



807 Farson Street
Belpre, OH 45714
(740) 401-0090
F: 740-401-0258

NON-DOT CONSORTIA SERVICES

Description of Consortia Services and Process of Selection

Marietta Occupational Health Partners offer a consortium service to companies that are required to conduct random drug and/or breath alcohol testing under the Drug Free Safety Program (DFSP) regulations or through their own policy.

Each company requesting consortium assistance in the selection of employees for random drug and/or breath alcohol testing agrees to cooperate fully in the registration of employees, limit access of information of those selected to a limited number; notify selected employees of the requirement for random testing and keep Marietta Occupational Health Partners notified of any employee deletions or additions in a timely manner.

The Drug Free Safety Program requires yearly random drug testing representing 15 percent of employees. The Consortium can accommodate individual company policies regarding percentages or numbers of employees needing tested quarterly. In order to simplify the process and minimize lost time from work, employees selected for drug screening will coincide with those needing alcohol testing when required.

It is the responsibility of Marietta Occupational Health Partners to ensure that adequate names are selected to represent the percentage requirement on a yearly basis. A quarterly report will be completed showing the number of employee's eligible and the number selected for testing.

Marietta Occupational Health Partners will keep confidential information regarding the names and number of employees registered from each company, the number of employees and their names selected from each company and any other records that may be generated resulting from participation in a consortium.

Marietta Occupational Health Partners will maintain a computer database for name of company, person designated to receive notification of selections, an alternate person designated to receive notifications, the full mailing address, telephone number and fax number. Information for employees to be placed in the selection pool will consist of full name, birth date, social security or other identifying number.

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Once names are selected, they are not removed from the selection pool but return with the possibility of being selected again.

The selection process will proceed according to the following:

1. A minimum of the percentage total will be identified as the yearly objective to be selected for drug testing.

NOTE: This number is subject to change quarterly based upon the total number registered. The percent is also subject to change by Bureau for Workers Compensation or by individual company policy.

2. One quarter of the percentage will actually be selected each quarter for drug testing.
3. A quarter is defined at the period January 1 to March 31; April 1 to June 30; July 1 to September 30; and October 1 to December 31.
4. In order to emphasize the randomness of the drawing, names will be selected during each quarter but not on a particular day or date.

If an employee is off work due to layoff or a long-term illness or injury, their name is not removed from the selection pool. Documentation that the employee was off because of layoff, illness, or injury should be made.

If an employee is on vacation when randomly selected, the test should be deferred until they return, but should still be done within that quarter.

In the event an owner operator is a member of the consortium and randomly selected, the owner/operator will be notified and it is their responsibility to arrive at a testing site for drugs and/or breath alcohol within the recommended time frame.

Consortia Can Provide:

Assistance in policy/procedure development

(Must provide) Random selection using computerized random pools with employee's social security number, payroll identification number or other comparable identifying number.

Record Keeping:

- Selection Process - 2 years
- Drug Testing Results: (Negative results – retained for minimum of 1 year)
(Verified Positive Results – retained for minimum of 5 years)

Testing:

- Non-DOT regulated drug screening with confirmation of drug(s) through GC/MS
- Non-DOT Breath Alcohol Testing with confirmation of alcohol using an Evidential Breath Testing Device (EBT) with printout within 20 minutes of first test

Forms:

- Collector Certifications
- EBT Logbooks
- Calibration Records
- Testing Forms

Reports:

- Requested reports will be provided at a minimum of 48 hours notice.

Medical Review Officer (MRO) Services

Referral to Substance Abuse Professional (SAP)

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Consortia will need from each company:

1. Name of each employee
2. Social Security Number or Identifying Number for each employee

Company agrees to notify consortia by the 5th of each month of any deletions/additions.

Consortium agrees to maintain a current list of eligible employees for drug and/or alcohol testing.

Employees will be selected at random, names to be drawn on a minimum quarterly basis. Bureau of Workers Compensation currently requires 15 percent of employees to be randomly selected for drug testing.

The company will designate one person and one alternate to receive the names of selected employees. The names and identifying number will be sent to the company representative by certified mail, deliver to addressee only, return receipt requested per United States Postal Service.

It will be the company's responsibility to notify selected employees that they are to report for drug and/or alcohol testing.

Marietta Occupational Health Partners consortia will not be responsible for any failure by company to notify selected employees of the need for testing in a timely manner.

A composite selection schedule will be maintained to insure that sufficient names are selected each drawing period.

05/07/2020



401 Matthew Street
Marietta, OH 45750
(740) 374-6240

Agreement of Participation

Random Drug and Breath Alcohol Testing Consortium

Marietta Occupational Health Partners will provide a consortium service to companies that are required to conduct random drug and/or breath alcohol test of their employees under the Bureau of Workers Compensation regulations or under individual company policies.

Marietta Occupational Health Partners agrees to:

1. Maintain a collective computer database identifying companies participating in the consortium and employees subject to testing.
2. Randomly select sufficient employees for drug and/or breath alcohol testing.
3. Notify designated person(s) for each company by certified mail or confidential E-Mail.
4. Keep confidential information about each company and the number of employees registered.

By requesting consortium services and participating in such consortium, **“Company”** agrees to:

3. Designate one person and one alternate to receive the names of selected employees.
4. Provide Marietta Occupational Health Partners the following information:
 1. Full name of each employee
 2. Birth Date
 3. Social security number or other identifying number
5. Adhere to United States Postal service regulations regarding certified mail, deliver to addressee only mail notifications.
6. Notify employees of their random selection and whether the test requested is drug only or drug and breath alcohol.
7. Advise Marietta Occupational Health Partners of any additions/deletions to eligible pool.

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Marietta Occupational Health Partners are neither liable for actions of “Company” nor limited to:

1. Failure of “Company” to register eligible employees.
2. Failure of “Company” to adhere to Certified mail or E-Mail notifications.
3. Failure of “Company” to advise additions or deletions to the pool of eligible employees.
4. Failure of “Company” to notify selected employees in a timely manner.

One time set up fee of \$65.67

Fees for consortium are billed on a yearly basis in July.

Less than 10 employees	\$18.81per employee per year
11-50 employees	\$188.03 per year
51-100 employees	\$250.72 per year
101-150 employees	\$313.40 per year
151-200 employees	\$376.09 per year
201-300 employees	\$438.77 per year
301-400 employees	\$501.45 per year
401-500 employees	\$564.13 per year

Fees for additional services are as follows (subject to change without notice):

Non-DOT Drug Test	\$61.48 (or higher depending on drug panel requested)
Breath Alcohol Testing (including confirmation)	\$34.90

For the additional following services Tina Nolen, SAP at Marietta Occupational Health, may be contacted directly at (740) 568-5401:

Assistance in policy and procedure development
Training for Supervisors
Educational session for employees
SAP Evaluation

Name and Title

Date

Company Name

Donna R. Marenchin/dmarenchin@mhsystem.org

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Consortium Registration Information

Date: _____

Company Name: _____

Mailing Address: _____

Please circle panel of drug you request to be used: 5 7 9 10 other (please specify)

Is your company requesting post-accident drug screens? YES NO

Location Address (If different than mailing address): _____

Telephone Number: _____ Fax: _____

Designated person to receive selection notification: _____

E-Mail address: _____

Alternate designated person to receive notification: _____

Number of employees for random selection pool: _____



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Registration for Non-DOT Employees

Date: _____

Company: _____

Address: _____

Phone Number: _____

Employee Full Name (Last, First, Middle)	Birth Date (Month/Day/Year)	Social Security or Identifying Number
1. _____	_____	____-____-____
2. _____	_____	____-____-____
3. _____	_____	____-____-____
4. _____	_____	____-____-____
5. _____	_____	____-____-____
6. _____	_____	____-____-____
7. _____	_____	____-____-____
8. _____	_____	____-____-____
9. _____	_____	____-____-____
10. _____	_____	____-____-____



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**Drug Free Safety Program
Add/Delete Form**

Please use this form to notify Marietta Occupational Health Partners when you wish to add or delete an employee to the random selection pool.

Date: _____

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Contact Name: _____

ADD the following to the selection pool:

Employee Full Name:

	Last	First	Middle	Birth Date	SS #
1.)	_____	_____	_____	_____	_____
2.)	_____	_____	_____	_____	_____
3.)	_____	_____	_____	_____	_____

DELETE the following from the selection pool:

	Last	First	Middle	Birth Date	SS #
1.)	_____	_____	_____	_____	_____
2.)	_____	_____	_____	_____	_____