

# **National Drug & Alcohol Screening Association**



## **Collection Site/Mobile Collectors Questionnaire**

**I. Regulatory Issues**

**1.** Do you conduct federally-regulated drug screen collections (Department of Transportation & other federal agencies under SAMHSA Mandatory Guidelines)?

YES \_\_\_\_\_ NO \_\_\_\_\_

**2.** Does your facility meet the physical requirements outlined in 49 CFR Part 40 for performing DOT required drug collections, (i.e., restricted access, privacy for urine collection, etc.)?

YES \_\_\_\_\_ NO \_\_\_\_\_

**3.** How and where do you receive information to remain current on relevant collection issues?

\_\_\_\_\_

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

YES \_\_\_\_\_ NO \_\_\_\_\_

**5.** Do you maintain a current copy which is accessible to collection site personnel of the following:

- 1) Part 40
- 2) Urine Specimen Collection Guidelines issued by ODAPC?
- 3) SAMHSA Mandatory Guidelines
- 4) DOT agency regulations, if applicable

Written format \_\_\_\_\_ Electronic format \_\_\_\_\_

**6.** Do you understand and comply with mandatory state-specific regulations regarding workplace drug & alcohol screening collections?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

**If YES:**

**6a.** Is your business registered or licensed with any state agency, where required by law?

NO \_\_\_\_\_

YES \_\_\_\_\_ If yes, list state(s): \_\_\_\_\_

N/A \_\_\_\_\_

**7.** Have any of the following ever been subject to a Public Interest Exclusion issued by the U.S. DOT per 49 CFR Part 40 Subpart R? Collection site, collectors or trainers:

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

**II. Specimen Collections and Procedures**

**1.** Does your site have provisions to ensure donor privacy during the specimen collection procedure?

YES \_\_\_\_\_ NO \_\_\_\_\_

**2.** If the donor says he/she is unable to void upon arrival at the collection site, do you allow them to wait and drink fluids until they can produce a urine specimen?

YES \_\_\_\_\_ NO \_\_\_\_\_

**3.** Are the collection steps provided by ODAPC clearly posted in your collection facility?

YES \_\_\_\_\_ NO \_\_\_\_\_

**4.** Is the donor required to sign a consent form upon check in at your facility (this is different than general intake forms)?

YES \_\_\_\_\_ NO \_\_\_\_\_

**5.** What type of restroom facility is used in your collection site?

Single stall \_\_\_\_\_ Multiple stall \_\_\_\_\_

If Multiple stall:

Do you stay inside the restroom while the donor provides a urine specimen?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES:

Is the monitor a medically credentialed individual or the same gender as the donor?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO:

How do you proceed with the collection?

\_\_\_\_\_

**6.** Does your site(s) use same-sex observers when a directly-observed collection is required?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, describe your procedure: \_\_\_\_\_

**7.** What is your procedure when a donor's conduct clearly indicates an attempt to substitute or adulterate the specimen during the collection?

\_\_\_\_\_

**8.** Does the donor only have four minutes to provide their urine specimen?

YES \_\_\_\_\_ NO \_\_\_\_\_

**9.** In the event the donor provides an insufficient quantity urine specimen for DOT collections:

a) How much time do they have to provide a sufficient specimen?

1 hour \_\_\_\_\_ 2 hours \_\_\_\_\_ 3 hours \_\_\_\_\_ 4 hours \_\_\_\_\_

b) What is the maximum amount of fluid a donor is allowed to drink?  
12 fl oz \_\_\_\_\_ 24 fl oz \_\_\_\_\_ 36 fl oz \_\_\_\_\_ 40 fl oz \_\_\_\_\_ 48 fl oz \_\_\_\_\_

10. In the event a donor provides a urine specimen that is not within the required temperature range:

- a) Do you immediately perform a recollection? YES \_\_\_\_\_ NO \_\_\_\_\_
  - b) Do you conduct the recollection under direct observation? YES \_\_\_\_\_ NO \_\_\_\_\_
  - c) Do you send the first specimen to the lab?  
YES \_\_\_\_\_ NO \_\_\_\_\_ IT DEPENDS \_\_\_\_\_ Please explain: \_\_\_\_\_
- 

d) Do you cross-reference all specimens sent to the laboratory? YES \_\_\_\_\_ NO \_\_\_\_\_

11. Would you report a refusal to the employer for a DOT regulated pre-employment test if the donor had to leave in an emergency before the collection process had begun?

YES \_\_\_\_\_ NO \_\_\_\_\_

### III. Alcohol Testing and Procedures

1. Does your facility meet the physical requirements for performing alcohol testing collections, (i.e., aural and visual privacy during the alcohol test, restricted access, etc.) outlined in 49 CFR Part 40?

YES \_\_\_\_\_ NO \_\_\_\_\_

2. When a donor appears for a DOT regulated drug and alcohol test, which test should be performed first?

Drug collection \_\_\_\_\_ Alcohol test \_\_\_\_\_

3. Is it acceptable for a friend, co-worker or manager (not union representative) to be present during an alcohol test?

YES \_\_\_\_\_ NO \_\_\_\_\_

4. What Breath Alcohol Content is considered a negative test result?

> 0.02 \_\_\_\_\_ <0.02 \_\_\_\_\_ <0.04 \_\_\_\_\_ <0.08 \_\_\_\_\_

5. If a screening alcohol test is .02 or above, should the result be reported as positive to the employer?

YES \_\_\_\_\_ NO \_\_\_\_\_

6. What test result is reported to the employer for a positive screening test when no confirmation alcohol test was completed?

Positive \_\_\_\_\_ Negative \_\_\_\_\_ Cancelled \_\_\_\_\_ Invalid \_\_\_\_\_

7. What are the options if a donor you believe is capable, yet has not provided an adequate breath sample after two (2) attempts? (Highlight the correct response):

- a) This is considered a refusal to test
- b) Notify the employer and/or perform an alcohol saliva test
- c) Tell the donor to get a note from their doctor
- d) Perform a manual test

8. What level constitutes a positive breath alcohol test resulting in a violation of the DOT regulations?  
0.04 or greater \_\_\_\_\_ 0.02 to 0.39 \_\_\_\_\_ 0.02 or less \_\_\_\_\_

9. The donor's confirmation test results between 0.02 and 0.39. Is this a violation of the DOT regulations?

YES \_\_\_\_\_ NO \_\_\_\_\_

10. Is an employer required to perform DOT pre-employment alcohol testing?

YES \_\_\_\_\_ NO \_\_\_\_\_

#### IV. Training, Development and Leadership

1. Do you have a process in place to ensure your Collectors/BATs/STTs are trained in accordance with 49 CFR Part 40?

YES \_\_\_\_\_ NO \_\_\_\_\_

1a. Do you provide Refresher Training no less than every 5 years for DOT Drug Collectors/BATs/STTs?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, Frequency: \_\_\_\_\_

1b. Do you provide Error Correction Training within 30 days, after notification of a fatal collection/alcohol test error?

YES \_\_\_\_\_ NO \_\_\_\_\_

1c. Do you keep individual documentation of all Drug Collector/BAT/STT training completed?

YES \_\_\_\_\_ NO \_\_\_\_\_

1d. Do you provide a copy of all training documents to each Collector/BAT/STT for their records?

YES \_\_\_\_\_ NO \_\_\_\_\_

2. Are mock collections for initial and error correction training conducted and documented?

YES \_\_\_\_\_ NO \_\_\_\_\_

3. If you are providing STT services, did you successfully complete all proficiency requirements for all types of non-evidential Alcohol Screening Devices in use?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, what type(s) do you use? \_\_\_\_\_

4. Are you functioning as a Designated Employer Representative?

YES \_\_\_\_\_ NO \_\_\_\_\_

5. Do you have any Trainer(s) on-staff for Drug Collector/BAT/STT training?

YES \_\_\_\_\_ NO \_\_\_\_\_

**If YES:**

What proof of qualification do(es) the Trainer(s) provide for training?

6. Is your BAT/STT training for DOT regulated employers performed in accordance with the DOT Model BAT or STT Course?

YES \_\_\_\_\_ NO \_\_\_\_\_

**If YES:**

6a. Is your BAT/STT initial proficiency demonstration performed in accordance with 49 CFR Part 40 requirements?

YES \_\_\_\_\_ NO \_\_\_\_\_

6b. Are DOT-qualified BATs and STTs the only people authorized to conduct DOT alcohol tests?

YES \_\_\_\_\_ NO \_\_\_\_\_

7. Have your alcohol testing personnel received appropriate device manufacturer training for all devices used?

YES \_\_\_\_\_ NO \_\_\_\_\_

**If YES:**

Which device(s) and/or certification(s): \_\_\_\_\_ (attach a separate sheet if necessary)

8. Do you maintain copies of all applicable QAPs in your facility?

YES \_\_\_\_\_ NO \_\_\_\_\_

9. What do you use to perform accuracy checks and calibrations in accordance with the device QAP?

YES \_\_\_\_\_ NO \_\_\_\_\_

10. Do all BATs in your facility perform calibrations and/or accuracy checks as required by the QAP?

YES \_\_\_\_\_ NO \_\_\_\_\_

11. Do you maintain logs of calibrations and accuracy checks on the device(s)?

YES \_\_\_\_\_ NO \_\_\_\_\_

12. Do your BAT logs also show the expiration date and gas standard for calibration/accuracy checks?

YES \_\_\_\_\_ NO \_\_\_\_\_

13. Do you send your EBT device(s) to the manufacturer for maintenance/service, as required?

YES \_\_\_\_\_ NO \_\_\_\_\_

**V. Services and Products Offering**

1. How long have you been operating as a Collection Site?

YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

2. Which type of specimens do you collect? (check all that apply)

Urine \_\_\_\_\_ Hair \_\_\_\_\_ Oral Fluids \_\_\_\_\_ Nail \_\_\_\_\_ Sweat \_\_\_\_\_ Blood \_\_\_\_\_ Breath \_\_\_\_\_

3. Do you provide drug or alcohol testing services using instant-testing or point-of-collection-testing (POCT) drug and/or breath alcohol devices?

**If YES:**

3a. Have you confirmed that you meet state law requirements, where applicable?

YES \_\_\_\_\_ NO \_\_\_\_\_

3b. Has a training program been established for those who will conduct collections with such devices (typically provided by the device manufacturer)?

YES \_\_\_\_\_ NO \_\_\_\_\_

3c. Do you regularly audit inventory for device expiration dates?

YES \_\_\_\_\_ NO \_\_\_\_\_

**IF YES:**

Schedule frequency of audits?

3d. Do you have a quality control program to monitor the accuracy of the device?

YES \_\_\_\_\_ NO \_\_\_\_\_

4. Do you provide mobile/on-site drug collection/alcohol testing services?

YES \_\_\_\_\_ NO \_\_\_\_\_

**IF YES:**

Do you provide on-site collection services 24/7?

**IF NO:**

What hours do you provide on-site collection services?

5. Do you or your contracted collectors carry the appropriate automobile liability insurance for employees traveling during business?

YES \_\_\_\_\_ NO \_\_\_\_\_

6. Do you provide online access for your customers to order services, schedule testing, manage accounts, view test results, utilize e-CCF's, etc.?

YES \_\_\_\_\_ NO \_\_\_\_\_

**IF YES:**

Who is authorized to receive alcohol test results?

Job Title \_\_\_\_\_

7. Do you maintain certified phlebotomists on staff?

YES \_\_\_\_\_ NO \_\_\_\_\_

8. Do you offer blood alcohol testing in states where allowed or required?

YES \_\_\_\_\_ NO \_\_\_\_\_

9. What are your facility hours of operation?

10. If a donor arrives shortly before your facility closes and cannot provide a sufficient urine sample, what is your facility policy?

## VI. **Ethical Standards, Integrity and Confidentiality**

1. Have you established sexual misconduct training for your collector(s)?

YES \_\_\_\_\_ NO \_\_\_\_\_

2. Do you provide Physical Abuse Training & maintain records of completion?

YES \_\_\_\_\_ NO \_\_\_\_\_

3. Do you store internally or electronically any Personally Identifiable Information (PII) (such as social security numbers, date of births, etc.)?

YES \_\_\_\_\_ NO \_\_\_\_\_

### **If YES:**

Do you have security measures in place to protect any sensitive information (PII, test results, health reports, etc.)?

YES \_\_\_\_\_ NO \_\_\_\_\_

4. Are you a member of an industry association?

YES \_\_\_\_\_ NO \_\_\_\_\_

### **If YES:**

Which association(s) are you a current member of?

5. Do you maintain current errors and omissions (E and O) insurance coverage?

YES \_\_\_\_\_ NO \_\_\_\_\_

### **IF YES:**

Coverage Amount \_\_\_\_\_

6. Do you maintain current liability insurance on your business?

YES \_\_\_\_\_ NO \_\_\_\_\_

### **IF YES:**

Amount \_\_\_\_\_



## **Quiz Questions** (Please highlight correct response)

1. What criteria constitutes a refusal to test?
  - a. Donor leaves collection site before the collection process is complete, except in the case of a pre-employment test.
  - b. Donor refuses to wash their hands when instructed to do so by the collector prior to providing a specimen
  - c. Donor refuses to empty their pockets when instructed to do so by the collector
  - d. b. and c.
  - e. a., b. and c.
  
2. Is it okay for the collector to record the date on the bottle seals prior to placing them on the specimen vials?  
YES\_\_\_\_\_ NO\_\_\_\_\_
  
3. What fatal flaws cause a specimen to be rejected for testing or cancelled?
  - a. Collector failed to check the specimen box on the CCF
  - b. Specimen ID numbers do not match on the seals and the CCF
  - c. Insufficient volume specimen received at the lab
  - d. a. and c.
  - e. b. and c.
  
4. What should the collector do if the donor provides a specimen that is outside the normal temperature range of 90F to 100F degrees.
  - a. Contact the DER for further instruction
  - b. Proceed with a second collection under direct observation and notify the DER
  - c. Collect a second specimen
  - d. Inform the donor they will have to return for a second specimen at a later date
  - e. None of the above
  
5. During a urine collection, is it acceptable for the collector to leave the collection area before the donor brings the specimen back to them?  
YES\_\_\_\_\_ NO\_\_\_\_\_
  
6. When can a random DOT alcohol test be performed?
  - a. Anytime
  - b. If the employee is off duty
  - c. Just prior, during, or just following performance of a safety-sensitive function
  - d. Only while the employee is performing his/her job function
  - e. None of the above
  
7. When must the BAT perform a second breath alcohol test (confirmation)?
  - a. If the result is greater than 0.04
  - b. If the result is less than 0.02
  - c. If the result is between 0.02 and 0.039
  - d. a. and c.
  - e. None of the above

- 8.** The BAT must notify the following people if a confirmation result of 0.02 or greater is completed:
- The MRO
  - The collection site supervisor
  - The employer DER
  - a. and b.
  - None of the above
- 9.** How many breath alcohol proficiency tests must be performed during the initial training of a BAT?
- 8
  - 5
  - 7
  - 4
  - None of the above
- 10.** How many oral fluid (saliva) proficiency tests must be performed during the initial training of an STT?
- 4
  - 3
  - 5
  - 2
  - None of the above
- 11.** What type of breath alcohol testing methodologies meet the DOT requirements for an EBT?
- Fuel Cell
  - Infrared
  - Gas chromatography
  - None of the above
  - All of the above
- 12.** How long does residual mouth alcohol remain?
- Less than 2 minutes
  - Less than 5 minutes
  - Over 20 minutes
  - Approximately 15 minutes
  - None of the above
- 13.** What does the acronym QAP stand for?
- Quick And Painless
  - Quality Application Person
  - Quality Assurance Plan
  - Quality And Perfection
  - None of the above

- 14.** Name the functional requirements for an EBT device used for confirmation testing?
- a. Must provide a result in triplicate with time of test indicated on the printout
  - b. Must assign a sequential test number, the manufacturer device and serial number
  - c. Printed result must include the manufacturers device name, serial number a., b. and c.
  - d. All of the above