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| **Drug Free Workplace Policy Questionnaire** | | | | | | |
| Company Name: | | | | | | |
| DER or Main Contact Name: | | | | | | |
| Main Address: | | | | | | Phone: |
| City:       State:       Zip: | | | | | | Fax: |
| e-mail: | | | DOT Certificate #: | | | |
|  | | | | | | |
| Type of Policy: | Compliance Manual:  Yes  No | | | DOT:  Yes  No | | |
| Agency: FMCSA  FAA  FRA  FTA  PHMSA  USCG | | | | | State Program:  Yes  No | |
| Non DOT: State: | | Any Other States: | | | | |
|  | | | | | | |
| # of covered employees: | | | # of non DOT employees: | | | |
| Effective Date of Policy: | | | Lab to be used: LabCorp  Quest  Alere | | | |
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| **Consequences for positive drug test:**  Immediate Termination | | | | | | |
| Second chance – employee must get assistance for the substance abuse problem, will be subject to a second chance agreement and any future refusal or positive drug or alcohol test will result in immediate termination | | | | | | |
| Other: (please be clear and specific): | | | | | | |
| **Consequences for positive alcohol test:** Same as for positive drug test:  Yes  No | | | | | | |
| Other: (please be clear and specific): | | | | | | |
| **Consequences for refusal to test:**  Immediate Termination | | | | | | |
| Same as for positive drug test:  Yes  No | | | | | | |
| Other: (please be clear and specific): | | | | | | |
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| What is company policy with regard to a negative dilute specimen on an existing employee: | | | | | | |
| Result is accepted as is | | | | | | |
| Employee must go for a retest upon immediate notification and be escorted by a supervisor | | | | | | |
|  | | | | | | |
| What is company policy with regard to a negative dilute specimen on an applicant: | | | | | | |
| Result is accepted as is | | | | | | |
| Applicant will have 24 hours to have a retest, result must not be dilute or offer of employment will be rescinded.  Instructions on avoiding a dilute specimen will be provided. | | | | | | |
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| Will company test all existing employees after initial policy notice?  Yes  No | | | | | | |
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| For Non DOT: Is random testing part of the program:  No | | | | | | |
| Yes random testing:  Monthly  Quarterly Annual Percentage: | | | | | | |
| Will the company test all employees after sixty day notice:  Yes  No | | | | | | |
| Special notes for random testing: | | | | | | |
|  | | | | | | |
| Does the company have a specific Substance Abuse Program (SAP) contact? If yes, please provide complete contact information and how does an employee access this program?  Yes  No | | | | | | |
| SAP Name: | | | Street Address: | | | |
| SAP Contact Name: | | | City:       State:       Zip: | | | |
| SAP Phone: | | |  | | | |
| How does employee access SAP program: | | | | | | |

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| **Drug Free Workplace Policy Questionnaire Page 2** | |
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| Does the company have an Employee Assistance Program? (EAP) contact? If yes, please provide complete contact information and how does an employee access this program?  Yes  No | |
| EAP Name: | Street Address: |
| EAP Contact Name: | City:       State:       Zip: |
| EAP Phone: |  |
| How does employee access SAP program: | |

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| Is there a medical clinic you normally use for injury treatment when an employee has an accident:  Yes  No | |
| Clinic Company Name: | Street Address: |
| Contact: | City: State: Zip: |
| Phone: | e-mail: |
|  | |
| **Special notes for this policy:** | |
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