

AN INTERVIEW GUIDE FOR DRUG TESTING PROGRAM ASSESSMENT

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For the
Workplace Managed Care Steering Committee

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Name of interviewer(s): _____

Interview date: _____

Program name: _____

Names, titles, and telephone numbers of program employees attending the session:

Name	Title	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The data in this module corresponds to fiscal year: _____/_____/_____ to _____/_____/_____
Month Date Year Month Date Year

Throughout the data collection process, please answer all questions as they pertain to the treatment program for the above fiscal year (henceforth referred to as “the fiscal year”).

For fiscal year: ____/____/____ to ____/____/____
Month Date Year Month Date Year

A. COMPANY OR ORGANIZATION BACKGROUND

- A1. What is the product or service that your company provides? _____
- A2. How long has your company been in business? _____
- A3. How many locations does your company have? _____
Where are they located (State and City)? _____
- A4. What was your company's total sales volume last year? \$ _____
- A5. Is your company's workforce unionized? _____
- A6. Is your company privately held or publicly traded? _____
- A7. What is the total number of employees in your company? _____
How are they distributed geographically? (by location from #3) _____

B. DRUG TESTING PROGRAM

- B1. Is there a company substance abuse policy? _____
- B2. How long has your company utilized drug testing? _____
- B3. Is drug testing part of the collective bargaining process at your company? _____
- B4. Are there any state regulations that impact on the drug testing process? _____
- B5. Does your company have employees that are covered under Department of Transportation (DOT) regulations? _____
If yes, under which DOT agency?
FHWA____ FRA____ FTA____ FAA____ Coast Guard____
Pipelines and Special Projects____
- B6. Does your company drug test non-regulated employees? _____
- B7. Does your company perform random drug testing on non-regulated employees? _____
If yes, what is the random rate? _____
- B8. How are employees selected for random testing? (If a software package is utilized, which package?) _____

For fiscal year: ____/____/____ to ____/____/____
 Month Date Year Month Date Year

B9. Please complete the chart below indicating the number of drug tests conducted per year in each category of testing:

Reason for Test	Regulated Testing number of tests per year	Non-regulated Testing number of tests
Pre-employment		
Random		
Post-accident		
Reasonable suspicion		
Return to duty		
Other		

C. COST OF TESTING

C1. What is the number of employees (FTE) in your organization that spend time performing each of the following drug testing functions?

Specimen collection _____	Program administration _____
Medical Review Officer (MRO) _____	Supervisory training _____
Random selection process _____	Employee training _____

C2. Does your organization have an in-house medical department? _____
 If yes, do they conduct specimen collections? _____
 Do they perform MRO functions? _____

C3. Please complete the chart below indicating the cost to your organization for each of the drug testing program components listed:

Item	Regulated Testing Cost	Non-regulated Testing Cost
Specimen collection	\$ _____	\$ _____
Transportation to lab	\$ _____	\$ _____
Lab drug test	\$ _____	\$ _____
MRO review	\$ _____	\$ _____
Random selection	\$ _____	\$ _____
Breath alcohol test	\$ _____	\$ _____

C4. How much employee time is consumed conducting random testing? _____

X * Y = total Hours consumed in random testing process
This figure multiplied by the average hourly salary will yield the cost of random testing in lost payroll dollars.

where: X = time away from work (hrs)
This can be approximated by estimating the total time an employee spends traveling to the collection site, providing the specimen and/or breath test, and returning to work.

Y = number of employees that have random tests performed per year

For fiscal year: ____/____/____ to ____/____/____
Month Date Year Month Date Year

D. TURN-AROUND TIME

D1. Please complete the grid below indicating turn-around time, measured from specimen collection to receipt of final report (in days):

Type of test	Positive Result <i>Turn-around time (days)</i>	Negative Result <i>Turn-around time (days)</i>
Regulated drug test		
Non-regulated drug test		

E. REPORTS

E1. Are the results of the drug testing reported to a central location or is the reporting decentralized? _____

E2. Please indicate the method(s) of reporting drug testing results:

Mail____ Fax____ PC____ Email____ Electronic mail box____
 Automated voice response (AVR)____ Dedicated printer____ Other____

E3. Are you receiving summary reports or statistical reports from the laboratory? _____

F. TESTING PANELS

F1. What is the name of the laboratory you are currently using? _____

F2. What in the name of the MRO you are currently using? _____

F3. What contract collection sites are you currently using? _____

F4. Please place a check next to the drug or test if it is included in your organization's drug testing panel:

Cocaine	___	Barbiturates amphetamines	___
LSD	___	Opiates	___
Urine alcohol	___	Cannabinoids	___
TCA's	___	PCP	___
Creatinine	___	Benzodiazepines	___
PH	___	Meperidine	___
Specific gravity	___	Propoxyphene	___
Nitrites	___	Methadone	___
Other	_____		

For fiscal year: ____/____/____ to ____/____/____
Month Date Year Month Date Year

F5. For each drug/test that you checked above, please complete the grid below:

Drug/Test	Screening Cut-off	Confirmation Cut-off

G. RESULTS OF TESTING

G1. What is the total number of drug tests conducted in the past 12 months? _____

G2. Please complete the grid below using information from the past 12 months:

Reason for test	Regulated Testing <i>number of positive results</i>	Non-regulated Testing <i>number of positive results</i>
Pre-employment		
Random		
Post-accident		
Reasonable suspicion		
Return to duty		
Other		

G3. Please complete the grid below indicating the actual number of positive results per drug listed:

Drug Tested	Regulated Testing <i>number of positive results</i>	Non-regulated Testing <i>number of positive results</i>
Cocaine		
Amphetamines		
Opiates		
Cannabinoids		
PCP		
Benzodiazepines		
Meperidine		
Propoxyphene		
Methadone		
Barbiturates		
LSD		
Urine alcohol		
TCA's		

For fiscal year: ___/___/___ to ___/___/___
Month Date Year Month Date Year

H. MANAGEMENT SYSTEMS

- H1. In what format is drug testing data maintained in your organization?
Computer files _____
nature of files _____ Where maintained? _____
Paper files _____ Where maintained? _____

- H2. How much time is spent educating and briefing employees in the organization's
substance abuse policy? _____

- H3. DOT MIS Reports: please provide copies of any drug testing MIS data as required for
DOT reporting purposes. Copies available Yes _____ NO _____

COMMENTS SPACE
