

The logo for Highland District Hospital Occupational Health Services features the text "HIGHLAND DISTRICT HOSPITAL" in a blue serif font, with "Occupational Health Services" in a blue sans-serif font below it. A thin orange line is positioned between the two lines of text. Above the word "HIGHLAND" is a stylized orange and blue graphic consisting of two curved lines that resemble a rising sun or a bridge.

HIGHLAND  
DISTRICT HOSPITAL  
Occupational Health Services

Dear Company Representative,

Thank you for your interest in our random drug screen consortium. Whether you are in a Consortium to meet Federal Regulations or for the Drug Free Workplace Program we can assist you and look forward to your continued business. Enclosed you will find all the information needed for the consortium and the annual invoice. The Certification Statement outlines the services that Occupational Health Services will provide to the companies in the consortium. This statement may be required as proof of your Drug Free Workplace Program. Please review, sign and complete the packet and return to the Occupational Health Department.

If you no longer want to be in the consortium or if your Company is no longer in business please call the Occupational Health Department at 937-393-6398 or email Erin Gray at [egray@hdh.org](mailto:egray@hdh.org). Failure to return your agreement and or comply with these guidelines may result in elimination from the consortium upon notice.

We look forward to the year 2018 and servicing your company and employees. If you have any questions please contact me at 937-393-6398 or through my email at [egray@hdh.org](mailto:egray@hdh.org)

Sincerely,

*Erin Gray*

Erin Gray  
HDH Occupational Health  
1275 North High Street  
Hillsboro Ohio 45133  
937-393-6398  
937-393-6265 – fax

**HIGHLAND  
DISTRICT HOSPITAL**  
**Occupational Health Services**

COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

As the Designated Employer Representative (DER) I understand and agree to comply with the following:

- I will send my employee to Highland District Hospital Occupational Health immediately after notifying the selected employee of their Random test.
- I understand that the employee is not permitted to leave the collection site during the random testing process until completion of the collection.
- I will send ALL randomly selected employees for testing or notify an Occupational Health Representative of the appropriate reason testing cannot be obtained.
- Testing will be given during normal business hours in the Occupational Health Department at Highland District Hospital, Monday – Friday 7:30am – 4:00pm, with the exception of Post accident and Reasonable suspicion testing which can be tested 24 hours/7 days a week at Highland District Hospital. Pre-employment and Random after hours collections must be approved and scheduled by an Occupational Health Representative.
- I understand that drug screen and alcohol results can only be released to the DER(s) listed with Occupational Health and I have completed this form. I will notify Occupational Health of any changes to the DER list.
- I understand that it is my responsibility to update my employee roster with the Occupational Health Department and I will receive a list of employees quarterly that I will need to update and return.
- I understand that failure to comply with these guidelines or any other drug and alcohol testing guideline may result in removal from the consortium.

By signing below, I acknowledge that I have read and understand the DER responsibilities and guidelines. I also agree to follow these guidelines and will contact Occupational Health at HDH for any concerns or questions.

DER #1	_____	_____
	Print Name	Sign Name
DER #2	_____	_____
	Print Name	Sign Name
DER #3	_____	_____
	Print Name	Sign Name
DER #4	_____	_____
	Print Name	Sign Name
DER #5	_____	_____
	Print Name	Sign Name



  
**HIGHLAND  
DISTRICT HOSPITAL**  
**Occupational Health Services**

***CERTIFICATION STATEMENT***  
**PART 1 CONSORTIUM INFORMATION**

**1. COMPANY NAME AND ADDRESS**

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**Email Address** \_\_\_\_\_

-Providing your email will help us notify your company of any closings or Occ Health news.

**2. SPECIFIC SERVICES CONSORTIUM WILL PROVIDE**

- A. Alcohol Breath Testing
- B. Urine Drug Testing
- C. Types of Testing
  - 1. Pre-employment
  - 2. Random
  - 3. Post-accident
  - 4. Reasonable Suspicion
  - 5. Return to Duty
  - 6. Follow-up
- D. Other Services
  - 1. Preparation of reports for consortium compliance of drug and alcohol testing upon request (total number in pool, percentages pulled, and numbers performed).
  - 2. Alere Lab will provide an annual report of positive and negative drug results.

**3. DHSS CERTIFIED LABARATORY**

Alere Lab  
1111Newton St.  
450 Southlake Blvd.  
Richmond, VA 23236

**4. MRO**

Dr. Stephen Kracht  
PO Box 25903 7500 W. 110<sup>th</sup> St. STE. 500  
Overland Park, KS 66225  
Phone: 888-383-2281  
Fax: 913-469-4029

**5. RECORDKEEPING**

Consortia will maintain the following:

- 1. Records concerning drug testing, **not including test results**, that is necessary for performance as a consortium.
- 2. Information needed for operating a drug program (names of employees in the random pool, random selection lists, copies of notices sent to the employer of selected employees).
- 3. Collector's copy of the custody and control form.

*All employees must be responsible for maintaining anti-drug records*



PART II-CERTIFICATION STATEMENT

I certify that I am authorized to represent Occupational Health Services Consortium in this matter, that the information in Part I of this document is correct to the best of my knowledge and belief, and that Occupational Health Services Consortium will comply with the provisions of the Federal Highway Administration's antidrug and alcohol misuse prevention regulations and with the terms herein.

\_\_\_\_\_  
(Signature)  
Erin Gray  
Occupational Health Manager

\_\_\_\_\_  
(Date)

PART III-COMPANY CERTIFICATION STATEMENT

I certify that I am authorized to represent \_\_\_\_\_

(Company Name)

in this matter and will comply with the provisions of the Federal Highway Administration's antidrug and alcohol misuse prevention program regulations and with the terms herein. I agree to send all employees drawn for testing and understand if I continually fail to send my employees I may be removed from the consortium after being notified.

I acknowledge that I have read and fully understand this document.

\_\_\_\_\_  
(Signature of Company Representative)

\_\_\_\_\_  
(Date)