



807 Farson Street  
Suite 101  
Belpre, OH 45714  
P: 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 Antero/TPS regulations.

Each company requesting consortium assistance in the selection of employees for random drug and 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.

Antero/TPS requires yearly random drug testing representing 25 percent for drugs and 25 percent for alcohol of employees. (*This percentage is subject to change*)

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.
2. One quarter of the percentage will actually be selected each quarter for drug and alcohol 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 breath alcohol within the recommended time frame.

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**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 5<sup>th</sup> of each month of any deletions/additions.

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

Employees will be selected at random, names to be drawn on a minimum quarterly basis. Antero/TPS currently requires 25 percent of employees to be randomly selected for drug and 10 percent alcohol 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 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.

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## **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 breath alcohol tests on their employees under Antero/TPS drug and alcohol policy.

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.
7. Advise Marietta Occupational Health Partners of any additions/deletions to eligible pool.

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	\$78.79
Breath Alcohol Testing (including confirmation)	\$34.90

For the additional following services Tina Nolen, SAP at Marietta Occupational Health Partners, 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 \_\_\_\_\_  
Date



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### **Antero/TPS Consortium Registration Information**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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: \_\_\_\_\_

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



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### 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.)	_____	_____	_____	_____	_____