

Compass Compliance Management

a division of Compass Performance Group, LLC

Drug & Alcohol Testing Random Selection Consortium Program Participation Agreement

Company Information

Company Name: _____

Address: _____ Phone: _____

Fax: _____ Primary Contact Email Address: _____

City: _____ State: _____ Zip: _____

Designated Employee Representative: _____ Title: _____

Some or all of the employees of this company are subject to the regulations and enforcement of the following agencies
(with exception of USCG, all agencies listed are divisions of the U.S. Department of Transportation):

FAA FMCSA PHMSA USCG

Please complete ALL information above and sign below. If you have questions, call (318) 512-1142

Scope of Services

The services provided under this agreement are limited to the periodic random selection of participants for the purpose of drug and/or alcohol testing. Services under this agreement include 1. Maintaining a database of participating employees within the appropriate company-specific pool or consortium, 2. Providing Member Company with notifications of selected participant employees in a timely manner, 3. Providing Member Company with periodic MIS reports indicating selection activity, 4. Notifying Member Company of outstanding drug or alcohol test Result (documentation not provided to CCM for consortium records), 5. Audit support in the form of providing consortium selection records to establish compliance with appropriate agency regulations.

Program Documentation

CCM will provide Member Company with: 1. A letter confirming Member Company's enrollment and participation in consortium (if applicable) as support in the event of regulatory agency audit. 2. Annual selection and test result summary reports (accuracy of information regarding testing result is dependent on Member Company consistently providing copies of Custody & Control Form documents and Test Result documents to CCM)

Guarantee of Compliance

CCM provides a guarantee that the Member Company will be compliant with applicable regulations of governing agencies (FAA/FMCSA/PHMSA/USCG) with regard to the random drug and alcohol testing selection process and selection rates. CCM does not, however, offer any guarantee, either expressed or implied, as to the Member Company's compliance with applicable regulations as a result of the actual execution of or failure to execute drug and/or alcohol tests on participating employees who are randomly selected through this service. (See **Member Company Responsibilities** below)

Adjustment of Fees

It is understood that these regulations are subject to change from time to time and that, as a result of such changes, CCM reserves the right to make adjustments to the fees associated with the services provided under this agreement if such changes create significant additional administrative tasks necessary in order to maintain compliance. In the event of CCM's consideration of any such adjustment to fees, we will offer all Member Companies prior notification (no less than 90 days) of intent to adjust fees.

Member Company Responsibilities

It is solely the Member Company’s responsibility to: 1. Provide CCM with timely notification of any additions to or deletions from the pool of participating employees, 2. Provide CCM with copies of the Custody & Control Form documents and Test Result documents (via fax or scanned and emailed) for each random drug test and each random alcohol test conducted as a result of random selections provided through this service, 3. Ensure that the required testing as indicated within the notifications provided by CCM is conducted in compliance with any applicable governing agency regulations.

Pre-Employment Testing

Where required by governing agency regulations, Member Company must ensure that all participating employees are properly pre-employment tested for drugs (unless applicable regulatory exemptions apply) prior to enrollment in any of CCM’s regulated consortiums. During the course of Member Company’s participation in this random selection program, any newly hired employee who is subject to random testing as mandated by regulatory agencies (FAA/FMCSA/PHMSA/USCG) and whom Company wishes to enroll in a CCM consortium must be pre-employment tested prior to submission of such new employee as a participating employee.

Schedule of Fees

One-time Enrollment Fee (per group per consortium)

1 – 99 participating employees	No Fee
100 – 250 participating employees	\$125
251 or more participating employees	\$250

Company-Specific Selection Pool Fee

For those employers who prefer to have their employees in a random selection pool that is not shared with other employers, we offer company-specific random selection pools at a one-time set up fee of \$150 (per selection pool established)

Annual Participation Fee

Per participating employee	<u>1 employee/driver:</u>	\$65
	<u>2 or more employees/drivers:</u>	\$35 each

Drop & Add Fee

Our fees are based on slots rather than employees, so if you are replacing an employee who is/was in one of our consortiums, there is no drop/add fee, provided it occurs within the same calendar year.

I/We accept the terms of enrollment and participation as addressed within this agreement.

Authorized Company Representative (signature)

Date

Printed Name

Compass Compliance Management

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Drug & Alcohol Testing Random Selection Consortium Enrollment Form

Company Information

Company Name: _____

Billing Address: _____ Phone: _____

Fax: _____ Primary Contact Email Address: _____

City: _____ State: _____ Zip: _____

Designated Employee Representative: _____ Title: _____

If you are submitting any non-regulated employees for participation, please indicate one of the following choices:

Please include our non-regulated employees in a consortium with non-regulated employees from other companies.

Please create a separate company-specific random selection pool for our non-regulated employees.

Please complete ALL information above and sign below. If you have questions, call (318) 512-1142

List of employees to be enrolled

Directions: Provide complete information for each participant and check any boxes that apply

	Employee Name	Social Security #	Date of Birth	This employee subject to:			
				FAA	FMCSA	PHMSA	USCG
1.	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If necessary in order to submit more than 10 employees, you may make copies of this form or attach a separate sheet with the applicable information for each additional employee.

You may submit this form via fax to (800) 725-0933, or you may scan and email it to mp@ctaudit.com.