



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. You will be sent an engagement letter to confirm the work requested prior to drafting your customized Drug Free Workplace Program. If you have questions contact attorney Tommy Eden, a partner working out of the Constangy, Brooks, Smith, & Prophete, LLP offices in Opelika, AL and West Point, GA and a member of the ABA Section of Labor and Employment Law who serves on the Board of Directors for the East Alabama SHRM Chapter. **Contact him at Office: 334-246-2901; Legal Assistant Christina 334-246-2902 Mobile: 205-222-8030; Blog: www.alabamatwork.com; Website: www.constangy.com. Email: teden@constangy.com.**

This is a fillable PDF. Please fill out this questionnaire and return it via email to teden@constangy.com or fax to 334-246-2904 so that we can provide to you a flat rate quote for your project. Thank you.

1. Name of the Entity as it should appear throughout the Policy & Forms:

Answer: _____

Entity Name

2. Abbreviated Name of the Entity as it should appear throughout the Policy & Forms (such as "ATC" rather than "American Trucking Company, Inc.):

Answer: _____

Abbreviated Entity Name

3. Type of Entity: (examples - Company, Organization, Agency, League, Association, Corporation, Firm, Group, Department, Practice, Partnership, Enterprise):

Answer: _____

Entity Type

4. Mailing Address (include city, state & zip code):

Answer: _____

Address

5. Phone number:

Answer: _____

Telephone

6. Fax number:

Answer: _____

Telefax

7. Title and/or Name of the Entity's "Designated Employer Representative" – (This should be the 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) – (a licensed physician (MD or DO) and who is responsible for receiving and reviewing laboratory results generated by an employer's drug testing program and evaluating medical explanations for certain drug test results):
Answer: _____ *****MRO*****
10. EAP Provider (provide all contact information) If no EAP list "none"
Answer: _____ *****EAP*****
11. If you have any DOT regulated covered employees, what DOT Agency covers you?
Answer: _____
12. For what state(s) should this policy be developed?
Answer: _____
13. When do you plan to implement the program (date)?
Answer: _____ *****Effective Date*****
14. Do you have current policy language you wish integrated? **Answer: Yes No**
If yes, attach current policy.
15. Do you wish to include additional post incident/accident testing policy language, and post incident/ accident testing determination supervisor checklist, to reduce risk of an OSHA citation under final OSHA regulations effective December 1, 2016? (only applicable to non-DOT employees **Answer: Yes No**

The instructions in these materials are for educational purposes only and are not intended as a substitute for the legal advice of an attorney knowledgeable of the issues covered as they relate to a user's individual circumstances.

"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."