

## **I. Regulatory and Consultant Information**

1. To which of the following service agents do you provide consulting services. Please check all that apply.

**1a.** Directly to Employers or their DERs

YES                      NO

**1b.** Third Party Administrator (TPA)

YES                      NO

**1c.** Medical Review Officer (MRO)

YES                      NO

**1d.** Collection site/collector/BAT/STT

YES                      NO

**1e.** Substance Abuse Professional (SAP)

YES                      NO

**1f.** Attorney or General Counsel

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?

\_\_\_\_\_ Policy Review    \_\_\_\_\_ DOT    \_\_\_\_\_ Non-DOT

\_\_\_\_\_ Pre-Audit Guidance (what to say, what not to say)

\_\_\_\_\_ Production of Records (CCFs, ATFs, etc.)

\_\_\_\_\_ MIS Reports

\_\_\_\_\_ Random Testing Records (Testing Pools, Selections, Tests)

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

YES                      NO

4. How long have you been an industry Consultant?

Years \_\_\_\_\_                      Months \_\_\_\_\_

5. If you provide Consulting services in multiple states, list the ways you stay apprised of changing state laws?

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6. Do you participate as an active member in good standing with any industry associations?

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

If YES, please check all that apply

NDASA \_\_\_\_\_ SAPAA \_\_\_\_\_ DATIA \_\_\_\_\_ NAPBS \_\_\_\_\_ Other \_\_\_\_\_ (please specify)

7. What specific industry credentials do you possess? \_\_\_\_\_

8. Does your consulting firm currently maintain general liability insurance?

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

**If YES:**

Please provide a certificate of coverage.

9. Does your firm currently maintain errors and omissions coverage (professional liability) insurance?

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

**If YES:**

Please provide a certificate of coverage

## **II. Consulting Service Offerings**

1. Please check the following consulting services you offer.

Business Development \_\_\_\_\_ (start-up help and/or on-going consulting)

Policy Development \_\_\_\_\_ DOT \_\_\_\_\_ Non-DOT \_\_\_\_\_

Policy Review \_\_\_\_\_ DOT \_\_\_\_\_ Non-DOT \_\_\_\_\_

Program Audit \_\_\_\_\_

Collection Site Inspection \_\_\_\_\_

Collector Mock Tests \_\_\_\_\_

BAT Mock Tests \_\_\_\_\_

State/Federal Law Guidance \_\_\_\_\_

### **Training:**

Collector \_\_\_\_\_

BAT \_\_\_\_\_

DER \_\_\_\_\_

Reasonable Suspicion \_\_\_\_\_

Employee Awareness \_\_\_\_\_

Expert Witness Testimony Prep \_\_\_\_\_

2. Are you aware of and comply with any applicable state-specific or case law requirements regarding drug and alcohol testing?

YES                      NO

3. Do you provide advice/counsel/recommendations regarding the FMCSA Drug & Alcohol Clearinghouse Database?

YES                      NO

4. Do you provide advice/counsel/recommendations to Designated Employer Representatives (DER)?

YES                      NO

5. Do you assist clients in the presentation of all compliance related documents in an audit?

YES                      NO

### **III. Policy Consultation and Review**

1. Do you provide policy consultation and review?

YES                      NO

If YES: DOT \_\_\_\_\_ Non-DOT \_\_\_\_\_

**If YES, please check all applicable areas below. If NO, proceed to section IV.**

**For DOT:**

Required modal agency content \_\_\_\_\_

Who is covered by the policy \_\_\_\_\_

What type of testing is performed \_\_\_\_\_

When testing is performed \_\_\_\_\_

Which drugs are tested \_\_\_\_\_

Safety considerations \_\_\_\_\_

Policy prohibitions \_\_\_\_\_

Consequences of refusals and positives \_\_\_\_\_

Employee Assistance/SAP process \_\_\_\_\_

Who is contact person for questions \_\_\_\_\_

Employee acknowledgement of policy \_\_\_\_\_

**For Non-DOT**

Any state specific requirements \_\_\_\_\_

Position/Job descriptions \_\_\_\_\_

Marijuana considerations \_\_\_\_\_  
What type of testing is performed \_\_\_\_\_  
When testing is performed \_\_\_\_\_  
Drug test panel selection \_\_\_\_\_  
Safety considerations \_\_\_\_\_  
Policy prohibitions \_\_\_\_\_  
Consequences of refusals and positives \_\_\_\_\_  
Employee Assistance \_\_\_\_\_  
Who is contact person for questions \_\_\_\_\_  
Employee acknowledgement of policy \_\_\_\_\_

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

YES                      NO                      N/A

#### **IV. Audit/Review/Inspection Consulting Services**

1. For Collection site, collector/BAT/STT, please check all areas you audit/review/inspect.

\_\_\_\_\_ Physical appearance of collection site  
\_\_\_\_\_ Ample parking  
\_\_\_\_\_ Clean and organized  
\_\_\_\_\_ Sufficient waiting area  
\_\_\_\_\_ Sufficient staff  
\_\_\_\_\_ Collection site security (restricted access, adequate supplies)  
\_\_\_\_\_ Consent form required  
\_\_\_\_\_ Type of inspections performed  
    By appointment \_\_\_\_\_ Walk-in \_\_\_\_\_ Clandestine \_\_\_\_\_  
\_\_\_\_\_ Mock drug collection  
\_\_\_\_\_ Mock alcohol test  
    EBT \_\_\_\_\_ STT \_\_\_\_\_  
\_\_\_\_\_ Collector qualifications reviewed  
\_\_\_\_\_ Collector proficiency tests reviewed  
\_\_\_\_\_ BAT/STT qualifications reviewed

- \_\_\_\_\_ BAT/STT proficiency tests reviewed
- \_\_\_\_\_ Type of EBT devices used
- \_\_\_\_\_ EBT logs reviewed
- \_\_\_\_\_ Expiration date on dry gas
- \_\_\_\_\_ Confirmation of listserv participation
- \_\_\_\_\_ File security
- \_\_\_\_\_ Urine collection guidelines readily available
- \_\_\_\_\_ Part 40 readily available

**2. For Employer drug and alcohol testing programs, please check all areas you audit/review/inspect.**

- \_\_\_\_\_ DOT policy Period of time \_\_\_\_\_
- \_\_\_\_\_ DOT policy acknowledgements Period of time \_\_\_\_\_
- \_\_\_\_\_ Non-DOT policy Period of time \_\_\_\_\_
- \_\_\_\_\_ Non-DOT policy acknowledgements Period of time \_\_\_\_\_
- \_\_\_\_\_ DOT 40.25 checks Period of time \_\_\_\_\_
- \_\_\_\_\_ MIS Reports Period of time \_\_\_\_\_
- \_\_\_\_\_ Pre-employment tests Period of time \_\_\_\_\_
- \_\_\_\_\_ Random pools Period of time \_\_\_\_\_
- \_\_\_\_\_ Random selection lists Period of time \_\_\_\_\_
- \_\_\_\_\_ Annual testing rates met Period of time \_\_\_\_\_
- \_\_\_\_\_ Reasonable Suspicion documents and tests Period of time \_\_\_\_\_
- \_\_\_\_\_ Post-accident documents and tests Period of time \_\_\_\_\_
- \_\_\_\_\_ Follow-up evaluations from SAPs Period of time \_\_\_\_\_
- \_\_\_\_\_ Follow-up tests Period of time \_\_\_\_\_
- \_\_\_\_\_ CCFs: Percentage \_\_\_\_\_% Period of time \_\_\_\_\_
- \_\_\_\_\_ ATFs: Percentage \_\_\_\_\_% Period of time \_\_\_\_\_
- \_\_\_\_\_ Supervisor RS training records Period of time \_\_\_\_\_
- \_\_\_\_\_ Supervisor RS training content Period of time \_\_\_\_\_
- \_\_\_\_\_ Employee education and awareness Period of time \_\_\_\_\_

## **V. Professional Training and Leadership**

1. Do you or your employees sign a confidentiality or a non-disclosure agreement to protect client information?

YES                      NO

2. What type(s) of professional training and/or education do you participate in and what is the frequency of your participation?

List type(s) of training/education: \_\_\_\_\_

Frequency of training: \_\_\_\_\_

3. List your educational background: \_\_\_\_\_

4. List applicable professional experience: \_\_\_\_\_

## **VI. Quick Quiz:** (Please highlight the correct response)

1. **Medical marijuana is an acceptable excuse for a positive DOT drug test in states where marijuana is legal?**

- a. True
- b. False

2. **A drug free workplace policy for a non-regulated employer should include considerations on which of the following?**

- a. FMCSA regulations
- b. Marijuana laws of the states in which the company operates
- c. Drug testing laws of the states in which the company operates
- d. b and c

3. **How often is a mock audit of a DOT-regulated company's drug & alcohol testing program required?**

- a. Not required but a good practice
- b. Annually

- c. Every two years
- d. Every five years

**4. Training programs required for DOT-regulated employers do not include:**

- a. Specimen collector training for in-house employee collectors
- b. Supervisor training for reasonable suspicion
- c. Designated Employer Representative (DER) training
- d. Employee education and awareness programs

**5. The five components of a drug free workplace program include:**

- a. 5 panel test, alcohol testing, SAP services, written policy, termination policy for a positive drug test
- b. Written policy, employee education, supervisor training, access to employee assistance programs and drug/alcohol testing
- c. Written policy, employee education, EAP, SAP, Clearinghouse
- d. Supervisor training, access to employee assistance programs, breath alcohol testing, urine drug testing, safety program

**6. The consultant can fulfill the role of the Designated Employer Representative (DER) for a large DOT regulated employer:**

- a. True
- b. False
- c. Only with a contractual arrangement

**7. When does a one-size-fits-all drug free workplace policy work best for companies operating in multiple states?**

- a. Only when all the states have similar drug testing laws
- b. Only when none of the states have medical marijuana laws

c. Never

d. Every policy should be designed to incorporate the employer needs and include applicable state and Federal regulations

**8. Supervisor reasonable suspicion training for non-regulated companies is:**

a. Best practice

b. Not necessary

c. Only need if the company is DOT regulated

d. Rely on State law

**9. Once a collector receives their collector certification from DOT, can they perform DOT breath alcohol testing?**

a. Yes, DOT certification is all that is required

b. No, specific breath alcohol testing training and qualification is needed

c. DOT does not certify collectors or breath alcohol technicians

d. b and c

**10. A person can take a 2-hour training class to become a consultant in the drug and alcohol testing industry.**

a. True

b. False