CONSTANGY BROOKS, SMITH & PROPHETE LLP

**DOT Drug Free Workplace Policy**

**You have requested a worksheet in order for your entity to receive a proposal to develop a Drug Free Workplace Policy and/or Forms.** You will be sent an engagement letter to confirm the work requested prior to drafting your customized Drug Free Workplace Program. If you have questions, contact attorney Tommy Eden, a partner working out of the Constangy, Brooks, Smith & Prophete, LLP offices in Opelika, AL and West Point, GA. He is also a member of the ABA Section of Labor and Employment Law who serves on the Board of Directors for the East Alabama SHRM Chapter. **Contact him at his office: 334-246-2901; mobile: 205-222-8030; his legal assistant Emily Andrews at 334-246-2902; Blog: www.alabamaatwork.com; website: www.constangy.com; E-mail: teden@constangy.com.**

**This is a fillable PDF. Please fill out this questionnaire and return it via e-mail to teden@constangy.com so that we can provide you with a flat rate quote for your project. Thank you.**

1. Name of the Entity as it should appear throughout the Policy & Forms:
   **Answer:** _____ *****Entity Name*****

2. Abbreviated name of the entity as it should appear throughout the policy & forms (such as "ATC" rather than "American Trucking Company, Inc."):
   **Answer:** _____ *****Abbreviated Entity Name*****

3. Type of Entity (company, organization, agency, corporation, firm, practice, cooperation):
   **Answer:** _____ *****Entity Type*****

4. Mailing Address (city, state, zip code):
   **Answer:** _____ *****Address*****

5. Phone Number:
   **Answer:** _____ *****Phone*****

6. Fax Number:
   **Answer:** _____ *****Fax*****

7. Title and/or Name of the Entity's "Designated Employer Representative/DER" (This should be the person in charge of implementing the program, overseeing employee education, arranging for testing, and keeping records of the Entity's compliance with drug-free workplace rules. It is generally the personnel director, administrator, or your Entity's equivalent):
   **Name:** _____ *****DER*****
   **Job title:** _____
   **Address:** _____
   **Phone:** _____
   **E-mail:** _____

8. Alternative/Back-up DER:
   **Name:** _____ *****Alternative DER*****

**Job title:** _____
**Phone:** _____
**E-mail:** _____

9. Name of your certified Medical Review Officer (MRO) (a licensed physician (MD or DO) and who is responsible for receiving and reviewing laboratory results generated by an employer's drug testing program and evaluating medical explanations for certain drug test results):
   **Name:** _____ *****MRO*****
   **Address:** _____
   **Phone:** _____
   **Fax:** _____

10. Laboratory used for testing:
    **Answer:** _____ *****Lab*****
    **Lab address:** _____

11. Employee Assistance Program (EAP) Provider. If no EAP, list "none":
    **Answer:** _____ *****EAP*****

12. If you have any DOT regulated employees, what DOT Agency covers you?
    **Answer:** _____

13. Do you also want additional state-specific "Company Authority" policies? If yes, for what states should this policy be developed?
    **Answer:** _____

14. When do you plan to implement the program (date)?
    **Answer:** _____ *****Effective Date*****

15. Alcohol testing site(s) and specimen collection site(s):
    **Answer:** _____

16. Substance Abuse Professional (SAP):
    **Answer:** _____ *****SAP*****
    **Address:** _____
    **Phone:** _____

17. Consortium/Third Party Administrator (C/TPA):
    **Answer:** _____ *****SAP*****
    **Address:** _____
    **Phone:** _____