



DRUG FREE WORKPLACE PROGRAM

OUTLINE OF SERVICES AND BENEFITS

<i>SERVICES</i>	<i>BENEFITS</i>
<ul style="list-style-type: none"> • 60 Day Notice of Intent to Test • Customized written policy • Employee Education Materials • Supervisor Training Materials • Access to Employee Assistance Program (EAP) • Drug testing at local facilities - collection, lab analysis, and MRO review/reporting • Random Testing Program Management if requested • Policy Changes and updates • On-going consultation 	<ul style="list-style-type: none"> • Professional management of your drug/alcohol testing program • Peace of mind • Personalized Customer Service with exceptional quality • Excellence in turnaround time • Drug Free Employees • Decreased turnover, absenteeism, and tardiness • Increased employee morale and productivity • Workers compensation insurance incentives • Fewer workplace accidents • Nationwide service • Industry Expertise • Competitive Pricing • Legal Compliance/Defensibility

Includes filing with workers' comp carrier for 5% discount on annual premium

DISCOUNTS FOR HIGH VOLUME ACCOUNTS


Requirements include testing of all new employees; existing employees are only tested after an accident, or under reasonable suspicion.

*In remote areas there may be additional pass through charges when a clinic is needed for specimen collection out of network.

Any questions please call 1.888.441.4599

To get started just fax in the attached Client Setup sheet to 321.872.0460



Date:		Company Name:			
Main Contact Name:			Billing Contact: <input type="checkbox"/> same		
Mailing Address _____ _____ (City) _____ (ST) (Zip)		Physical Address <input type="checkbox"/> same _____ _____ (City) _____ (ST) (Zip)		Billing Address <input type="checkbox"/> same _____ _____ (City) _____ (ST) (Zip)	
Main Phone #: ()		Fax #: ()		Alt. Phone #: ()	
Email:			Projected # tests per year:		
List those authorized to receive drug test results; include e-mail and/or fax, depending on method chosen above.					
1. _____		E-mail: _____			
2. _____		E-mail: _____			
3. _____		E-mail: _____			
Type of Business: _____ (i.e. retail, construction, etc.)					
Do you currently have a Drug Free Workplace Policy? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Do you request from us a Drug Free Workplace Written Policy: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Disciplinary options: Immediate Termination <input type="checkbox"/> 2 nd Chance <input type="checkbox"/>				Do you have DOT Regulated employees? No <input type="checkbox"/> Yes <input type="checkbox"/> (if yes, please indicate mode below) <input type="checkbox"/> FMCSA <input type="checkbox"/> FRA <input type="checkbox"/> PHMSA <input type="checkbox"/> FTA <input type="checkbox"/> USCG <input type="checkbox"/> FAA	
Would you like Random Testing? Yes <input type="checkbox"/> No <input type="checkbox"/> Need more Info <input type="checkbox"/> If Yes, Monthly <input type="checkbox"/> or Quarterly <input type="checkbox"/> , Date to Start Random Testing: _____ What % of workforce do you want tested (per year) or fixed #: _____					
Do you want to test all of your existing employees after initial 60 days of start of DFW program? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Workers Comp Insurance Information (required only if applying for a worker's compensation discount): Company Name _____ Policy #: _____					
Address		City		State	Zip code
Phone		Fax		Contact	
Are you currently Drug Screening? Yes <input type="checkbox"/> No <input type="checkbox"/> Under what circumstances: <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Random <input type="checkbox"/> Post Accident <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Other _____					
How did you hear about us: [please check one] Dept of Labor website _____ Yellow Pages _____ Mail Out _____ Insurance Agent* _____ Current Client* _____ Search Engine* _____ Conference/Trade Show* _____ Other _____ *please list name _____				 780 S. Apollo Blvd Melbourne, Florida 32901 888-441-4599 321-872-0460 fax info@drugtestingusa.com	
				Web Site	

ACCOUNT SET-UP FORM

