

I. Regulatory Issues

1. Has your organization, or any of the following services provided by your organization 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?

1a. Third Party Administrator (TPA)

YES _____ NO _____

1b. Medical Review Officer (MRO)

YES _____ NO _____

1c. Collections

YES _____ NO _____

1d. Substance Abuse Professional (SAP)

YES _____ NO _____

2. Have any of your clients ever been the subject of a DOT audit? Yes _____ No _____

If YES:

2a. What assistance did you provide?

_____ Pre-Audit Guidance

_____ Production of Records

_____ MIS Reports

_____ Random Testing Records (Testing Pools, Selections, Tests)

3. Do you subscribe to the List Serve on the ODAPC website?

YES _____ NO _____

4. If you provide TPA services in multiple states, how do you stay apprised of changing state laws?

II. Breath Alcohol Testing and Procedures

1. Do you provide/arrange Breath Alcohol Testing (BAT/STT) services?

YES _____ NO _____

If NO:

Skip to Section III

IF YES:

1a. Are the BATs employees or contracted?

Employees _____ Contracted _____

2. Do you require or request documentation the BATs have received DOT required training?

YES _____ NO _____

If Contracted:

Skip to Section III

3. Do you maintain copies of the BAT's qualification documents, including proficiency demonstrations on an evidential breath testing device (EBT)?

YES _____ NO _____

4. Do you maintain copies of the BAT calibration/calibration check logs?

YES _____ NO _____ N/A _____

5. Do you maintain a copy of the QAP (Quality Assurance Plan) for each device used?

YES _____ NO _____ N/A _____

6. Are calibration checks performed according to the QAP for each device?

YES _____ NO _____ N/A _____

III. Random Testing and Consortium Services

1. Do you provide DOT random program management and/or consortium services?

YES _____ NO _____

If Consortia Services:

1a. Which DOT agency(ies)?

FMCSA _____ FAA _____ FRA _____ USCG _____ FTA _____ PHMSA _____

1b. Do you have a notification process in place for random selections for your consortia?

YES _____ NO _____ N/A _____

1c. Do you have a system in place to monitor compliance and address non-compliance with your consortia members?

YES _____ NO _____ N/A _____

1d. Are you prepared to present all consortia compliance related documents in the event of an audit or compliance review?

YES _____ NO _____ N/A _____

2. Do you have a scientifically valid process in place for making random selections?

YES _____ NO _____

3. Do you provide non-DOT Random Program management services?

YES _____ NO _____

If YES:

3a. Are you aware of and comply with any state-specific requirements regarding random drug and alcohol testing?

YES _____ NO _____

3b. Are you prepared to present all compliance related documents in the event of an 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 _____

2. Does your company and/or any of your employees have any industry related credentials or training certifications?

YES _____ NO _____

If YES:

2a. Which credential(s) and/or certification(s):

3. How long have you been performing TPA services?

YEARS _____ MONTHS _____

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

5. Are you licensed to perform business operations according to the city, county, state where your business(es) is/are located?

YES _____ NO _____

6. Do you provide specimen collector training?

YES _____ NO _____

7. Do you provide training for BATs or STTs?

YES _____ NO _____

8. Do you provide training for DERs?

YES _____ NO _____

9. Do you provide reasonable suspicion training for supervisors?

YES _____ NO _____

10. Do you provide employee drug and alcohol awareness training?

YES _____ NO _____

11. 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?

12. When a collection site has a fatal flaw, do(es) you or your MRO have a system to track the completion of error correction training within the required 30 days?

YES _____ NO _____

V. Services and Product Offerings

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

YES _____ NO _____ *(if yes, add Collection Site Agreement information regarding qualifications)*

2. Do you audit a percentage of your third-party collection sites annually?

YES _____ NO _____

IF YES:

Percentage _____

3. Do you use your own personnel to provide for on-site drug or alcohol collections at a customer location using a vehicle owned/leased by your organization?

YES _____ NO _____ N/A _____

If YES:

Please provide a certificate of insurance showing auto liability coverage

4. Do you provide/arrange Medical Review Officer (MRO) services?

YES _____ NO _____

IF YES:

4a. Is the MRO a direct employee of your firm?

Direct Employee _____ Contractor _____

4b. How is your MRO notified of individual client requirements for reporting non-standard situations?

5. Do you provide/arrange Substance Abuse Professional (SAP) services or referrals?

YES _____ NO _____

IF YES:

Is the SAP a direct employee of your firm? YES _____ NO _____

Direct Employee _____ Contractor _____

6. Do you provide/arrange Employee Assistance Program (EAP) services or are those services contracted?

NO _____ PROVIDED IN-HOUSE _____ CONTRACTED _____

7. Do you currently perform instant testing or Point-of-Collection (POCT) testing for your clients?

YES _____ NO _____

If YES:

7a. Are you aware of states where the use of such devices is prohibited?

YES _____ NO _____

7b. Do you provide training for those who will conduct collections with such devices (typically provided by the device manufacturer)?

YES _____ NO _____

7c. Do you regularly audit your internal inventory for device expiration date(s), if applicable?

YES _____ NO _____

7d. Do you confirm quality control in accordance with the manufacturer on the devices you use to ensure accuracy?

YES _____ NO _____

8. Do you provide state and/or federal compliance advice, consulting, legal services or other formalized compliance service for your customers?

YES _____ NO _____

If YES:

How do you provide these services?

Retain Legal Representative _____

Internal Counsel _____

Regulatory Compliance Officer _____

Other _____ (please specify):

9. Do you provide policy development and/or review services?

YES _____ NO _____

If YES: Who reviews policy/services?

Internal Employee _____ Contracted Representative _____

10. Do you provide FMCSA Clearinghouse Database services?

YES _____ NO _____

11. Do you provide previous drug and alcohol checks as required in 49 CFR Part 40.25 for DOT regulated clients?

YES _____ NO _____

If YES:

Do you provide these services internally or do you contract them to a third-party provider?

Internal _____ Third Party Provider _____

12. Do you provide Driver Qualification File (DQF) management services?

YES _____ NO _____

If YES:

Does your program comply with the regulations found in 49 CFR Part 391?

YES _____ NO _____

13. Do you offer Background Check services?

YES _____ NO _____

14. Are you functioning as a Designated Employer Representative (DER)?

YES _____ NO _____

If YES, please explain:

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VI. Ethical Standards, Integrity and Confidentiality

1. Do you store internally or electronically any Personally Identifiable Information (PII) (such as social security numbers, date of births, 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 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 your customers to order services, manage accounts, view test results, etc.?

YES _____ NO _____

If YES:

2a. Do you comply with state and federal record retention requirements?

YES _____ NO _____

3. Does your organization currently maintain general liability insurance?

YES _____ NO _____

If YES:

Please provide a certificate of coverage

4. Does your organization currently maintain errors and omissions coverage (professional liability) insurance?

YES _____ NO _____

If YES:

Please provide a certificate of coverage

5. Are your employees required to sign a confidentiality or a non-disclosure agreement to protect client information?

YES _____ NO _____

6. Does your organization maintain a Drug-Free Workplace policy prohibiting drug and alcohol use for all employees?

YES _____ NO _____

Quick Quiz:

1. **Identify the appropriate regulation number to the corresponding DOT Agency.**

FRA _____ FAA _____ FTA _____ USCG _____

PHMSA _____ FMCSA _____

2. **Which regulation determines who is tested and which regulation determines how testing is conducted?**

Part 40 _____ DOT Agency _____

3. **What are the current annual random drug and alcohol testing rates for each DOT Agency?**

FRA – Drugs _____ Alcohol _____ FAA – Drugs _____ Alcohol _____

FTA – Drugs_____ Alcohol_____

USCG – Drugs_____ Alcohol_____

PHMSA – Drugs_____ Alcohol_____

FMCSA – Drugs_____ Alcohol_____

4. **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

5. **What happens if one employer in a Consortium does not complete their random drug and alcohol testing as required and the annual percentage rate is not met?**

- A. Nothing since all other employers have complied
- B. The entire consortium is out of compliance
- C. The MRO is out of compliance
- D. None of the above
- E. All of the above

6. **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

7. **For FMCSA, how many hours of reasonable suspicion training are required for DOT supervisors?**

Drugs_____ Alcohol_____

8. **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

9. **What reason(s) for testing per DOT always require collections 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

10. **How long does an employee have to 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