

## **DRUG AND ALCOHOL TESTING CONSORTIUM**

PERS/Data is a Third Party Administrator (TPA) for controlled substance use and alcohol misuse testing. Our program helps carriers, subject to the USDOT drug and alcohol regulations (49CFR, Part 382), combat the high cost and confusion associated with compliance.

Types of testing include: random selection, pre-employment, reasonable suspicion, post-accident, return-to-duty, and follow-up testing. We provide confidential random selection and notification, MRO services, and company policy development. Confidential drug and alcohol records are maintained at PERS to meet the Federal record-keeping requirements.

Controlled substances testing is performed by a SAMHSA certified Laboratory which provides drug testing and analytical services for government agencies and public and private corporations across the United States and around the world.

PERS/DATA offers training packages for reasonable suspicion training for supervisors, and materials covering driver awareness.

## **PERS/DATA Rates**

|  |          |
|--|----------|
| DOT Controlled Substances use testing – per test         | \$45.00  |
| One-Time set up fee for input and program implementation | \$100.00 |

As you initiate our Drug & Alcohol program, PERS will help your company comply with the following DOT requirements outlined in 49CFR Part 382 and Part 40:

- Company Drug and Alcohol Policy (§382.601);
- Supervisor Training (§382.603);
- Driver Awareness Training (§382.601 (b))

**Did you know that nationally 50% of the Top 12 Cited Acute Violations are Drug and Alcohol Violations?**

*For A Drug-Free Workplace*

## **DATA CONSORTIUM INFORMATION**

Once you are set up in DATA, your company is front-loaded with specimen collection kits and Federal Drug Testing Custody and Control Forms. You will receive these kits/forms/shipping supplies direct from the laboratory, Clinical Reference Lab (CRL). You will not be billed until you receive notification from PERS that an employee has been randomly selected for a controlled substance test. You will also be billed for any other test (pre-employment, post-accident, reasonable suspicion, etc.) where a specimen is submitted to the lab for analysis. The fee is \$45.00 per each controlled substance test (Non-DOT testing \$35.00).

PERS/DATA conducts a random draw on a bi-monthly basis, which means your company has two months to conduct the random test. The Federal Regulations (§382.305) require the minimum annual percentage rate for random controlled substance testing is 50% (§382.305 (2)), and the minimum annual percentage rate for random alcohol testing is 10% (§382.305 (b) (1)). Therefore, the percentage rates are divided into six and selected accordingly.

Your company will receive bi-monthly summaries of the random selection with the percentage rates and your number of employees subject for selection. Drivers list will be mailed out monthly for updates & yearly summaries will be provided at the end of each year.

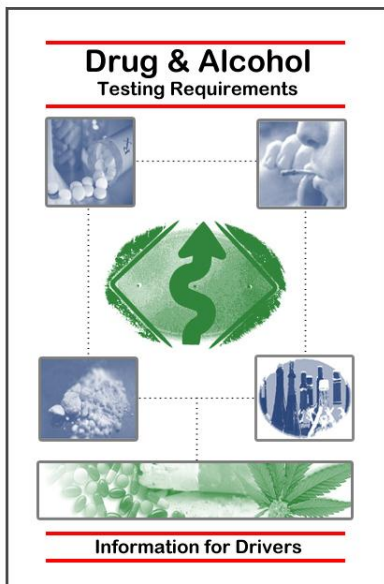
**Part 382** of the Federal Motor Carrier Safety Regulations – Controlled Substances and Alcohol Use and Testing – applies to every person subject to the CDL requirements, and to all employers of such persons, who operate commercial motor vehicles in commerce in any state.

### **REQUIRED TRAINING FOR SUPERVISORS**

**§382.603** requires each employer to ensure that all persons designated to supervise drivers receive at least 60 minutes of training on alcohol misuse and at least an additional 60 minutes of training on controlled substances use.

Our training is to be used by supervisors to determine whether reasonable suspicion exists to require a driver to undergo, in accordance with **§382.307, Reasonable Suspicion Testing**.

Supervisor training must include the physical, behavioral, speech, and performance indicators of probable alcohol misuse and use of controlled substances.



### **Drug & Alcohol Testing Requirements Information for Drivers — Handbook**

**DON'T FORGET!**

§382.601 requires employers to provide educational materials that explain the drug and alcohol testing requirements and the employer's policies and procedures with respect to meeting these requirements. A copy of these materials must be distributed to each driver prior to the start of a drug and alcohol testing program and to each driver subsequently hired or transferred into a position requiring driving a commercial motor vehicle.

This handbook addresses the eleven required elements (§382.601(b)) that must be covered with your drivers, including information concerning the effects of alcohol and drug use on an individual's health, work, and personal life; and the signs and symptoms of an alcohol or a drug problem.

Item #PH11..... \$5.50 ea.



Drug and Alcohol Testing Administration

**COMPANY INFORMATION FORM**

**FAX 801-605-2033**

|  |                                  |                                    |          |
|--|----------------------------------|------------------------------------|----------|
| Name of Company  |                                  |                                    |          |
| Physical Street Address  | City                             | State                              | Zip Code |
| Mailing Address or P.O. Box Number                               | City                             | State                              | Zip Code |
| Business Phone   | Business Fax                     | Email Address for Emailing Results |          |
| Name of Company Program Representative – 1 <sup>st</sup> Contact | Cell Phone Number (Not Required) | Email Address                      |          |
| Name of Company Program Representative – 2 <sup>nd</sup> Contact | Cell Phone Number (Not Required) | Email Address                      |          |

**DRUG & ALCOHOL COLLECTION SITE**

The outside collection site must be qualified to perform DOT Collections & Evidential Breath Alcohol Testing (EBT). *Participants must use the urine specimen kits and custody control forms*

|                         |                               |
|-------------------------|-------------------------------|
| Name of Collection Site | Physical Street Address       |
| Contact Name            | Phone Number                  |
| Fax Number              | Email Address (if applicable) |

*supplied by Clinical Reference Laboratory (CRL) & PERS/DATA.*

| <b>Quantity</b> | <b>Description</b>  | <b>Price</b> |
|-----------------|---|--------------|
|                 | <b>DATA CONSORTIUM MEMBERSHIP FEE (FEE WAIVED FOR OWNER OPERATORS):</b> Includes set-up and entry into PERS/DATA consortium and a sample policy is provided from which a final policy is created.   | \$100.00     |
|                 | <b>SUPERVISOR TRAINING PACKAGE:</b> 2 – Reasonable Suspicion Training Manuals for Supervisors; 2 – DVD's: "Too Much To Lose" (for supervisors)/"I Used to Work Here" (for drivers and supervisors); Observed Behavioral Reasonable Suspicion Record (Forms) | \$129.95     |
|                 | <b>ADDITIONAL SUPERVISOR WORKBOOKS</b>  | \$29.95      |
|                 | <b>ALCO SCREEN 02<sup>®</sup> SALIVA ALCOHOL TEST (DOT APPROVED):</b> Order no more than 2-3 saliva alcohol tests at a time due to a one year shelf life.   | \$10.00      |
|                 | <b>DRUG AND ALCOHOL INFORMATION FOR DRIVERS - HANDBOOK</b>  | \$5.50       |



Drug and Alcohol Testing Administration

# EMPLOYEE INFORMATION FORM

|                  |  |                        |  |
|------------------|--|------------------------|--|
| Name of Employee |  | Social Security Number |  |
| Date of Birth    | <input type="checkbox"/> DOT REGULATED<br><input type="checkbox"/> NON-DOT REGULATED | Date of Hire           |  |

|                  |  |                        |  |
|------------------|--|------------------------|--|
| Name of Employee |  | Social Security Number |  |
| Date of Birth    | <input type="checkbox"/> DOT REGULATED<br><input type="checkbox"/> NON-DOT REGULATED | Date of Hire           |  |

|                  |  |                        |  |
|------------------|--|------------------------|--|
| Name of Employee |  | Social Security Number |  |
| Date of Birth    | <input type="checkbox"/> DOT REGULATED<br><input type="checkbox"/> NON-DOT REGULATED | Date of Hire           |  |

|                  |  |                        |  |
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|                  |  |                        |  |
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|                  |  |                        |  |
|------------------|--|------------------------|--|
| Name of Employee |  | Social Security Number |  |
| Date of Birth    | <input type="checkbox"/> DOT REGULATED<br><input type="checkbox"/> NON-DOT REGULATED | Date of Hire           |  |