

**A WorkSAFE Service, Inc. FMCSA (DOT) Consortium
Letter of Agreement**

Random Testing Program--A WorkSAFE Service, Inc. agrees to provide the following services for an annual fee:

- A computerized random selection for employees subject to the Federal Department of Transportation (DOT) controlled substances and alcohol testing;
- Selections from the random pool(s) will be made at least quarterly;
- Employees subject to regulations, required by Federal Motor Carrier Safety Administration (FMCSA), will be selected, at a minimum, rate of greater than 25% for controlled substances and 10% for alcohol in order to ensure testing will be accomplished at the mandated 25% for controlled substances and 10% for alcohol testing rates, or the testing rates established by FMCSA;
- Notification of employee selection(s) will be made to a designated employer contact person by phone or mail;
- Provide reports quarterly and annually verifying random testing status for the random pool;
- Blind specimen submissions to reference laboratories;
- Professional services:
 - 1). Medical Review Officer (MRO),
 - 2). DHHS-Certified laboratories,
 - 3). Collection Sites and Certified Breath Alcohol Technicians
 - 4). NHTSA approved breath testing devices.
 - 5). Substance Abuse Professional (SAP) referrals.

Complete Controlled Substance and Alcohol Program Management--A WorkSAFE Service, Inc. agrees to provide the following services, upon Company/Employer or DOT request, on a fee for services basis:

- Drug and alcohol tests;
- After hours fees or unusually expensive collection fees will be passed on to the employer;
- Policy development/review;
- Training:
 - 1). Supervisor Reasonable Suspicion Training (2 hour minimum requirement),
 - 2). Employee Drug and Alcohol Awareness (optional requirement),
 - 3). Regulation Overview Training;
- DOT audit preparation;
- MIS report preparation, when required to submit report to FMCSA, Washington DC.

The "Company/Employer" agrees to:

Notify the employee(s) of the random selection, as soon as practicable after receiving notification from A WorkSAFE Service, Inc., and require the employee(s) to report for testing immediately after being notified by the employer;

Notify A WorkSAFE Service, Inc. of alcohol tests conducted and the test results for each employee tested;

Notify A WorkSAFE Service, Inc. immediately after receiving notification if an employee selected is not available for testing;

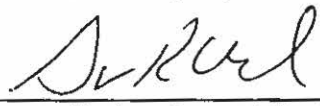
Advise A WorkSAFE Service, Inc. immediately of any employee changes such as: new hires or terminations.

Provide at least one week notice when requesting to set up a new collection site outside of Oregon (otherwise additional fees may apply).

I give permission and authorization to A WorkSAFE Service, Inc. to receive copies of urine drug collection test results, and/or breath/saliva alcohol test results from the laboratory, Medical Review Officer, collection site, and/or Breath or Screening Test Technician, conducted on behalf of the Company. I further acknowledge that if, as determined by A WorkSAFE Service, Inc., I do not comply with the laws, rules and regulations concerning selection for testing, testing and requiring employees to report for testing, A WorkSAFE Service, Inc. may cancel this Agreement without notice and I will forfeit any fee paid.



A WorkSAFE Service, Inc.



Company/Employer Representative
City of Newport

Company Name

DATE: 4-8-19

DATE: 4-15-19