



TOWNSHIP OFFICIALS OF ILLINOIS DRUG & ALCOHOL SCREENING PROGRAM INSTRUCTION SHEET

To become involved in the Township Officials of Illinois Drug & Alcohol Screening Program, coordinated through the Mid-West Truckers Association, you need to:

1. Be a member of Township Officials of Illinois.
2. Call the TOI office at (217) 744-2212 or (866) 897-4688 and request to be included in the program.

Enclosed is the Drug and Alcohol Abuse Policy and Attachments as follows:

Sample Drug & Alcohol Abuse Policy	
Pre-Employment Drug Test Consent Form	Attachment A
Release of Drug & Alcohol Testing Information and Results From Co/Previous Employer	Attachment B
Employer's Record of Post-Accident Test	Attachment C
Instructions to Driver Involved in a DOT-Recordable CMV Accident	Attachment D
Reasonable Cause Observation Form	Attachment E
Reasonable Cause Supervisory Training Form	Attachment F
Drug & Alcohol Abuse Policy Receipt Certificate	Attachment G
Employee Action Form	Attachment X

The following steps must be completed in order to be included in the Consortium:

1. You will need to carefully review the Drug & Alcohol Abuse Policy, make any changes you desire, or adopt it as written. If you make any changes, please send us a copy for review and approval before executing it. Before you reproduce the Drug & Alcohol Abuse Policy, complete the policy effective date, contact names, office location, day time and night time telephone numbers and select the disciplinary action you desire, then make copies on your letter head for each driver to initial and date, plus give them a copy to keep.
2. Each driver/applicant will need to be pre-employment tested unless he/she qualifies for the exception to pre-employment testing (see Section 4(a) Pre-employment Testing). You will need to have the driver/applicant complete Attachment A (Pre-Employment Drug Test Consent Form). Someone other than the driver needs to witness the signature. You cannot put the driver in a safety-sensitive function until you either call us for a verbal negative drug test result or you receive the paper negative drug test result.
3. Each driver /applicant will need to sign Attachment B (Release of Drug & Alcohol Testing Information and Results from Co/Previous Employer) for you to obtain drug and alcohol information from the co/previous employer(s) for the past 2 years, including any drug and alcohol results for the last six months. If your driver/applicant qualifies for the exception to pre-employment testing, you would need to send us a copy of the completed Attachment B or the most recent drug test result you receive from the co/previous employer(s).
4. Make 2 copies of Attachment G (Drug & Alcohol Abuse Policy Receipt Certificate), to be completed by each driver. One copy will be kept in the government entity file, the other to be returned to the driver. Someone other than the driver needs to witness their signature.
5. You will need to complete Attachment X (Employee Action Form) in its entirety and send it to: Township Officials of Illinois, 408 S. Fifth Street, Springfield, IL 62701, or fax it to (217) 744-7419. WE DO NOT REQUIRE YOU TO SEND US COPIES OF THE DRUG AND ALCOHOL ABUSE POLICY OR ATTACHMENTS A & G. Those copies which are initialed and completed by the driver(s)/applicant(s) will be kept on file with your records and copies will be given to the driver. (NOTE - We will not accept any other type of form to add a driver(s) into the Consortium. Only Attachment X will be acceptable.
6. Once Attachment X is received by Township Officials of Illinois, the pre-employment tests will be scheduled. You will receive a phone call from our collection company representative to confirm all the details (day, time & place) for the collection of the urine specimen.

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7. We will also enter your driver into the Consortium's random testing pool. Our MRO will select drivers by a random computer program on a monthly basis.

All drug & alcohol records must be maintained in a secured location with controlled access. All negative drug test results and alcohol test results of less than .02 must be maintained in your file for a period of one year. All positive drug test results, alcohol test results of .02 or higher, and refusals to test must be maintained for five years. The lab will provide you with the bi-annual drug testing statistical summaries (if you have enough testing activity) and we will provide you with the annual drug and alcohol summaries, all of which must be kept for five years.

All other records concerning your program shall be maintained according to 49 CFR Part 382.401.

If a post-accident drug and alcohol test needs to be conducted, Attachment C (Employer's Record of Post-Accident Test) should be completed and kept for your records in case of a USDOT or state DOT audit.

You should instruct each driver on the procedures to follow when a CMV accident occurs (see Attachment D - Instructions to Driver Involved in a DOT-recordable CMV Accident). It is your responsibility to let the driver know when a post-accident drug and alcohol test is required. It is also your responsibility to call Township Officials of Illinois to get the post-accident test completed as soon as possible after the accident occurs. If after normal working hours, the Consortium is on-call 24 hours a day, 7 days a week at (217) 525-0310 to handle any Post-Accident tests.

A Reasonable Cause test needs to be conducted when you suspect a driver is under the influence of drugs and/or alcohol that would be reflected by unusual actions (See Section 4 (d) Reasonable Cause Testing). The government entity's designated person who has been trained will need to complete Attachment E (Reasonable Cause Observation Form) within 24 hours of the observed behavior or before the drug test results are released, whichever is earlier. It is your responsibility to call the Township Officials of Illinois to get the Reasonable Cause test completed as soon as possible after you observe the driver to determine reasonable cause. If after normal working hours, the Consortium is on-call 24 hours a day, 7 days a week at (217) 525-0310 to handle any Reasonable Cause tests.

All persons designated by you to supervise the drivers must complete at least 60 minutes of training on alcohol abuse and 60 minutes of training on drug abuse. Training needs to be conducted only once, but periodic reviews are recommended. Attachment F (Reasonable Cause Supervisory Training) should be completed after the training and retained with your records. Records related to the education and training of the designated persons must be maintained by you for their term of employment and two years thereafter.

We must be informed immediately when you delete a driver. Attachment X (Employee Action Form) must be completed and faxed or mailed to us. Your government entity is not in compliance with 49 CFR Part 40 when your list of drivers is not current.

When you receive a Random Drug and/or Alcohol Test Notice from Township Officials of Illinois, you must respond immediately to set up and complete the required tests before the end of the month in which the driver(s) were selected. No driver can be informed of the random test(s) except just prior to the actual test(s) being performed.

We will bill you for any pre-employment, post-accident, reasonable cause, return-to-duty, or follow-up testing that is conducted for your government entity. Also, if the driver requests a split-specimen test, you will be billed for that test which was conducted on your driver's/applicant's behalf. See the enclosed TOI Price sheet for Consortium charges. Please pay in full promptly upon receipt of invoice.

The billing for random drug and alcohol testing is done once a year, usually around the first of November of the preceding year. Pay promptly upon receipt of the invoice for all random slots billed. If you add additional drivers during the calendar year that require additional slots, you will be billed for them as added. There will be no additional charge, however, when you replace terminated drivers with an equal number of new drivers.

DRUG & ALCOHOL ABUSE POLICY RECEIPT CERTIFICATE
(to be completed by driver after reading and initialing the Drug & Alcohol Abuse Policy)

I, _____, do hereby certify that I have received, read,
(DRIVER'S NAME)
and understand the Drug and Alcohol Abuse Policy of _____
(GOVERNMENT ENTITY)
that went into effect on _____ and that I have initialed and dated each page of the Policy.
(DATE)

I understand that this Policy not only meets, but exceeds the Federal Motor Carrier Safety Regulations of which I must follow as a CDL driver, but also as a condition of employment for this government entity.

I understand I will be required to take alcohol tests and/or drug tests according to the terms of this Policy. I agree to comply with all of the requirements of this Policy and 49 CFR Parts 382 and 40, and all other federal, state and local rules and laws that are applicable.

I give my full consent for the release of my urine drug test results to the authorized Medical Review Officer (MRO), who will then release the results to the Consortium, who will forward them to the Township Officials of Illinois, who will forward the results to the above-named government entity.

I further consent to the release of my alcohol test results to the collection company performing the tests which will provide copies to the government entity. I also consent to the simultaneous reporting of my alcohol test results to the Consortium, if applicable (.02 or greater alcohol test results).

Furthermore, I have informed the government entity on whether I have tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer for a DOT safety-sensitive position, but did not obtain, during the past two years. If I had tested positive or refused to test in this time, I have obtained documentation of having successfully completed the return to duty process and have provided it to the above-named government entity. I understand if I have not successfully completed the return to duty process, I cannot perform any safety-sensitive functions for this government entity.

I further understand that my failure to honor all the terms of this certificate and the government entity's Drug and Alcohol Abuse Policy will result in disciplinary action including possible termination.

Print Employee Name

Social Security Number

Employee Signature

Date

Home Phone Number

Witness Signature

Date

**PRE-EMPLOYMENT DRUG TEST
CONSENT FORM**

I, _____, hereby give my full consent
(Driver's Name)

to submit to a drug test in accordance with the requirements of the Federal Motor Carrier Safety Regulations, 49 CFR Parts 382 & 40, and this government entity's Drug & Alcohol Abuse Policy.

I understand that before performing a safety-sensitive function, all prospective drivers must submit to a drug test and that a urine sample will be collected and tested for controlled substances. I also understand that until the employer receives either a verbal or paper negative drug test result, I cannot perform any safety-sensitive function.

I give my full consent to the release of my drug test result to the authorized Medical Review Officer (MRO), who will then release the result to the Consortium, who will forward the result to the Township Officials of Illinois, who will forward the result to the below-named government entity.

(Government Entity Name)

I agree that if I test positive for the use of controlled substances, refuse to test or do not sign the Release of Drug and Alcohol Testing Information and Results from Co/Previous Employer Forms (Attachment B) for any previous employer within the past 2 years, I will not be further considered for employment.

Furthermore, I have informed the government entity if I have tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer for a DOT safety-sensitive position (but did not obtain employment) during the past two years. If I had tested positive or refused to test in this time, I have obtained documentation of having successfully completed the return to duty process and have provided it to the above-named government entity. I understand if I have not successfully completed the return to duty process, I cannot perform any safety-sensitive functions for this government entity.

Agreed to _____
Date

by _____
Applicant's Signature

Social Security Number

Print Applicant's Name

Home Phone Number

Witness Signature

Date

REASONABLE CAUSE OBSERVATION FORM

(GOVERNMENT ENTITY NAME)

(This form must be completed by this government entity's designated person(s) any time a driver is suspected of drug or alcohol use by action, appearance or conduct when reporting for duty, while on duty, or at the conclusion of being on duty)

Driver Name _____

Date Observed _____

Time Observed From _____ To _____

Location _____

Observed Behavior:

SPEECH	BALANCE	WALKING	AWARENESS	APPEARANCE
Normal _____	Normal _____	Normal _____	Normal _____	Reddened Eyes _____
Slurred _____	Falling _____	Falling _____	Confused _____	Runny Nose _____
Whispering _____	Staggering _____	Stumbling _____	Paranoid _____	Needle Marks _____
Silent _____	Swaying _____	Swaying _____	Sleepy _____	Nervousness _____
Confused _____	BODY ODORS _____	Arms Raised for Balance _____	Stupor _____	Constricted Pupils _____
Incoherent _____		Reaching for Support _____	Lack of Coordination _____	Dilated Pupils _____

Other Behaviors: _____

The above action witnessed by:

Signature Date

Signature Date

I certify that I have received 1 hour reasonable cause supervisory training for drugs and 1 hr. reasonable cause supervisory training for alcohol as per 49 CFR Part 382.603.

EMPLOYEE ACTION FORM

Government Entity Name: _____ Membership Number _____

Contact Person #1 _____ Phone Number _____

Contact Person #2 _____ Phone Number _____

Address: _____

City: _____ State _____ ZIP _____

Please **ADD** the following to our Drug & Alcohol Testing Program effective _____ :
(DATE)

By checking this box I certify the driver(s) I am adding to my program has initialed and completed all of the proper paperwork (Drug and Alcohol Abuse Policy & Attachments A, B and G) and I have the paperwork on file.

Signature of contact person: _____

NOTE: A pre-employment test will be scheduled for the new driver(s) unless the exception to the pre-employment drug testing applies [see Pre-Employment Testing in your Drug and Alcohol Abuse Policy], and you submit the completed Attachment B or the most current drug test result from the previous employer.

Name: _____ Social Security Number: _____

Name: _____ Social Security Number: _____

Name: _____ Social Security Number: _____

Name: _____ Social Security Number: _____

Name: _____ Social Security Number: _____

Please **REMOVE** the following from our Drug & Alcohol Testing Program effective _____ :
(DATE)

Name: _____ Social Security Number: _____

Name: _____ Social Security Number: _____

Name: _____ Social Security Number: _____

Name: _____ Social Security Number: _____

Name: _____ Social Security Number: _____

Contact Person's Signature: _____

PLEASE PRINT OR TYPE ALL NAMES & SOCIAL SECURITY NUMBERS

REASONABLE CAUSE SUPERVISORY TRAINING

GOVERNMENT ENTITY NAME

DATE

Program began _____ AM/PM Program completed _____ AM/PM

Program Conducted by _____

Program Content (Complying with 49 CFR Parts 382.307 & 382.603): _____

ATTENDANCE

EMPLOYER'S RECORD OF POST-ACCIDENT TEST

Post Accident Test:

Date of Accident _____ Time of Accident _____ AM/PM

Location of Accident _____

Driver's Name _____ Social Security Number _____

Call to Employer by Driver:

Date _____ Time _____ AM/PM

Description of Accident Situation: _____

Request for Test: Drug & Alcohol Drug Alcohol

Date _____ Time _____ AM/PM Talked to _____

With _____

Location where test is to be performed _____

Time Promised _____ AM/PM

FAILURE TO COMPLETE TEST(S):

Alcohol (2 hours no test) Reason _____

Alcohol (8 hours no test) Reason _____

Drugs (32 hours no test) Reason _____

DO NOT WAIT ANY LONGER FOR TESTS!

CERTIFICATION STATEMENT

Government Entity Name: _____ Membership Number _____

Contact Person #1 _____ Phone Number _____

Contact Person #2 _____ Phone Number _____

Address: _____

City: _____ State _____ ZIP _____

By checking this box I certify the driver(s) that are currently in this government entity's program have initialed and completed all of the proper paperwork (Drug and Alcohol Abuse Policy & Attachment G) and I have the paperwork on file.

Signature of contact person: _____

NOTE: If you are adding any drivers at this time, you must submit a completed Attachment X, along with this completed certification statement.



DRUG & ALCOHOL TEST PRICES FOR MEMBERS OF THE TOWNSHIP OFFICIALS OF ILLINOIS

These prices include a sample Drug & Alcohol Abuse Policy, appropriate forms, collection of split urine samples, collection of alcohol samples, chain of custody, air courier service, testing by an approved lab, confirmation of all positive results, Medical Review Officer, blind test samples and certain recordkeeping.

1.	Random drug and alcohol (screen & confirmation) testing annual cost per covered driver (payable in advance each year). <i>This price includes random selection, notification, scheduling, testing and record-keeping</i> (Replacement of terminated drivers at no charge).	\$81.00 per driver per year
2.	Drug only or alcohol only sample collected at your location or other mutually agreed upon location (except Emergency Response): Drug only sample collected..... Alcohol only (screen & confirmation) sample collected.....	\$85.00 per collection \$47.00 per collection
3.	Drug and alcohol samples collected at your location or other mutually agreed upon location (except Emergency Response): Drug and alcohol (screen & confirmation) sample collected at the same time.....	\$98.00 per collection
4.	Shy bladder/ shy lung charges.....	\$35.00 per hour, billed in 15 min. increments, maximum 3 hours
5.	Missed appointment fee (no show).....	\$35.00 per donor
6.	Waiting time.....	\$8.75 per 15 min. increment
7.	EMERGENCY RESPONSE CHARGES: Reasonable Cause or Post Accident (includes collection and test fees).....	\$220.00 per collection
8.	A test requested by driver of split specimen (prepaid by driver).....	\$125.00

In the event of litigation, supporting documentation and testimony are available. For fees, contact TOI.

Effective January 1, 2008 through December 31, 2008