

ADM Consortium Services

OCCUPATIONAL TESTING AND CONSORTIUM SERVICES

Ph 530-621-4091

Fax 530-621-0921

www.admscreening.com

DOT RANDOM DRUG & ALCOHOL CONSORTIUM PROGRAM

DOT CONSORTIUM PACKAGE

- ❖ DOT Random Testing Consortium Membership or Individual Selections
- ❖ Substance Abuse Professional Referrals
- ❖ Random Selections and Notifications Quarterly
- ❖ Consultation and Administrative Support
- ❖ DOT Alcohol and Drug Testing Employee Handbook
- ❖ Employee Education Handbook and Supervisor Training Materials (additional fee)
- ❖ Resource Center for Current Regulations & BIT Inspection Required Reports
- ❖ Certified, Full time, MRO Reporting of Results via phone, email or fax
- ❖ Drug testing to include Specimen Collection, Initial Lab Test & GC/MS Confirmation

Testing Fee Includes:

*5 Panel DOT Drug Screen Lab Testing with Confirmation Collection of Specimen
MIS Reports when Required and/or Requested Certified Random Selections – all DOT Approved
MRO Reporting*

FEE SCHEDULE

Consortium Annual Membership Fee	\$115	1 to 50 Drivers, Per Company Fee, Multi-Company Pool
		*Pro-rated fees based time of registration Jan-Mar Apr-Jun Jul-Sept Oct-Dec \$115 \$85 \$60 \$40
Owner Operator/Single Driver Annual Fee	\$175	Includes Random Testing, unlimited within the year
		*Pro-rated fees based time of registration Jan-Mar Apr-Jun Jul-Sept Oct-Dec \$175 \$145 \$115 \$85
Per Drug Test	\$55	
Per Alcohol Test	\$35	
Supervisor Training		Available. Contact office for pricing

These random testing services offered to keep you in compliance with DOT drug and alcohol testing regulations – 49CFR Part 40 – and the regulations of your operating administration.

ADM Screening Service Agreement

ADM Screening abides by all current Department of Transportation (DOT) Regulations regarding 49 CFR Part 40 and 382. The goal of ADM Screening is to provide dependable administrative service. The employer, however, is ultimately responsible for staying in compliance with the Department of Transportation regulations.

Membership fees include all random testing and all administration fees. Separate fees are required for supervisor training, SAP programs, follow-up testing and its administration. ADM Screening will act as an intermediary in transmitting the information from other service agents to the DER of the Employer per Appendix F of the 49CFR Part 40 Procedures. We will retain all associated DOT required records during the service period and will provide these records upon request at no charge upon membership termination. Required records not received by this consortium will be the responsibility of the member (e.g. MRO records sent to the enrolled not forwarded to us). Members who cancel within 30 days of enrollment or renewal are entitled to a refund, less test fees and a \$25 processing fee.

Services offered:	DOT & Non-DOT Drug Testing	Computer Generated Random Selections
	DOT Breathalyzer Alcohol Testing	Substance Abuse Professional Referral
	Certified MRO	48 hours result notification
	Contracted Collection Sites	Supervisor Training & Education
	SAMSHA/NIDA Certified Lab	Statistical Reporting Upon Request

ADM Screening Policies:

- A. Information provided must be complete and accurate on the application. No false data may be knowingly submitted to ADM Screening.
- B. DOT Regular Programs may only enroll drivers operating under the Federal Motor Carrier Safety Administration (FMCSA)
- C. The Employer understands that they are ultimately responsible for the validation, implementation and the consequences of their drug and alcohol testing program. The Employer further agrees that they understand the methods and policies used by ADM Screening.
- D. Non-DOT Employers may only enroll employees that they have determined to be legally eligible for such a program. Employers in the State of California have been given the disclosure regarding the Supreme Court Ruling.
- E. All random notifications must be responded to within the allotted time period. If we do not receive a response after a reasonable number of attempts have been made we will report the result as "Failure to Test" per DOT instructions.
- F. DOT drivers who show positive on any test authorized by ADM Screening will be removed from the DOT pool until evaluated by a Substance Abuse Professional as indicated in the DOT Regulations. If the driver requests that the split specimen be tested, the employer is responsible for payment as indicated in the DOT regulations. Any additional costs incurred for processing positive test results are also the responsibility of the employer.
- G. "Insufficient Funds" returned checks will be subject to a \$15 handling charge.
- H. Any company found to violate ADM Screening policies of Department of Transportation (DOT) Regulations 49 CFR Part 40 and 382 will be terminated without refund.

Please sign and date this agreement below. Return it and your application form to ADM Screening via mail or fax.

Company Name: _____

Company Representative's Signature: _____ Date: _____

With my signature, I hereby agree to participate in the ADM Screening consortium and I understand and will abide by its policies and procedures.

ADM Consortium Services

OCCUPATIONAL TESTING AND CONSORTIUM SERVICES, 279 PLACERVILLE DR. STE C, PLACERVILLE, CA, 95667
Ph 530-621-4091 - Fax 530-621-0921 www.admscreening.com

Date : _____ Company Name: _____ New
 Reinstatement

Contact or Designated Employer Representative: _____ Billing Contact: _____ Same

Mailing Address: _____ _____ City State Zip	Physical Address: <input type="checkbox"/> Same _____ _____ City State Zip	Billing Address: <input type="checkbox"/> Same _____ _____ City State Zip
Main Phone #: () _____	Alt Phone #: () _____	Fax #: () _____ Secure Fax? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email: _____		# of Employees: _____

ADM Screening will act as an intermediary in transmitting the information from other service agents to the DER of the Employer per Appendix F of the 49CFR Part 40 procedures. Authorized to receive drug screen results and all correspondence from ADM Screening:

(PLEASE CIRCLE ONE AND PROVIDE FAX NUMBER OR EMAIL)

Name: _____ Mail _____ OR Fax # _____ OR Email: _____
 Name: _____ Mail _____ OR Fax # _____ OR Email: _____

Type of Business: _____ (i.e. trucking, construction, etc.)																							
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 60%;">Employee Name</th> <th style="width: 30%;">Social Security Or Employee ID#</th> </tr> </thead> <tbody> <tr><td>A.</td><td>_____</td><td>_____</td></tr> <tr><td>B.</td><td>_____</td><td>_____</td></tr> <tr><td>C.</td><td>_____</td><td>_____</td></tr> <tr><td>D.</td><td>_____</td><td>_____</td></tr> <tr><td>E.</td><td>_____</td><td>_____</td></tr> <tr><td>F.</td><td>_____</td><td>_____</td></tr> </tbody> </table>		Employee Name	Social Security Or Employee ID#	A.	_____	_____	B.	_____	_____	C.	_____	_____	D.	_____	_____	E.	_____	_____	F.	_____	_____	Are you currently enrolled in a Random Drug Testing Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Consortium Name: _____ Type of testing your company requires: <input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT <input type="checkbox"/> PUC DOT Agency: _____	<p>Please Note: All DOT employees must provide proof of a negative drug test or previous consortium enrollment before they will be enrolled in this consortium program.</p> <p>Previous drug tests must have been taken 30 days prior to joining this consortium to be used.</p>
	Employee Name	Social Security Or Employee ID#																					
A.	_____	_____																					
B.	_____	_____																					
C.	_____	_____																					
D.	_____	_____																					
E.	_____	_____																					
F.	_____	_____																					
Please use additional sheet for additional employees. Owner Operator? <input type="checkbox"/> Yes <input type="checkbox"/> No																							

Consortium Annual Membership Fee..... \$115___ Fees pro-rated when registration occurs. See fee schedule.
 Owner Operator/Single Driver Program..... \$175___ Same as above.
 Pre-Employment DOT Drug Test..... \$55 _____ Required if NOT currently enrolled in Consortium
 Re-instatement Fee..... \$50 _____ * DOT Drug Test is required for reinstatement (add \$55)
 Supervisor Training..... Available. Contact office for pricing.

Total Due _____

Payment Method: Check Enclosed VISA/MC # _____ Exp Date: _____ CV: _____

With my signature, I hereby agree to participate in the ADM Screening Consortium and further agree to abide by its rules, policies and procedures. Upon receipt of my signed application and payment, ADM Screening will forward me a complete membership package, which will include proof of membership and ADM Screening's rules and regulations.

Authorization Signature: _____ Dated: _____

PLEASE COMPLETE THE ABOVE FORM TO CEATE A NEW ACCOUNT AND FAX TO 530-621-0921

DOT Consortium Fees

<u>Service</u>	<u>Price</u>
US DOT Nida Panel 5 Drug Test	\$55.00
Lab Fee, Collection Fee, MRO Review	All Included
EBT (Evidential Breath Testing)	\$35
Supervisor Training	Call office for pricing.
Statistical Reports, SAP Referrals	Both Included
Annual Membership Fee	
1 to 50 Drivers (Not per driver)	\$115.00
Owner/Operator	\$175.00
<i>*All random testing within the year included</i>	