I.   Regulatory Issues

1. To your knowledge, have any of the listed Service Agents used by your company ever been subject to a Public Interest Exclusion (PIE) issued by the U.S. DOT per 49 CFR Part 40 Subpart R?

1a. Third Party Administrator (TPA)
YES _____   NO _____

1b. Medical Review Officer (MRO)
YES_____   NO_____

1c. Collection Sites
YES _____   NO _____

1d. Substance Abuse Professional (SAP)
YES_____   NO_____

2. Has your company ever been subject to a Notice of Proposed Exclusion (NOPE) or Public Interest Exclusion (PIE) issued by the U.S. DOT per 49 CFR Part 40 Subpart R?
YES_____   NO_____

If YES: Please describe_____

3. Has your company ever been the subject of a DOT drug and alcohol program audit?
YES_____   NO_____

If YES:
3a. Which DOT agency(ies)?
FMCSA_____ FAA_____ FRA_____ USCG_____ PHMSA_____ FTA_____

3b. Were any serious deficiencies identified?
YES_____   NO_____

If YES:
 Were the deficiencies resolved?
 YES_____   NO_____

3c. Did you implement a procedure/process to ensure the issues remain corrected?
YES_____   NO_____

4. Does your company operate in multiple states?
YES_____   NO_____

If YES:
How do you stay apprised of changing state laws? _____

5. Are you the only DER or does your company employ multiple DERs?
Single_____   Multiple_____

If MULTIPLE:
How many_____

What communication methods are used to ensure all DERs are consistently applying the drug and alcohol testing policy(ies)?
_____

6. Do you subscribe to ODAPC's List Serve?
YES _____   NO _____

7. Please provide a short explanation of how you track test results for your drug and alcohol testing program. (i.e., platform used, report generation ability, etc.)

7a. How are you notified of negative test results? _____

7b. How are you notified of positive test results? _____

7c. How do alcohol test results get recorded into your system for records management?

_____

II.   Alcohol and Drug Testing Collections and Procedures

1. Have you been trained and/or qualified as a drug collector and/or alcohol BAT/STT?
YES _____   NO _____

If YES, which types of specimens:
___ Breath Alcohol   ___ Saliva Alcohol   ___ Urine   ___ Oral Fluid   ___ Hair   ___ Other

2. Do you arrange for drug collections and/or alcohol testing (BAT/STT) services either directly or through a TPA?
YES _____   NO _____

If YES:
2a. Are they employees of your company or contracted?
Employees_____   Contracted_____   Both_____

3. Do you or your TPA verify that all collectors and BAT/STTs used by your company are DOT qualified?
YES_____   NO_____   N/A_____

4. Do you regularly perform inspections of your collection sites, collectors and BATs/STTs?
YES_____   NO_____

If YES:
4a. How do you perform the inspections?
Undercover _____   Scheduled _____   Contracted Auditor_____   Other_____
IF OTHER: Please explain
_____

4b. What percentage of collections sites are inspected annually? _____

4c. Do you have the collector/BATs/STTs perform mock collections?
YES_____   NO_____

4d. Do you ensure that collections sites maintain copies of all qualification documents, including proficiency demonstrations?
YES_____   NO_____

4e. Do you review the BAT calibration/calibration check logs?
YES_____   NO_____   N/A _____

4f. Do you ensure the BATs maintain a copy of the QAP (Quality Assurance Plan) for each device used?
YES_____   NO_____   N/A _____

4g. Do you ensure that calibration checks are performed according to the QAP for each device?
YES_____   NO_____   N/A _____

5. Do you have a process when a donor has a shy lung or a shy bladder?
YES _____   NO _____

IF YES:
Describe your process: _____

6 . Do you have a process to evaluate fitness for duty or safety concerns?
YES _____   NO _____

IF YES:
Describe your process: _____

7. Do you have a process to ensure completion of the return to duty process?
YES _____   NO _____   N/A_____

IF YES:
Describe your process: _____

8. Do you have a process to ensure completion of all follow-up testing requirements?
YES _____   NO _____   N/A_____

IF YES:
Describe your process: _____

9. Have you ever encountered an uncooperative or problematic collection site?
YES _____   NO _____

IF YES:
Describe what you have done to help bring that site into compliance? _____

_____

10. Do you or your MRO have a process in place for notification when a collection site has a fatal flaw?
YES_____   NO_____

IF YES:
Describe the process: _____

10 a. After receiving a fatal flaw notification, who ensures that the collector receives error correction training within 30 days? _____

11. How does the collector/BAT contact you when a test is performed, including after-hours?

_____

12. Who reports positive Breath Alcohol Tests to you?
MRO _____   TPA _____   BAT_____   OTHER_____

III.   Random Testing and Consortium Services

1. How do you manage your random program?
Internally _____   C/TPA _____

1a. For which DOT agency(ies)?
FMCSA _____   FAA _____ FRA_____   USCG_____   FTA_____PHMSA_____

1b. Do you (or your C/TPA) have a scientifically-valid process for making random selections?
YES_____   NO_____

IF YES:
Please provide documentation of the scientifically valid process.

1c. Do you monitor notifications to employees who have been selected for a random test?
YES_____   NO_____   N/A _____

> **IF YES:**
> Describe your process: _____

1d. Do you have a process for employee random testing non-compliance?
          YES _____   NO _____   N/A _____

> **IF YES:**
> Describe your process: _____

2. Does your company perform non-DOT random drug and/or alcohol testing?
YES _____   NO _____

If YES:
2a. Are you aware of and comply with any state-specific requirements regarding random drug and/or alcohol testing?
YES _____   NO _____

2b. Are you prepared to present all random testing related documents in the event of a state audit?
YES _____   NO _____

IV.   **Training, Development and Leadership**

1. Do you participate as an active member in good standing with any industry associations?
YES _____   NO _____

If YES:
1a. Which association(s) are you a current member of:
NDASA_____   SAPAA_____   DATIA_____ SHRM_____NAPB_____   Other _____

2. Please list all training or certifications that you have completed within the past five years to assist with your duties as a DER (If CSAPA or CDAPA supply only the issued certificate):

_____

_____

3. If you have staff to assist you with your DER duties, please list all training or certifications they have completed within the past five years:

_____

_____

4. How long have you been the DER for your company?

YEARS_____   MONTHS_____

5. Have you served in a DER capacity for any other company(ies)?

YES_____   NO_____

If YES:

Please list the company(ies) and length of service at each:

_____

6. How and where do you receive industry updates to remain current on relevant compliance information?

_____

7. Do you provide reasonable suspicion training for your company's supervisors?

YES _____   NO _____

If YES:

7a. Is the training conducted: _____ Internally   _____ Contracted

7b. What is the frequency of the training? _____

7c. How does your company document the training? _____

8. Do you have procedures in place to ensure reasonable suspicion testing documentation has been completed throughout the process?

YES_____   NO_____

9. Do you provide employee drug and alcohol awareness training for all employees?

YES _____   NO ____

If YES:

9a. Is the training conducted: _____ Internally   _____ Contracted

9b. What is the frequency of the training? _____

9c. How does your company document the training? _____

V.   Knowledge of Service Agent Product Offerings

1. Do you or your TPA have a written agreement to provide/arrange drug and alcohol collection services?

YES _____   NO _____ *(If yes, provide TPA agreement)*

2. Is your MRO an employee of your company, contracted directly, or through your TPA?
Employee_____   Contracted _____   TPA_____

2a. Is your MRO aware of your company requirements for reporting non-standard situations?
YES _____   NO _____

3. Do you or your TPA provide/arrange qualified Substance Abuse Professional (SAP) services or referrals?
YES _____   NO _____

IF YES: Do you or your TPA verify the SAP's credentials?
YES _____   NO _____

4. Does your company provide/arrange Employee Assistance Program (EAP) services?
 YES _____   NO _____

5. Do you or your TPA use instant or Point-of-Collection (POCT) devices?
YES _____   NO _____

If YES:
6a. Are you and/or your TPA aware of state laws where the use of such devices is prohibited?
YES _____   NO _____

6b. Do you and/or your TPA ensure those who will conduct collections with such devices are adequately trained and qualified (typically provided by the device manufacturer)?
YES _____   NO _____

6c. Do you and/or your TPA regularly inspect your internal inventory for device expiration date(s), if applicable?
YES _____   NO _____   N/A _____

6d. Do you and/or your TPA confirm quality control in accordance with the manufacturer on the devices you use to ensure accuracy?
YES_____   NO_____   N/A _____

6. Do you have Drug-Free Workplace policies in place?
YES _____   NO _____

If YES: Who reviews policy/services?
Legal Representative_____   In-House Regulatory Compliance Person _____   Other _____

How often are the policies reviewed: _____

If your DOT and non-DOT policies are combined, are they differentiated within the document?
YES _____   NO _____   N/A _____

V.   Ethical Standards, Integrity and Confidentiality

1. Do you store internally or electronically in the drug and alcohol department any Personally Identifiable Information (PII) (such as social security numbers, dates of birth, etc.)?
YES _____   NO _____

If YES:
1a. Do you have security measures in place to protect any sensitive information (PII, test results, health reports, etc.)?
YES _____   NO _____

If YES or NO:
1b. Does your outside vendor who stores sensitive information, (PII, test results, health reports, etc.), have security measures in place to protect the information?
YES_____   NO_____

2. Do you provide online access for those designated within your company to view test results, etc.?
YES _____   NO _____

If YES:
2a. Are individuals who receive test results required to sign a non-disclosure agreement to protect confidential information?
YES _____   NO _____

3. Do you comply with state and federal record retention requirements?
YES_____   NO____

Quick Quiz: (Please highlight or select your responses)

1. What is the primary function of the DER as defined in 49 CFR Part 40?
A.   To remove, or cause to be removed, someone from duty who has violated the drug and alcohol testing requirements
B.   To receive drug and alcohol test results
C.   To discipline employees for violations
D.   A and B
E.   None of the above

2. When can the C/TPA act as a DER on behalf of the employer?
A.   In the case of an owner-operator truck driver
B.   When the employer does not want to appoint a DER
C.   If the employer wants the C/TPA to act as the DER
D.   None of the above
E.   All of the above

3. Who is responsible for reporting verified drug test results to the employer and/or the TPA?
A.   Collector
B.   Laboratory
C.   MRO
D.   SAP
E.   DER

4. How many hours of supervisor reasonable suspicion training is required by your DOT agency(ies)?

DOT MODE: _____   Drugs_____   Alcohol_____
DOT MODE:_____   Drugs_____   Alcohol_____
DOT MODE:_____   Drugs_____   Alcohol_____
DOT MODE:_____   Drugs_____   Alcohol_____
DOT MODE:_____   Drugs_____   Alcohol_____

5. What reason(s) for testing requires a negative drug test result?
A.   Pre-employment, Random & Return-to-Duty
B.   Pre-employment & Random
C.   Pre-employment, Return-to-Duty and Follow-up
D.   Return-to-Duty, Random & Follow-up
E.   Post-accident & Reasonable Suspicion

6. What reason(s) for testing per DOT always require collections to be performed under direct observation?
A.   Pre-employment & Random
B.   Return-to-Duty & Follow-up
C.   Random & Reasonable Suspicion
D.   Follow-up & Post-Accident
E.   Post-accident & Reasonable Suspicion

7. How soon must an employee report to a collection site after notification of a DOT random test?
A.   24 hours
B.   48 hours
C.   2 hours
D.   1 hour
E.   Immediately. After notification, all employee's actions must lead to an immediate specimen collection.

8. What is the frequency required to submit Management Information System (MIS) reports to DOT?
A.   Monthly
B.   Quarterly
C.   Twice a year
D.   Annually
E.   Every 5 years

9. Are you able to temporarily remove a DOT employee from safety-sensitive functions pending final drug test results?
A.   Yes
B.   No
C.   No, unless you have obtained a stand-down waiver from DOT
D.   Only if you think a positive test result is pending
E.   It depends on the nature of the safety-sensitive duties

10. If you are transferring an existing employee from a non-covered to a DOT covered position, you are not required to obtain a new pre-employment test.
_____ True   _____ False

11. It is okay to allow an employee to return to work in a DOT safety-sensitive position before you receive a negative Return-to-Duty drug and/or alcohol test.
_____ True   _____ False

12. What is the minimum number of DOT Follow-up tests that a SAP must recommend within the first 12 months?
A.   1
B.   12
C.   3
D.   6
E.   As many as the DER deems necessary

13. It is considered a DOT violation when the result of an alcohol confirmation test is between .02 to .039.
_____ True   _____ False

14. An alcohol confirmation test must be performed if the result is greater than .015.
_____ True   _____ False

15. Who is authorized to cancel a DOT drug test?
A.   The DER and the TPA
B.   The DER and the Laboratory
C.   The DER and the MRO
D.   The Lab and the MRO
E.   The TPA and the MRO