
Drug State Drug Free Policy Worksheet For Private Entities

You have requested a worksheet in order for your entity to receive a proposal to develop a Drug Free Workplace Policy and/or Forms. Please answer the following questions, then return the completed worksheet back to WOLFE. Prior to drafting your customized Drug Free Workplace Program, Tommy Eden, our outside management labor law counsel with the law firm of Capell & Howard, P.C. who drafts client policies for WOLFE, will review your worksheet responses and help us determine an appropriate flat rate price for your project; which proposed fee we will be confirmed with you before any work is commenced. You may view Tommy's Blog at www.alabamiatwork.com with links to his CV. This Worksheet is for educational purposes only and does not constitute legal advice. "No representation is made that the quality of legal services to be performed is greater than the quality of legal services performed by other lawyers."

1. Entity Name as it should appear throughout the Policy & Forms:
Answer: _____ *****Entity Name*****
2. Abbreviated Entity Name as it should appear throughout the Policy & Forms: (example: "ATC" rather than "American Trucking Company"):
Answer: _____ *****Abbreviated Entity Name*****
3. Entity Type (examples: Company, Organization, Agency, League, Group, Association, Firm, Corporation, Department, Practice, Partnership, Enterprise):
Answer: _____ *****Entity Type*****
4. Mailing Address (include city, state & zip code):
Answer: _____ *****Address*****
5. Phone Number (include area code):
Answer: _____ *****Telephone*****
6. Fax Number (include area code):
Answer: _____ *****Telefax*****
7. Name and Title of the Entity's "Designated Employer Representative":
(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):
Answer: _____ *****DER*****
8. Back-up DER:
Answer: _____ *****Alternate DER*****

9. Name of your certified Medical Review Officer (MRO):

(licensed physician (MD or DO) who is responsible for receiving & reviewing laboratory results generated by an employer's drug testing program & evaluating medical explanations for certain drug test results):

Answer: _____

MRO

10. EAP Provider (provide all contact information):

Answer: _____

EAP

11. Do you have any DOT regulated covered employees?

Answer: _____

DOT Employees

If yes, which DOT Agency?

Answer: _____

12. For what state(s) should this policy be developed?

Answer: _____

What States

13. When do you plan to implement the program (date)?

Answer: _____

Effective Date

14. Worksheet Submitted By

Answer: _____

Contact Info

Email address: _____

Phone: _____

Save This Completed Worksheet

Return completed worksheet file to AnnV@WolfeInc.com