AN INTERVIEW GUIDE FOR DRUG TESTING PROGRAM ASSESSMENT

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CONTENTS

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 *Turn-around time (days)*	Negative Result *Turn-around time (days)*
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   ___
TCAs   ___   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 *number of positive results*	Non-regulated Testing *number of positive results*
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 *number of positive results*	Non-regulated Testing *number of positive results*
Cocaine		
Amphetamines		
Opiates		
Cannabinoids		
PCP		
Benzodiazepines		
Meperidine		
Propoxyphene		
Methadone		
Barbiturates		
LSD		
Urine alcohol		
TCAs		

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

_____

_____

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