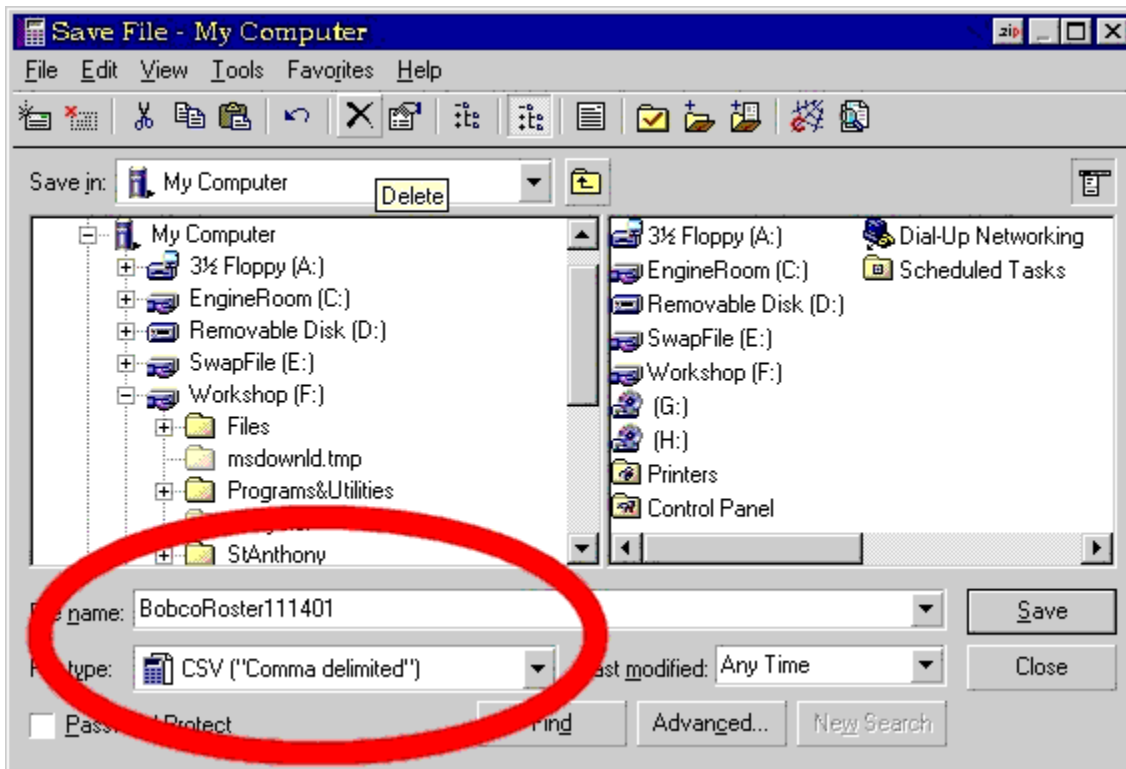
Employee Work Shift

Use such a column to indicate if the employee works day, evening, or night shift.

SAVING YOUR EMPLOYEE ROSTER TO AN EXCEL “.xls,” OR COMMA SEPARATED VALUE “.csv” FORMAT:

If you are using Microsoft Excel, Versions 2000, 97, or 6.0, save the roster using Excel’s resident “.xls” format.

If you are using a program other than Microsoft Excel, you may save your roster as a Comma Separated Value “.csv” file instead, using the “File” > “Save As” option found in all Windows-based spreadsheet programs. Comma Separated Value files are easily read by Excel. The example image below shows a Quattro Pro spreadsheet being saved as a Comma Separated Value (a.k.a. “Comma delimited”) file using “File” > “Save As.”



Whether using Excel or another spreadsheet program, be sure to use an appropriate filename that includes your entity’s name and the date the roster was compiled. For example, a company called “BobCo,” compiling an employee roster on November 14, 2001, might name the file “BobCoRoster111401.xls” or “BobCoRoster111401.csv.” Save the roster and e-mail it, as an attachment, to bevbow@meso.org or tammie@meso.org. Optionally the file can be transferred to floppy disk and mailed to **LGTC/MESO, 308 N.E. 27th Street, Oklahoma City, OK 73105, Attn: Beverly Bow or Tammie Murdoch.** **Indicate the percentage of employees to be randomly tested annually, and the number of lists you will need throughout the year. A typical average is four lists of random selections annually – once each quarter.** Employers are required to perform random testing on fifty percent of DOT-mandated employees. Testing 12.5% of DOT-mandated employees each quarter would result in 50% of the pool being tested by year’s end.

If you have any questions please contact or Beverly Bow or Tammie Murdoch (405-528-7564 or 800-636-6376).

Employer Name: _____ List Date: _____

Employers May List Employees on a Separate Sheet, But This Format Must Be Followed.

	<u>DRIVERS LICENSE #</u>	<u>NAME (Last, First M.I.)</u>	<u>TYPE</u>	<u>DOT or NON</u>
1.	_____	_____		
2.	_____	_____		
3.	_____	_____		
4.	_____	_____		
5.	_____	_____		
6.	_____	_____		
7.	_____	_____		
8.	_____	_____		
9.	_____	_____		
10.	_____	_____		
11.	_____	_____		
12.	_____	_____		
13.	_____	_____		
14.	_____	_____		
15.	_____	_____		
16.	_____	_____		
17.	_____	_____		
18.	_____	_____		
19.	_____	_____		
20.	_____	_____		
21.	_____	_____		
22.	_____	_____		
23.	_____	_____		
24.	_____	_____		
25.	_____	_____		

PHOTOCOPY THIS PAGE AS NEEDED TO COMPLETE YOUR LIST