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## DOT Drug Free Policy Worksheet

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.alabamaatwork.com](http://www.alabamaatwork.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: ("ATC" rather than "American Trucking Company, Inc.")

**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 Name\*\*\*

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DER's Title: \_\_\_\_\_

DER's Address: \_\_\_\_\_

DER's Phone: \_\_\_\_\_

DER's E-mail: \_\_\_\_\_

Hours when available: \_\_\_\_\_

8. Alternate 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\*\*\***

MRO's Address: \_\_\_\_\_

MRO's Phone: \_\_\_\_\_

10. EAP Provider (provide all contact information / must have if PHMSA-regulated)

**Answer:** \_\_\_\_\_

**\*\*\*EAP\*\*\***

11. Laboratory

**Answer:** \_\_\_\_\_

**\*\*\*Laboratory\*\*\***

Lab Address: \_\_\_\_\_

12. How many DOT-covered employees?

**Answer:** \_\_\_\_\_

**\*\*\*DOT Employees\*\*\***

Under what DOT agency(s) regulations do your covered employees work? \_\_\_\_\_

13. Do you also want an additional state-specific "Company Authority" policy? If yes, what states are applicable?

**Answer: Yes No**

**State(s):** \_\_\_\_\_

**\*\*\*Company Policy\*\*\***

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

**Answer:** \_\_\_\_\_

**\*\*\*Effective Date\*\*\***

15. Alcohol Testing Site(s) and Specimen Collection Site(s):

**Answer:** \_\_\_\_\_

**\*\*\*Collection Site(s)\*\*\***

Attach a separate Alcohol Testing and Specimen Collection site list if applicable.

16. Substance Abuse Professional Name (SAP)

**Answer:** \_\_\_\_\_ 

***SAP***
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Address of SAP: \_\_\_\_\_

SAP phone: \_\_\_\_\_

17. Consortium / Third Party Administrator Name (C/TPA)

**Answer:** \_\_\_\_\_ 

***TPA***
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TPA address: \_\_\_\_\_

TPA phone: \_\_\_\_\_

18. Worksheet Submitted By

**Answer:** \_\_\_\_\_ 

***Contact Info***
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Email address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Save This Completed Worksheet**

Return completed worksheet file to [AnnV@WolfeInc.com](mailto:AnnV@WolfeInc.com)