

COMPANY SURVEY

**for the
Development or Review
of Workplace
Drug/Alcohol Testing Policy**

INSTRUCTIONS: The purpose of this survey is to assist us in **DRAFTING** your company's drug and alcohol testing policy. A properly drafted policy must consider:

who to test
when to test
what to test for
where to test
how to test

Applicable federal regulations, state laws and any collective bargaining agreements must be taken into consideration.

**Complete and return this survey to us by fax.
Call our sales team with any and all questions.**

**WOLFE DATA
681 Cabarrus Avenue West
Concord, NC 28027**

**FAX: 704-784-2624
800-451-3743
info@wolfedata.com**

COMPANY NAME: _____

PARENT COMPANY (IF ANY): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NO: () _____ FAX NO: () _____

EMAIL ADDRESS: _____

CONTACT PERSON(S): _____

POSITION(S): _____

In what STATES does your company do business?

_____ all

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do UNIONS represent your workers? If so what UNIONS?

Does your current collective bargaining agreement address the issue of drug or alcohol use or testing?

_____ yes _____ no

If yes, please include a copy of the collective bargaining agreement and any side agreements related to this subject.

Is any part of your business regulated by:

Federal Highway Administration (FHWA – interstate trucking)? _____

Federal Transit Administration? _____

Coast Guard (maritime)? _____

Federal Aviation Administration (FAA – pilots, etc.)? _____

Federal Railroad Administration (FRA – train operations)? _____

RSPA (pipeline operations)? _____

Does your company do business with the Federal or any State government?

_____ **yes** _____ **no**

If yes, please describe the type of work and where services are performed.

If the answer to the question above is yes, does your company already have a Drug Free Workplace Policy? _____ **yes** _____ **no**

If such a policy exists, please send a copy for review.

Please briefly describe the nature of your business, including each subdivision.

Does your company currently have a written policy (handbook) related to drug and/or alcohol use/abuse?

_____ **yes** _____ **no**

Please send any policies and/or handbooks for review.

What job categories will your company subject to testing?

- _____ all
- _____ all applicants only
- _____ only when there is reasonable suspicion of drug/alcohol use
- _____ safety-sensitive only
- _____ only those injured on the job
- _____ those returning from a leave of absence
- _____ before returning to work following a violation of this policy

WHEN will workers be subject to testing?
(may be required by DOT - state law may limit testing)

1. _____ pre-employment (recommended for all intended to be hired)
2. _____ when there is reasonable suspicion (recommended for all workers)
3. _____ following an on-the-job *accident* (recommended for all workers operating equipment or vehicles)
4. _____ following an on-the-job *injury* (recommended to apply to anyone requiring medical attention away from the scene of the injury)
5. _____ on a *random* basis (recommended for safety-sensitive functions only – may be limited by state law)
6. _____ before returning to work after a violation of this policy (recommended to apply to anyone allowed to return after a violation of the policy)
7. _____ as a follow-up to a violation of this policy (recommended for anyone returning after a violation of this policy – DOT rules permit follow-up tests for up to 5 years – *treating professional should make the determination of when to test and how often*)

Substances tested for:

It is strongly recommended that your company model its policy after the federal guidelines (49 CFR part 40) which limits test substances to marijuana, cocaine, amphetamines, opiates and PCP. If your company wishes to test for other substances, please list them.
(state law may require/permit more substances)

DISCIPLINE: Following a violation of this policy, what discipline will be imposed?

REFUSAL TO TEST: _____ terminated
_____ same as if test positive

Refusal includes attempts to tamper with or substitute a sample, lack of cooperation, or failure to provide a sufficient sample.

POSITIVE DRUG TEST:

1ST TIME: _____ terminated
_____ opportunity for counseling
(state law may require)

2ND TIME: _____ terminated
_____ further treatment allowed

POSITIVE ALCOHOL TEST:

Discipline imposed may depend on the level of alcohol considered positive. Under federal rules, a violation is anything at or above 0.04, but anything at or above 0.02 is positive requiring employer action (FHWA removal for 24 hours). Some state law sets the alcohol positive level at 0.04 (Iowa) or the state's driving under the influence level.

1ST POSITIVE (0.02 to 0.04) _____ written warning, counseling required
negative test to return to work
_____ terminated

_____ written warning, negative test to return to work

2ND POSITIVE (0.02 to 0.04) _____ terminated
_____ same as positive drug test

1ST POSITIVE (0.04 or above) _____ terminated
_____ same as positive drug test

2ND POSITIVE (0.04 or above) _____ terminated
_____ additional opportunity at counseling

Treatment Costs:

_____ paid by employee _____ per benefit plan _____ paid by employer