

3352



**AUTHORIZATION FOR  
AGREEMENTS, MOUs, OR  
OTHER DOCUMENTS OBLIGATING  
THE CITY**

All contracts, agreements, grant agreements, memoranda of understanding, or any document obligating the city (with the exception of purchase orders), requires the completion of this form. The City Manager will sign these documents after all other required information and signatures are obtained.

Document: Work Safe Agreement Date: 6-29-22

Statement of Purpose: Drug Testing Program (DOT)

Department Head Signature: Dan James

Remarks, if any: NO changes with Agreement

City Attorney Review and Signature: David N. Allen Date: 7/22/2022

Other Signatures as Requested by the City Attorney: \_\_\_\_\_

	Signature	Name/Position
Budget Confirmed:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Date: _____
Certificate of Insurance Attached:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/>	
City Council Approval Needed:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date: _____

After all the above requested information is complete and signatures obtained, return this form, along with the original document to the City Manager for signature. No documents should be executed prior to the City Manager's approval as evidenced by signature of this document.

City Manager Signature: [Signature] Date: 07/23/22

Once all signatures and certificates of insurance have been obtained, return this document, along with the original, fully-executed agreement, MOU, or other document to the City Recorder. A copy of grant agreement and all project funding documents, must be forwarded to the Finance Department for tracking and audit purposes.

City Recorder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date posted on website: \_\_\_\_\_



**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 50% for controlled substances and 10% for alcohol in order to ensure testing will be accomplished at the mandated 50% 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: e-mail, phone or standard mail;
- Provide reports quarterly and annually verifying random testing status for the random pool;
- 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). Designated Employer Representative (DER) Training (optional requirement)
- FMCSA Drug & Alcohol Clearinghouse Assistance (Reporting and/or Queries);
- Manual Inquiries to Previous Employers;
- DOT audit or MIS report preparation, when required to submit report to FMCSA, Washington DC.

**The "Company/Employer" agrees to:**

**Enroll in FMCSA CDL Drug & Alcohol Clearinghouse**

If you want assistance with Clearinghouse queries you must choose A WorkSAFE Service, Inc. as the C/TPA in the Clearinghouse; in addition, call A WorkSAFE Service, Inc. to activate this service; obtain a signed written consent from each driver and keep on file at the employer's place of business; and opt to receive limited query results via e-mail;

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;

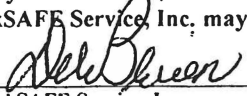
Notify A WorkSAFE Service, Inc. of alcohol tests conducted and the test results for each employee tested;

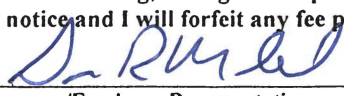
Notify A WorkSAFE Service, Inc. immediately after receiving notification if an employee selected is not available for testing;

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 (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, Oregon  
Company Name

DATE: 4/15/22

DATE: 07-23-22





Phone: (503) 391-9363  
Fax: (503) 316-9110



1696 Capitol Street NE  
Salem, OR 97301

April 15, 2022

BARBARA JAMES  
CITY OF NEWPORT  
169 SW COAST HWY  
NEWPORT, OR 97365

**RE: Federal Motor Carrier Safety Administration (49 CFR Part 382.305) Random Program**

This letter is verification of your company's continued participation in A WorkSAFE Service's Drug and Alcohol Testing Consortium. Enclosed is a copy of the letter of agreement for you to retain in our records.

Effective April 15, 2022, you have renewed your enrollment with the service for computerized random selection as mandated by the Federal Motor Carrier Safety Administration (49 CFR Part 382.305). Your program is valid through 4/2023. The service provides placing your driver name(s) into a random pool, making them eligible for random drug and alcohol testing. You will receive notification by mail, e-mail, or phone instructing you to notify the driver(s) to report for an alcohol and/or drug random test. Once a driver receives notification, he/she must report immediately for testing. If the driver is not available for testing at the time of the notification contact A WorkSAFE Service so the random selection is adjusted accordingly to maintain the 50% and 10% annualized testing rates, or as amended.

**Please notify A WorkSAFE Service any time employees are added to or leave your employment.**

Call if you have questions or concerns. **Thank you for selecting A WorkSAFE Service, let me know if I may assist you with any additional drug and alcohol testing services.**

A handwritten signature in cursive script that reads 'Deb Bliven'.

Deb Bliven  
Program Manager



