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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| [ ]  Applicant will have 24 hours to have a retest, result must not be dilute or offer of employment will be rescinded.Instructions on avoiding a dilute specimen will be provided.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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