

1. DATE: 9 June 1993  
SECURITY CLASSIFICATION: UNCLASSIFIED  
TYPE: Congressional Report  
ADDRESSEE: Chairman, Committee on Appropriations, House of Representatives, Washington, D.C.  
ORIGINATOR: Office of the Coordinator, Drug Enforcement Policy and Support  
SUBJ / TITLE: Civilian Drug Free Workplace Report
2. DATE: 28 April 1992  
SECURITY CLASSIFICATION: UNCLASSIFIED  
TYPE: Congressional Report  
ADDRESSEE: Chairman, Committee on Appropriations, House of Representatives, Washington, D.C.  
ORIGINATOR: Office of the Coordinator, Drug Enforcement Policy and Support  
SUBJ / TITLE: Civilian Drug Free Workplace Report
3. DATE: August 23, 1988 with Change 1 of January 20, 1992  
SECURITY CLASSIFICATION: UNCLASSIFIED  
TYPE: Department of Defense Directive  
ADDRESSEE: DoD  
ORIGINATOR: Coordinator, Drug Enforcement Policy and Support  
SUBJ / TITLE: DoD Civilian Employee Drug Abuse Testing Program
4. DATE: Undated  
SECURITY CLASSIFICATION: UNCLASSIFIED  
TYPE: Representative DoD Civilian Drug Free Workplace Plan  
ADDRESSEE: Washington Headquarters Service Employees  
ORIGINATOR: Washington Headquarters Service  
SUBJ / TITLE: DRUG-FREE WORKPLACE PLAN
5. DATE: June 1990  
SECURITY CLASSIFICATION: UNCLASSIFIED  
TYPE: Procedures Manual for representative DoD Civilian Drug Testing Program.  
ADDRESSEE: Washington Headquarters Service Employees  
ORIGINATOR: Washington Headquarters Service  
SUBJ / TITLE: DRUG-FREE WORKPLACE PLAN PROCEDURES MANUAL
6. DATE: Oct 1992 - Mar 1993  
SECURITY CLASSIFICATION: UNCLASSIFIED  
TYPE: Semi annual reports  
ADDRESSEE: Substance Abuse and Mental Health Services Administration  
ORIGINATOR: Services, Agencies and other DoD organizations  
SUBJ / TITLE: DRUG-FREE WORKPLACE SEMI-ANNUAL REPORTS

#608



OFFICE OF THE DEPARTMENT OF DEFENSE  
COORDINATOR FOR  
DRUG ENFORCEMENT POLICY AND SUPPORT  
WASHINGTON, DC 20301-1510



9 JUN 1993

Honorable William H. Natcher  
Chairman  
Committee on Appropriations  
House of Representatives  
Washington, DC 20515-2401

Dear Mr. Chairman:

In accordance with Public Law 100-71, Supplemental Appropriations Act of 1987, Section 503(f), I submit the required Department of Defense report on civilian drug testing programs.

We will be pleased to provide any further information that you might require. An identical report has been forwarded to the Chairman, Senate Committee on Appropriations.

Sincerely,

Robert J. Newberry, Col, USAF  
Acting DoD Drug Coordinator

Enclosure  
As stated



OFFICE OF THE DEPARTMENT OF DEFENSE  
COORDINATOR FOR  
DRUG ENFORCEMENT POLICY AND SUPPORT  
WASHINGTON, DC 20301-1510



9 JUN 1993

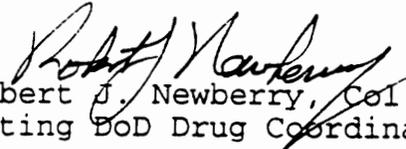
Honorable Robert C. Byrd  
Chairman  
Committee on Appropriations  
United States Senate  
Washington, DC 20510-4801

Dear Mr. Chairman:

In accordance with Public Law 100-71, Supplemental Appropriations Act of 1987, Section 503(f), I submit the required Department of Defense report on civilian drug testing programs.

We will be pleased to provide any further information that you might require. An identical report has been forwarded to the Chairman, House Committee on Appropriations.

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Robert J. Newberry, Col, USAF  
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DEPARTMENT OF DEFENSE

REPORT TO SATISFY THE REQUIREMENTS OF

SECTION 503(f) OF THE

SUPPLEMENTAL APPROPRIATIONS ACT OF 1987,

P.L. 100-71

The attached information responds to the reporting requirement set forth in the Supplemental Appropriations Act of 1987, P.L. 100-71. This report is submitted to Congress in response to the requirements of Section 503 (f) of the Act. The Act requires this report (relating to drug testing activities) from each agency covered by Executive Order 12564.

Following is a description of each of the DoD components that have civilian drug testing plans certified by the Department of Health and Human Services. The Civilian Drug-Free Workplace program is managed through the office of the Department of Defense Coordinator for Drug Enforcement Policy and Support. Approximately 10% of the total Department of Defense civilian work force is eligible for testing. Job functions associated with those personnel in testing-designated positions are positions that have a direct and immediate impact on public health and safety, the protection of life and property, law enforcement or national security. In FY92, less than one percent of those persons tested have tested positive.

#### Department of the Army

The Department of the Army, the first federal agency to begin drug testing in 1986, continues to move forward in establishing a safe and drug free workplace for all personnel. In FY92, of those civilian employees in testing designated positions (TDPs), a minimal number of positives were recorded. For the last three fiscal years, the drug positivity rate for civilian employees in the TDPs has remained low. Initiatives begun during the past fiscal year to increase the number of testing designated positions and enhance the Army's Federal Drug-Free Workplace Program are now being finalized.

#### Department of the Navy

During FY92, the Department of the Navy continued its drug testing program on civilian employees in specially designated positions. A positive rate of less than one percent occurred. On 14 August 1992, the U.S. District court, Northern District of California issued a decision which granted summary judgement in favor of the Department of the Navy to allow post-accident testing and the random testing of employees in additional testing designated positions. The newly approved TDPs include medical positions which provide direct patient care as well as other wage grade positions. Employees who test positive continue to be referred to the Civilian Employee Assistance Program and disciplined for illegal drug use.

## Department of the Air Force

The Air Force Civilian Drug Testing Program was initiated in January of 1990. It has been fully implemented at 99% of the Air Force bases. Negotiations with local union officials at the remaining two bases continues with 100% implementation expected shortly. Of those personnel identified as testing designated positions, fewer than one percent have resulted in illegal positives.

In the Spring of 1990, suit was filed against the Air Force on behalf of the unions in the District Court of California, Eastern District. During the Summer of 1990, the Court ordered the on-going drug testing litigation be resolved through motion rather than through trial. A hearing was held in December 1990. In September 1992, the Court upheld the following ruling: random testing will be allowed to continue; limited reasonable suspicion testing for non-TDPs when improper or unacceptable job conduct is exhibited; limited conditions for visual monitoring of urination (suspected adulteration or tampering); and upheld limiting post-accident or safety mishap testing when sufficient evidence exists indicating the employee may have caused the accident in question. The Court however did remove three tool makers at Eglin AFB, FL, as well as any medical officers performing exclusively administrative and or research functions from the test pool.

The exact terms of the Court decision will be included in the next update of the Air Force Civilian Drug Testing Plan. These proceedings have not been seen as adversely impacting the management or administration of the Air Force Civilian Drug Testing Program.

## Defense Contract Audit Agency (DCAA)

The Defense Contract Audit Agency is responsible for performing all necessary contract audits and providing accounting and financial advisory services regarding contracts and subcontracts to all DoD components responsible for procurement and contract administration. The DCAA began active testing during FY91 and continues conducting random testing of its testing designated positions. The testing designated pool consists of all DCAA employees holding active security clearance. To date, there have been no tests resulting in a confirmed positive. Due to the shortage of hiring, the number of applicants tested has been minimal; none have tested positive. DCAA has performed the requisite quality control tests along with its random and applicant testing. AFGE filed a civil suit in U.S. District Court over DCAAs inclusion of employees with a "confidential" security clearance in the random testing pool. This litigation is ongoing.

## Department of Defense Dependents Schools (DoDDS)

The Department of Defense Dependents Schools (DoDDS), administers an educational system for those in kindergarten through grade 12 who are minor dependents of both military and civilian DoD personnel stationed overseas. The DoDDS drug testing regulations have been re-written to comply with the latest policy guidance from the National Drug Control Policy (ONDCP). Testing Designated Positions (TDPs) have been considerably narrowed and now apply to fewer than 100 overseas positions. DoDDS is currently working on an agreement with Army, Navy, and Air Force for the use of their employee assistance programs consisting of: collection, transportation, and processing of specimens. Supervisor and employee training/education include types and effects of drugs, symptoms of drug use, treatment and rehabilitation programs, the distribution of written materials, and video presentations.

## Defense Intelligence Agency (DIA)

The Defense Intelligence Agency is responsible for satisfying foreign intelligence requirements of the Department of Defense. Although the Defense Intelligence Agency is exempt from Executive Order 12564, the Agency developed a Drug-Free Federal Workplace Program which began in September 1989 and provides for applicant, reasonable suspicion, random, follow-up and unsafe practice testing. Random testing, which was initially deferred, was implemented in August 1992. Additional program elements include the Employee Assistance Program (EAP), supervisory training, and employee awareness initiatives. The number of employees participating in the EAP as a direct result of illegal drug use is negligible.

## Defense Investigative Service (DIS)

The Defense investigative Service conducts all Personnel Security Investigations for DoD Components and, when appropriate, for other U.S. Government activities. During FY92, DIS greatly increased the number of random drug tests performed in the pool of testing designated positions (TDPs). At the end of the fiscal year, the Director, DIS, increased the random testing base. To date, there have been no positive tests. DIS has had no occasion to perform anything other than random testing during FY92. Due to a stringent hiring freeze and the overall effects of the drawdown, DIS has not implemented outside applicant testing. DIS is working with OPM and a private contractor to produce a drug program training video and training session for DIS employees and supervisors. This is being done to allow for increased acceptance and understanding of the drug testing program.

### Defense Information Systems Agency (DISA)

A principle mission of DISA is to provide systems engineering and technical support of high priority communications-electronics established for command and control of our nation's military forces by the President, Secretary of Defense, and Joint Chiefs of Staff. During FY92, DISA continued its efforts to foster a drug-free workplace by redefining the pool of testing-designated positions (TDPs) to include all positions requiring Secret or higher security clearances. Applicant and random testing were conducted in compliance with Executive Order 12564 and the mandatory guidelines for civilian drug testing programs established by the Department of Health and Human Services. Of the tests conducted in FY92, none resulted in a confirmed positive.

### Defense Logistics Agency (DLA)

The Defense Logistics Agency provides worldwide logistics support for Department of Defense missions. DLA has a centralized civilian employee drug testing program with a full-time Drug Testing Operations Officer located at the DLA Civilian Personnel Service Support Office in Columbus, Ohio. Program policy guidance is provided by the DLA Headquarters Office of Civilian Personnel. FY92 was the second full year of testing under the DLA Civilian Employee Drug Testing Program. A notable decrease in the number of positives occurred from the previous year.

Due to new mission assumptions, the Agency's TDP pool has grown. On 18 Jun 1992, the *Plane v. USA* lawsuit, filed against DLA by AFGE Local 1626 in the Western District Court of Michigan, was resolved in the Agency's favor, thus opening the way for implementation of reasonable suspicion and post-accident testing. Once the start of new program guidelines begin, (during the second quarter of FY93), the DLA Civilian Employee Drug Testing Program will be considered fully operational.

### Defense Mapping Agency (DMA)

The Defense Mapping Agency (DMA) Drug-Free Workplace Plan was fully implemented in October 1989. The DMA Plan was issued in accordance with Executive Order 12564. DMA is a Combat Support Agency engaged in the production and distribution of maps, charts, precise positioning data and digital data for strategic and tactical military operations and weapons systems guidance. Most positions require a background investigation with Top Secret clearance and access to Sensitive Compartmented Information. The DMA Plan includes policies and procedures for: (1) Employee Assistance Program (EAP), including mandatory

referral for rehabilitation on a first positive drug test result; (2) supervisory training; (3) employee education; and (4) identification of illegal drug use through drug testing on a carefully controlled and monitored basis, to include random testing of employees in Testing Designated Positions. In FY92, DMA random tests resulted in less than one percent positive.

### Defense Nuclear Agency (DNA)

The Defense Nuclear Agency conducts research and development activities for operational matters. Additionally, DNA is responsible for matters concerning survivability, effectiveness, nuclear weapon use, and nuclear weapons effects on weapons systems and forces. The Defense Nuclear Agency Drug-Free Workplace Plan includes policies and procedures for employee assistance/counseling; supervisory training; employee education and identification of illegal drug use through drug testing on a carefully controlled and monitored basis. During FY92, those employees who were randomly tested produced no positive results. In meeting new guidance established by ONDCP, DNA revised its testing-designated positions (TDPs) pool to include employees holding Secret security clearances. Education and training of supervisors as well as employees is a continuing process at DNA.

### National Security Agency (NSA)

The National Security Agency (NSA) is responsible for centralized coordination, direction, and performance of highly specialized intelligence functions in support of U.S. Government activities. NSA began its civilian testing program in September 1988. Although NSA is exempt from Executive Order 12564, it has developed a drug testing program that applies to applicants; employees who, as previous drug users, sign an Employment/Access Agreement at time of hire to refrain from drug use and to remain subject to follow-up testing for a period of five years; employees who may be the subject of a security investigation, job-related accident, or unsafe practice; and, employees under reasonable suspicion of drug abuse. In FY92, none of the employees tested positive.

### Office of the Inspector General (OIG)

The Office of the Inspector General (OIG) conducts, supervises and initiates audits and investigations relating to the administration of programs and operations while keeping the Secretary of Defense and Congress fully informed of problems or deficiencies. The OIG updated its Drug-Free Workplace Plan listing of Testing Designated positions (TDPs) in April 1992 using Office of National Drug Control Policy criteria. The

majority of positions meet the TDP definition since they are sensitive positions requiring Secret or higher clearance. Since December 1990, the OIG has conducted applicant testing for all employees tentatively selected for Testing Designated Positions. Monthly random drug testing began in March 1991. During FY92, random drug testing resulted in a minimal number of positives. The OIG provides continued training and education through supervisory sessions, articles and educational material.

#### **Office of the Secretary of Defense/the Joint Staff (OSD/JS)**

Washington Headquarters Services (WHS) provides administrative and operational support to the Office of the Secretary of Defense and the Joint Staff. During FY92, the drug testing program for the Office of the Secretary of Defense and the Joint Staff became more effective and efficient by transferring its testing function to a new laboratory, Northwest Toxicology Inc., Salt Lake City, Utah. As a result, the time span from point of collection to receipt of results decreased substantially. Drug abuse educational material continues to be provided throughout the year for both supervisors and employees through regular mail distribution, in-house publications, and individual requests. In the tests conducted during FY92, none tested positive.

#### **Uniformed Services University of the Health Sciences (USUHS)**

The Uniformed Services University of the Health Sciences is the Nation's federal university for education and research in military and disaster medicine as well as the health sciences. Efforts are currently underway to expand the USUHS testing designated position pool. To date, there have been no positive test results. Education and training for USUHS' employees and supervisors in their responsibilities and expectations of the Drug-Free Workplace Program is offered throughout the year.



OFFICE OF THE DEPARTMENT OF DEFENSE  
COORDINATOR FOR  
DRUG ENFORCEMENT POLICY AND SUPPORT  
WASHINGTON, DC 20301-1510



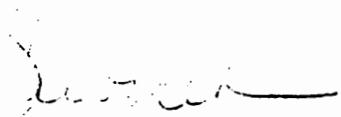
04 MAY 1993

MEMORANDUM FOR OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE (LA)  
ATTENTION: LTC JOE BOESSEN  
OFFICE OF THE GENERAL COUNSEL  
ATTENTION: AL DYSON

SUBJECT: Civilian Drug-Free Workplace Program Report

Please coordinate on the attached annual report. The Services and the Defense Agencies provided the input.

Thank you.

  
Sharon H. Cooper  
Director Demand Reduction

Attachment:  
As Stated

*ABradley ODGC (P&HP)*  
*Coordination 18 May 93*

(2) Procedures for retention and retesting of specimens confirmed as positive.

(3) Procedures for providing urine specimens that allow individual privacy, unless there is reason to believe that a particular individual may alter or substitute the specimen to be provided.

(4) Procedures to protect the confidentiality of test results, under 5 U.S.C 552a and 7301 (reference (c)), and related medical and rehabilitation records consistent with applicable law and regulation.

## 2. Personnel Actions

a. **Drug Use Determination.** The determination that an applicant or employee has used illegal drugs may be made on the basis of direct observation, a criminal conviction, confirmed positive results of a test conducted under the DoD Component's drug testing program, the employee's own admission, or other applicable evidence. Actions taken against an employee, on a finding of illegal drug use under 5 U.S.C 75 (reference (c)), must be supported by the evidence.

### b. Applicants

(1) Applicants who are not current employees and who refuse to be tested must be refused that employment.

(2) All applicants with verified positive test results shall be refused employment. Applications from such individuals shall not be considered for employment for a period of 6 months from the date of the test results.

c. DoD Components, in addition to any applicable personnel actions, shall refer any employee found to have used illegal drugs to an EAP for assessment, counseling, and, if applicable, referral for treatment or rehabilitation. Employee participation in treatment or rehabilitation programs through the EAP does not prevent the DoD Component from initiating any disciplinary action authorized on a finding of illegal drug use, including removal from Federal service.

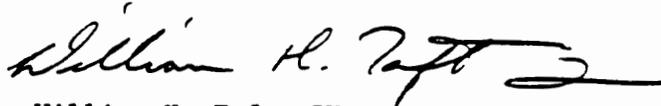
d. DoD Components shall not allow any employee to remain on duty in a sensitive position who is found to use illegal drugs before successful completion of rehabilitation through an EAP. As part of a rehabilitation or counseling program, the Secretary of Defense, or the head of each DoD Component, may allow an employee to return to duty in a sensitive position if it is determined that this action should no longer pose a danger to public health or safety or to U.S. national security.

e. DoD Components shall initiate action to discipline any employee found using illegal drugs provided that such action is not required for an employee who does the following:

(1) Voluntarily identifies himself or herself as a user of illegal drugs or who volunteers for drug testing under paragraph E.6.c., above, before being identified through other means.

G. EFFECTIVE DATE AND IMPLEMENTATION

21 This Directive is effective immediately. DoD Components shall forward two copies of implementing documents, reflecting any changes to existing civilian employee drug abuse programs necessitated by this Directive, to the ~~Assistant Secretary of Defense (Force Management and Personnel)~~ within 120 days. *DoD Coordinator For Drug Enforcement Policy and Support*



William H. Taft, IV  
Deputy Secretary of Defense

Enclosures - 3

1. References
2. Definitions
3. Findings by the President

REFERENCES, continued

- (e) Executive Order 12333, "United States Intelligence Activities,"  
December 4, 1981
- (f) Public Law 95-454, "Civil Service Reform Act of 1978," October 13, 1978
- (g) Title 5, Code of Federal Regulations, Parts 752.203 and 752.404
- (h) Title 21, United States Code, Chapter 13
- (i) Title 21, United States Code, Section 802(6)
- (j) DoD Directive 1010.6, "Rehabilitation and Referral Services for Alcohol  
and Drug Abusers," March 13, 1985
- (k) Federal Personnel Manual (FPM) Supplement 792-2, February 29, 1980
- (l) Executive Order 10450, "Security Requirements for Government Employment,"  
April 27, 1953
- (m) Executive Order 12356, "National Security Information," April 2, 1982

DEFINITIONS

1. DoD Civilian Employee. A DoD employee paid from appropriated funds. <sup>or nonappropriated</sup>
2. Employee Assistance Programs (EAPs). DoD Component-based counseling programs that offer assessment, short-term counseling, and referral services to employees for a wide range of drug, alcohol, and mental health problems that affect employee job performance. EAPs are responsible for referring employees who are abusing drugs for rehabilitation and for monitoring employees' progress while in treatment as set forth in DoD Directive 1010.6 (reference (j)).
3. Illegal Drugs. A controlled substance included in Schedule I or II, as defined by 21 U.S.C. 802(6) (reference (i)), the possession of which is unlawful under Chapter 13 of 21 U.S.C. (reference (h)). The term "illegal drugs" does not mean the use of a controlled substance under a valid prescription or other use authorized by law.
4. Random Testing. A system of drug testing imposed without individualized suspicion that a particular individual is using illegal drugs. Random testing either may be testing of testing-designated employees occupying a specified area, element, or position, or may be statistically random sampling of such employees based on a neutral criterion; i.e., social security numbers.
5. Reasonable Suspicion. An articulable belief that an employee may have used illegal drugs, among other things, based on the following:
- a. Observable phenomena, such as direct observation of drug use or possession and/or the physical symptoms of being under the influence of a drug.
  - b. A pattern of abnormal conduct or erratic behavior.
  - c. Arrest or conviction for a drug-related offense, or the identification of an employee as the focus of a criminal investigation into illegal drug possession, use, or trafficking.
  - d. Information provided either by reliable and credible sources or independently corroborated.
  - e. Newly discovered evidence that the employee has tampered with a previous drug test.
6. Sensitive Position refers to the following:
- a. An employee in a position that a DoD Component Head designates Special-Sensitive, Critical-Sensitive, or Noncritical-Sensitive, under the FPM Supplement 792-2 (reference (k)), or an employee in a position that a DoD Component Head designates as sensitive in accordance with E.O. 10450, as amended (reference (l)).
  - b. An employee who has been granted access to classified information or may be granted access to classified information under a determination of trustworthiness by a DoD Component Head under E.O. 12356 (reference (m)).
  - c. Individuals serving under Presidential appointments.

FINDINGS BY THE PRESIDENT

- A. Drug use is having serious adverse effects on a significant proportion of the U.S. work force and results in billions of dollars of lost productivity each year.
- B. The Federal Government, as an employer, is concerned with the well-being of its employees, the successful accomplishment of Agency missions, and the need to maintain employee productivity.
- C. The Federal Government, as the largest employer in the United States, may and should show the way towards achieving drug-free workplaces through a program designed to offer drug users a helping hand and, at the same time, demonstrate to drug users and potential drug users that drugs shall not be tolerated in the Federal workplace.
- D. The profits from illegal drugs provide the single greatest source of income for organized crime, fuel violent street crime, and otherwise contribute to the breakdown of society.
- E. The use of illegal drugs by Federal employees, on or off duty, is inconsistent not only with the law-abiding behavior expected of all citizens, but also with the special trust placed in such employees as servants of the public.
- F. Federal employees who use illegal drugs, on or off duty, tend to be less productive, less reliable, and prone to greater absenteeism than their fellow employees who do not use illegal drugs.
- G. The use of illegal drugs, on or off duty, by Federal employees impairs the efficiency of Federal Departments and Agencies, undermines public confidence in them, and makes it more difficult for other employees who do not use illegal drugs to perform their jobs effectively. The use of illegal drugs by Federal employees, on or off duty, also may pose a serious health and safety threat to members of the public and to other employees.
- H. The use of illegal drugs by Federal employees, on or off duty, in certain positions evidences less than the complete reliability, stability, and good judgement that is consistent with access to sensitive information and creates the possibility of coercion influence, and irresponsible action under pressure that may pose a serious risk to U.S. national security, the public safety, and the effective enforcement of the law.
- I. Federal employees who use illegal drugs must be primarily responsible for changing their behavior and, if necessary, begin the process of rehabilitating themselves.

Posters  
~6-10-7-  
mk

# DEPARTMENT OF DEFENSE DIRECTIVES SYSTEM TRANSMITTAL

NUMBER	DATE	DISTRIBUTION
1010.9, Change 1	January 20, 1992	1000 Series

ATTACHMENTS

Pages 1 and 2

INSTRUCTIONS FOR RECIPIENTS

The following page and pen changes to DoD Directive 1010.9, "DoD Civilian Employee Drug Abuse Testing Program," August 23, 1988, are authorized:

PAGE CHANGES

Remove: Pages 1 and 2  
Insert: Attached replacement pages

Changes appear on pages 1 and 2 and are indicated by marginal asterisks.

PEN CHANGES

Page 3

Subsection E.5 Renummer "5." to "4."  
Subsection E.6. Renummer "6." to "5."  
Subparagraph E.5.a.(2), line 1. After "(2)" insert "Employee Assistance Programs" and enclose "EAPs" within parentheses.  
Paragraph E.5.d., line 2. Change "E.6.b." to "E.5.b"

Page 4

Subsection F.1., line 7. Change "E.6.e." to "E.5.e."

Page 5

Subparagraph F.2.e.(1), line 2. Change "E.6.c." to "E.5.c."

Page 7

Section G. line 4. Change "Assistant Secretary of Defense (Force Management and Personnel)" to "DoD Coordinator for Drug Enforcement Policy and Support"

Page 2-1

Definition 1. After "appropriated" insert "or nonappropriated"

Page 2-2

Definition 7., line 3. Change "E.6.b." to "E.5.b."

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, THIS TRANSMITTAL SHOULD BE FILED WITH THE BASIC DOCUMENT



# Department of Defense DIRECTIVE

August 23, 1988#  
NUMBER 1010.9

CDEP&S

SUBJECT: DoD Civilian Employee Drug Abuse Testing Program

- References:
- (a) DoD Directive 1010.9, "DoD Civilian Employee Drug Abuse Testing Program," April 8, 1985 (hereby canceled)
  - (b) Executive Order 12564, "Drug-Free Federal Workplace," September 15, 1986
  - (c) Title 5, United States Code, "Privacy Act," Sections 75, 552(a), 7301, (Supp 1987), and 8331 (20)
  - (d) Public Law 253, 80th Congress, "National Security Act of 1947," June 26, 1947, as amended
  - (e) through (m), see enclosure 1

## A. REISSUANCE AND PURPOSE

This Directive reissues reference (a) to:

1. Update the establishment of the DoD Civilian Employee Drug Abuse Testing Program under references (b) and (c).
2. Update policy, prescribe procedures, and assign responsibilities for drug abuse urinalysis testing for DoD civilian employee (hereafter referred to as "employees").

## B. APPLICABILITY AND SCOPE

This Directive:

1. Applies to the Office of the Secretary of Defense (OSD), the Military Departments (including their Reserve components), the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Unified and Specified Commands, and the Defense Agencies (hereafter referred to collectively as "DoD Components"). Testing of foreign national employees stationed outside the United States may be conducted under this Directive only as authorized by and consistent with intergovernmental and labor agreements negotiated on a country-by-country basis.

2. Shall not be deemed to limit the authorities of the Director of Central Intelligence under "The National Security Act of 1947" (reference (d)), as amended, or the statutory authorities of the National Security Agency (NSA) or the Defense Intelligence Agency (DIA). Implementation of this Directive within the Intelligence Community, as defined in Executive Order 12333, (reference (e)), shall be subject to the applicable provisions of 5 U.S.C. 7301 (reference (c)).

4. The Secretary of the Army is responsible for specimen collection, laboratory testing, and ancillary administrative requirements for employees of OSD and DoD Activities. An applicable memorandum of understanding (MOU) shall be entered into by the Secretary of the Army and the Director, WHS, for this purpose.

5. The Heads of DoD Components:

a. Shall develop a plan and implementing documents for achieving the objective of a drug-free workplace with due consideration to the rights of the Government, the employee, and the general public. Prior to implementation, the plan and the implementing documents shall include the following:

(1) A statement of policy on the DoD Component's expectations on drug use and the action to be anticipated in response to identified drug use.

*Employee Assistance Programs*

(2) (EAPs) emphasizing education and counseling, to include referral where applicable to rehabilitative treatment and programs in accordance with available community resources.

(3) Supervisory training to assist in identifying and addressing illegal drug use by DoD Component employees.

(4) Provision for self-referral and supervisory referral to treatment with maximum respect for individual confidentiality consistent with safety and security.

(5) Provision for identifying users of illegal drugs, including testing on a controlled and carefully monitored basis in accordance with this Directive.

(6) The positions designated for random drug testing along with the criteria and procedures applied in designating such positions for drug testing, including the justification for such criteria and procedures.

b. Shall establish a program for random testing of employees in sensitive positions for the use of illegal drugs. Testing-designation positions are positions that have been designated for random testing. The extent to which such employees are tested and the criteria for such testing shall be determined by the Head of each DoD Component, based on the DoD Component's mission and its employees' duties, the efficient use of DoD Component resources, and the danger to public health and safety or to U.S. national security that might result from the failure of an employee to discharge his or her position adequately.

c. Shall establish a program for voluntary employee drug testing.

d. Are authorized, in addition to the testing program established under paragraph E.6.b., above, to test any employee for illegal use under the following circumstances:

(1) When there is a reasonable suspicion that any employee uses illegal drugs.

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**The Office of the Secretary of Defense  
Organization of the Joint Chiefs of Staff**

# **DRUG-FREE WORKPLACE PLAN**



**Director  
Washington Headquarters Services**

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**The Office of the Secretary of Defense  
Organization of the Joint Chiefs of Staff**

**DRUG-FREE  
WORKPLACE PLAN**

**PROCEDURES  
MANUAL**

**Directorate for  
Personnel and Security, WHS**

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FEDERAL DRUG-FREE WORKPLACE PROGRAMS  
SEMI-ANNUAL REPORT FOR THE PERIOD  
October 1, 1992 - March 31, 1993

REPORT DUE: JULY 2, 1993

Return signed and completed form to:  
Joseph H. Autry III, M.D.  
Director, Division of Workplace Programs  
SAMHSA  
5600 Fishers Lane, Rm 9-A-53  
Rockville, Maryland 20857  
SAMHSA/DWP FAX (301) 443-2838  
Direct phone inquiries to:  
Kon Armstrong (301) 443-6014

Part I. General Information

<b>PRIMARY LIAISON</b>		<b>PRIMARY AGENCY MISSION (SELECT ONE)</b>	
Name	<u>Terri Taylor</u>	Law Enforcement/Drug Interdiction	<input type="checkbox"/>
Title	<u>Employee Relations Specialist</u>	National Security/Defense	<input type="checkbox"/>
Agency	<u>Department of Defense Dependents Schools</u>	Public Health/Safety	<input type="checkbox"/>
Address	<u>2461 Eisenhower Ave.</u>	Other _____	<input type="checkbox"/>
	<u>Alexandria, Va 22331-1100</u>		
	<u>City: Alexandria State: VA Zip: 22331-1100</u>		
Telephone	<u>(703) 325 - 8660</u>	FAX	<u>(703) 325 - 8054</u>
Report prepared by:	<u>Terri Taylor</u>		
Telephone	<u>(703) 325 - 8660</u>	FAX	<u>(703) 325 - 8054</u>
Date Prepared	<u>6 / 30 93</u>		

William B. Medlin  
Signature of Agency Head or Senior Policy Official

Chief, MER/Productivity  
Official Title

<b>CONTROL INFORMATION - FOR SAMHSA USE ONLY</b>			
AGENCY-ID	_____		
DATE RECEIVED	/ / 93	INITIALS	_____
DATE ENTERED	/ / 93	INITIALS	_____
Date Plan Certified	/ /		

**Part II Status of Plan Implementation**

1.a. Indicate the statement which best describes the status of your plan certification during this reporting period.

- 1. Plan has not been submitted to HHS for approval (attach explanatory note) *{Survey completed}*
- 2. Plan has been submitted to HHS and reviews are in progress *{Survey completed}*
- 3. Plan has been certified or agency is a Tier II (certification not required)
- 4. Other (Please attach description)

b. Indicate the types of testing included in your plan (check all that apply).

- 1. Reasonable suspicion
- 2. Accident or unsafe practice
- 3. Random selection
- 4. Volunteer
- 5. Follow-up
- 6. Outside applicant
- 7. Inside applicant

c. Was plan fully implemented (including all testing and non-testing components) during this reporting period?  
 Yes (SKIP TO 3.a)  No

2.a. Were all non-testing components of your plan (e.g. EAPs, training etc.) fully implemented during this reporting period?  
 Yes  No

b. Are any prerequisites to testing missing?  Yes  No

*If yes, check all that apply.*

- 60-day notice
- 30-day notice
- Services of a certified laboratory
- Collection services
- Source for quality control specimens
- Services of a Medical Review Officer
- Other (Please specify) \_\_\_\_\_

c. Are there restrictions or holds on one or more types of testing?  Yes  No *{Skip to 3a}*

d. For each type of testing, indicate the status of implementation during the reporting period. Check the appropriate columns under "status of testing" for each type of testing included in your agency plan.

	Status of testing (Check appropriate column(s) or specify other reason(s))					
	Fully implemented	partial	full	partial	full	Other reasons not implemented (PLEASE DESCRIBE) See "e" below
Reasonable suspicion						
Accident or unsafe practice						
Random selection						
Volunteer						
Follow-up						
Outside applicant						
Inside applicant						

e. If you indicated that testing under your agency's plan was on hold or restricted for an external cause i.e., litigation (enjoined) or labor negotiation, briefly describe below the nature of the delay, its cause, how many employees are impacted, and the projected date for the removal of the restriction.

We are currently working agreements with Army, Navy, and Air Force to use their employee assistance programs; collection, transportation, and processing of specimens; for chain of custody of all specimens; for confidentiality, medical review and notification of DODDS of test results. Supervisor and employee training/education includes types and effects of drugs; symptoms of drug use; treatment/rehabilitation programs; and distribution of written materials and video presentations.

3.a. Was any testing conducted during this period.  Yes *{skip to Part III}*  No Approximately 85 positions affected.

b. If no, what were the reasons?

- Reason stated in questions 2b and/or 2d above
- No situation arose which called for testing
- Other (Please describe) \_\_\_\_\_

Part III Operations Profile

1. Please provide the following information relating to the total number of:

a. Full-time equivalents (FTEs) \_\_\_\_\_ b. E.O. 12564 Sensitive positions 85 c. TDPs 85  
(Number of positions) (Number of positions)

**If your agency tested this period, answer questions 2-4, if not, go to question 5.**

2. Percent of TDPs tested

a. Per year according to your plan \_\_\_\_\_ % b. Actual this reporting period \_\_\_\_\_ %

3. According to your plan, what is the number of times per year your agency takes random samples? \_\_\_\_\_

4.a If your plan includes inside applicant testing, which positions are subject to that testing?

All Positions \_\_\_\_\_ All TDPs \_\_\_\_\_ Some TDPs \_\_\_\_\_

b. If your plan includes outside applicant testing, which positions are subject to that testing?

All Positions \_\_\_\_\_ All TDPs \_\_\_\_\_ Some TDPs \_\_\_\_\_

5. Enter the number of positions defined as sensitive by section 7(d) of E.O. 12564 and the number of positions designated as TDPs.

CATEGORIES of Sensitive Positions Defined by E.O. 12564	Number in Sensitive Positions	Number Selected as TDPs
1. Designated by agency head as Special Sensitive, Critical-Sensitive, or Noncritical-Sensitive (FPM Chapter 731 or in accordance with E.O. 10450)	85	85
2. Positions with access to classified information	85	85
3. Presidential Appointees		
4. Law enforcement officers (5 USC 8331(20))(5 USC 8401(17))*		
5. Other positions, as determined by the agency head:	XXXXXXXXXXXXXXXXXXXX	
a. Law enforcement		
b. National security		
c. Protection of life and property		
d. Public health or safety		
e. Other (Please specify)		

\* The second citation is not included in E.O. 12564.

**If your agency tested this period, answer questions 6-7, if not, go to question 8.**

6. Indicate the types of drugs to be tested in accordance with your Agency plan.

\_\_\_\_\_(a) Cocaine \_\_\_\_\_(b) Marijuana \_\_\_\_\_(c) Amphetamines \_\_\_\_\_(d) Opiates \_\_\_\_\_(e) PCP  
Please specify others: (f) \_\_\_\_\_ (g) \_\_\_\_\_ (h) \_\_\_\_\_

7.a During this period how many blind quality control specimens (QCs) were submitted to the laboratory? \_\_\_\_\_

b. Please indicate the composition (negative and positive) of the QCs and the number of correct responses reported to the MRO.

Number of:	Negative	Positive	Total
Specimens			
Correct responses			

c. If there were unacceptable blind QC results, would the MRO investigate and document all the results?  
\_\_\_\_ Always \_\_\_\_\_ Sometimes \_\_\_\_\_ Never

d. If "always" or "sometimes", who is responsible for maintaining these documents?  
\_\_\_\_ Agency MRO \_\_\_\_\_ Agency Primary Liaison



AGENCY DoDDS

SEMI - ANNUAL REPORT: October 1, 1992 - March 31, 1993

Part IV Cost and Pricing Profile SEE ITEM 2E

1. Specify contract pricing for:

Laboratory services

- Full-service - NO CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
- Full-service WITH CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
- Separate pricing, i.e., individual fees charged for initial and confirmation tests.

2.a. Indicate whether confirmation of all drugs which initially test positive within a single specimen is required?

Yes  No

b. Are there additional charges for confirmation tests if the specimen tests positive for more than one drug?

Yes  No

3. On average, how many days between specimen collection and notification of testing results?

           Calendar days

4. The following questions are intended to identify extraordinary locations that are unique to your agency.

The term "extraordinary" is used here to denote those locations/situations where your agency must make special arrangements and/or incurs additional costs to collect a specimen.

a. Do any of your TDPs work at extraordinary locations?

Yes  No (skip to Page 5)

Please describe "extraordinary" locations.

\_\_\_\_\_  
\_\_\_\_\_

Please provide the following information about TESTING at extraordinary sites:.

b.            Total TDPs at extraordinary locations

c.            Total number of individuals tested at extraordinary sites

d. Were additional costs associated with specimen collection at these sites?  Yes  No

If yes, what was the total cost of collection at these extraordinary sites \$           

e. Describe what methods are taken to minimize additional costs at extraordinary sites.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROCEED TO PAGE 5







DEFENSE INVESTIGATIVE SERVICE  
1340 BRADDOCK PLACE  
ALEXANDRIA, VA 22314-1651

Joseph H. Autry III, M.D.  
Director, Division of Workplace Programs  
National Institute of Drug Abuse  
5600 Fishers Lane, Rm. 9-A-53  
Rockville, Maryland 20857

Dear Dr. Autry:

As requested, attached is the completed Semi-Annual Report on Federal Drug-Free Workplace Programs for the Defense Investigative Service. If you have any questions or require any additional information, please contact Ms. Barbara E. Lumia or Ms. D. Benita Watson of my staff at (703) 325-6181.

Sincerely,

  
MICHAEL G. NEWMAN  
Deputy Director  
(Resources)

Attachment

FEDERAL DRUG-FREE WORKPLACE PROGRAMS  
SEMI-ANNUAL REPORT FOR THE PERIOD  
April 1, 1993 - September 30, 1993

REPORT DUE: JANUARY 14, 1994

Return signed and completed form to:

Joseph H. Autry III, M.D.

Director, Division of Workplace Programs

SAMHSA

6800 Fishers Lane, Rm B-A-53

Rockville, Maryland 20857

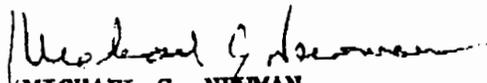
SAMHSADWP FAX (301) 443-2838

Direct phone inquiries to:

Ken Armstrong (301) 443-8780

Part I. General Information

Name	PRIMARY LIAISON BARBARA E. LUMIA	PRIMARY AGENCY MISSION (SELECT ONE)	
Title	DRUG PROGRAM COORDINATOR	Law Enforcement/Drug Interdiction	
Agency	DEFENSE INVESTIGATIVE SERVICE (DIS)	National Security/Defense	X
Address	1340 BRADDOCK PLACE, RM. 508	Public Health/Safety	
	ATTN: V0972	Other	
	City: ALEXANDRIA State: VA Zip: 22314-1651		
Telephone	( 703 ) 325-6181	FAX ( 703 ) 325 - 1353	
Report prepared by:	D. BENITA WATSON		
Telephone ( )	SAME AS ABOVE FAX ( ) -		
Date Prepared	12/ 28/ 93		

  
MICHAEL G. NEWMAN

Signature of Agency Head or Senior Policy Official

DEPUTY DIRECTOR (RESOURCES)

Official Title

CONTROL INFORMATION - FOR SAMHSA USE ONLY

AGENCY-ID \_\_\_\_\_

DATE RECEIVED / / 94 INITIALS \_\_\_\_\_

DATE ENTERED / / 94 INITIALS \_\_\_\_\_

Date Plan Certified / /

AGENCY DIS

SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

**Part II Status of Plan Implementation**

1.a. Indicate the statement which best describes the status of your plan certification during this reporting period.

- 1. Plan has not been submitted to HHS for approval (attach explanatory note) *{Survey completed}*
- 2. Plan has been submitted to HHS and reviews are in progress *{Survey completed}*
- 3. Plan has been certified or agency is a Tier II (certification not required)
- 4. Other (Please attach description)

b. Indicate the types of testing included in your plan (check all that apply).

- 1. Reasonable suspicion
- 2. Accident or unsafe practice
- 3. Random selection
- 4. Volunteer
- 5. Follow-up
- 6. Outside applicant
- 7. Inside applicant

c. Was plan fully implemented (including all testing and non-testing components) during this reporting period?

- Yes (SKIP TO 3.a)
- No

2.a. Were all non-testing components of your plan (e.g. EAPs, training etc.) fully implemented during this reporting period?

- Yes
- No

b. Are any prerequisites to testing missing?  Yes  No

*If yes, check all that apply.*

- 60-day notice
- Services of a certified laboratory
- Source for quality control specimens
- Other (Please specify) \_\_\_\_\_
- 30-day notice
- Collection services
- Services of a Medical Review Officer

c. Are there restrictions or holds on one or more types of testing?

- Yes
- No *{Skip to 3a}*

d. For each type of testing, indicate the status of implementation during the reporting period. Check the appropriate columns under 'status of testing' for each type of testing included in your agency plan.

	Status of testing (Check appropriate column(s) or specify other reason(s))					
	Fully Implemented	ENJOINED		LABOR		Other reasons not implemented (PLEASE DESCRIBE)
		partial	full	partial	full	
Reasonable suspicion						
Accident or unsafe practice						
Random selection						
Volunteer						
Follow-up						
Outside applicant						
Inside applicant						

e. If you indicated that testing under your agency's plan was on hold or restricted for an external cause i.e., litigation (enjoined) or labor negotiation, briefly describe below the nature of the delay, its cause, how many employees are impacted, and the projected date for the removal of the restriction.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3.a. Was any testing conducted during this period.

- Yes *{skip to Part III}*
- No

b. If no, what were the reasons?

- Reason stated in questions 2b and/or 2d above
- No situation arose which called for testing
- Other (Please describe) \_\_\_\_\_

AGENCY DIS

SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

## Part III Operations Profile

1. Please provide the following information relating to the total number of:

a. Full-time equivalents (FTEs) 10%b. E.O. 12564 Sensitive positions 3320c. TDPs 3320

(Number of positions)

(Number of positions)

**If your agency tested this period, answer questions 2-4, if not, go to question 5.**

2. Percent of TDPs tested

a. Per year according to your plan 10 %b. Actual this reporting period 8.2 %3. According to your plan, what is the number of times per year your agency takes random samples? N/A

4.a. If your plan includes inside applicant testing, which positions are subject to that testing?

All Positions XAll TDPs     Some TDPs     

b. If your plan includes outside applicant testing, which positions are subject to that testing?

All Positions XAll TDPs     Some TDPs     

5. Enter the number of positions defined as sensitive by section 7(d) of E.O. 12564 and the number of positions designated as TDPs.

CATEGORIES of Sensitive Positions Defined by E.O. 12564	Number in Sensitive Positions	Number Selected as TDPs
1. Designated by agency head as Special Sensitive, Critical-Sensitive, or Noncritical-Sensitive (FPM Chapter 731 or in accordance with E.O. 10450)	3320	3320
2. Positions with access to classified information		
3. Presidential Appointees		
4. Law enforcement officers (5 USC 8331 (20))(5 USC 8401 (17))*		
5. Other positions, as determined by the agency head:	XXXXXXXXXXXXXXXXXXXX	
a. Law enforcement		
b. National security	3320	3320
c. Protection of life and property		
d. Public health or safety		
e. Other (Please specify)		

\* The second citation is not included in E.O. 12564.

6. Indicate the types of drugs to be tested in accordance with your Agency plan.

X (a) Cocaine X (b) Marijuana X (c) Amphetamines X (d) Opiates X (e) PCPPlease specify others: (f)      (g)      (h)     7.a. During this period how many blind quality control specimens (QCs) were submitted to the laboratory? 19

b. Please indicate the composition (negative and positive) of the QCs and the number of correct responses reported to the MRO.

Number of:	Negative	Positive	Total
Specimens	15	4	19
Correct responses	15	4	19

c. If there were unacceptable blind QC results, would the MRO investigate and document all the results?

X Always      Sometimes      Never

d. If 'always' or 'sometimes', who is responsible for maintaining these documents?

     Agency MRO X Agency Primary Liaison

AGENCY DIS

SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Part III Operations Profile CONTINUED

8. Has your agency adopted another agency's plan (piggybacked another plan) so that the plans are administered together (this does not include riding another agency's contract or if another agency performs the services)?
X No Yes (please specify which Agency plan)

9. Specify the names of the contractors (1a) or the names of the agencies (1b,2,3) that provide the drug testing services:

Table with 4 columns: a. Collection, b. Laboratory, c. MRO, d. Blind quality control. Rows include Contract with (specify), Private firm, Public agency, Riding another agency, and Inhouse.

10.a Has your agency developed a continuing drug education program for employees? X Yes No
b. During this reporting period how many employees have been provided with educational material or received training on the effects of illegal drugs and/or other aspects of your Agency's drug-free workplace program?
(1) Number of employees 79 (2) Percent of total employees 2.4 %

- c. Indicate the topics covered in the employee drug education program (check all that apply):
X Agency's substance abuse policy, procedures and program
X Types and effects of drugs
X Symptoms of drug use and effects on performance and conduct
X Relationship of the EAP to the drug-testing program
X Relevant treatment, rehabilitation, confidentiality issues

- d. Check all the forms of education that apply:
X Distribution of written material X Audio or video programs
X Group discussions and presentations Special drug awareness promotions

11.a Has your agency developed a continuing training and education program for supervisors to help them identify and address illegal drug use by employees: X Yes No

b. During this reporting period how many supervisors received training on the Agency's drug-free workplace program?
(1) Number of supervisors 76 (2) Percent of total supervisors 2.3 %

- c. Indicate the topics covered in the supervisory educational and training program (check all that apply):
X Agency's substance abuse policy, procedures and program
X Types and effects of drugs
X Symptoms of drug use and effects on performance and conduct
X How to identify employees in need of assistance
X Role and operation of the EAP
X Intervention and referral to the EAP
X Return of employee to workplace and follow-up

- d. Check all the forms of education and training that apply:
X Distribution of written material X Audio or video programs X Group discussions and presentations

12. Please provide the best estimate of the percent of current employees and supervisors your agency has EVER reached with its drug education/training/awareness efforts since the issuance of E.O. 12564.
(a) Percent of employees 100% (b) Percent of supervisors 98 %

13. Does your agency provide an orientation package and/or training for new employees and new supervisors on the effects of illegal drugs and and/or other aspects of the Agency's drug-free workplace plan?
(a) Employees: Yes X No (b) Supervisors: Yes X No

AGENCY DIS

SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Part IV Cost and Pricing Profile

1. Specify contract pricing for:

Laboratory services

- Full-service - NO CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
- Full-service WITH CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
- Separate pricing, i.e., individual fees charged for initial and confirmation tests.

2.a. Indicate whether confirmation of all drugs which initially test positive within a single specimen is required?

Yes  No

b. Are there additional charges for confirmation tests if the specimen tests positive for more than one drug?

Yes  No

3. On average, how many days between specimen collection and notification of testing results?

7 Calendar days

4. The following questions are included to identify extraordinary locations that are unique to your agency. The term 'extraordinary' is used here to denote those locations/situations where your agency must make special arrangements and/or incurs additional costs to collect a specimen.

a. Do any of your TDPs work at extraordinary locations?

Yes  No (skip to Page 5)

Please describe 'extraordinary' locations.

WORKSITES IN FOREIGN COUNTRIES

Please provide the following information about TESTING at extraordinary sites:

b. 7 Total TDPs at extraordinary locations

c. 0 Total number of individuals tested at extraordinary sites

d. Were additional costs associated with specimen collection at these sites? N/A Yes  No

If yes, what was the total cost of collection at these extraordinary sites \$                     

e. Describe what methods are taken to minimize additional costs at extraordinary sites.

N/A

PROCEED TO PAGE 5

AGENCY DIS SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Part IV Cost and Pricing Profile CONTINUED

5. DRUG TESTING COSTS

Please provide the following DRUG TESTING cost information or best estimates for this reporting period.

(Use Worksheets on Page 6 for other direct testing and administrative costs. Enter final totals in the table below.)

	Total Costs	Total Units	Average Cost per Unit	Unit of Costs (e.g. hours, years, per test)	Additional Comments (for this item only)
<b>TESTING COSTS</b>					
a. Specimen collection	\$13,197.66	290	\$34.98	Unit	
b. Laboratory Tests (flat fee)	\$6,000.00	290	\$9.68	Unit	
o. Initial test	-				
d. Confirmation test (flat fee)	-				
e. Negative test	-				
f. Positive test	-				
g. Quality control samples	\$676.40	19	\$47.78	Unit	QC PLUS LAB FEE
h. MRO (flat fee)	\$1,000.00				LESS THAN 300 DRUG TESTS
i. Review of negatives	-	271	\$2.75	Unit	
j. Review of positives	-		\$150.00	Hour	
k. Other direct TESTING costs*	\$14,320.27				
l. Administrative TESTING costs*	\$90,069.11				
<b>m. Total costs (items a-l)</b>	<b>\$125,263.39</b>				

\* Prepare estimates on the worksheets provided on page 6 and enter final totals in the section above.

6. If there is any office in your agency other than that of the Program Coordinator that provides GENERAL AGENCY-WIDE Drug Education, indicate the actual education costs or best estimates by the source of that education.  
 \$ \_\_\_\_\_ (a) Personnel Office      \$ \_\_\_\_\_ (b) EAP  
 \$ \_\_\_\_\_ (c) Other (please specify) \_\_\_\_\_

Upon completion of question 6: If your agency tested this period, proceed to Page 7 Part V, if not, proceed to Page 7 Part VI.

AGENCY DIS

SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Worksheets: Other Direct Testing Costs (Item 5k) and Administrative costs (item 5l)

**Item 5.k OTHER DIRECT TESTING COSTS**

Column (1) - Provide costs for those items directly related to the testing process and not part of the pricing of items 5a-j.  
 Column (2) - If included in items 5a-j, indicate the item (a-j) under the cost reference item ("REF") column.

COST CATEGORIES	(1) COSTS	(2) ITEM REF	Comments
I. Specimen kits and other miscellaneous collection materials	\$13,197.66		JSA/EHRT COSTS
II. Shipping costs			
III. Bar coding of samples			
IV. Handling costs for rejected specimens or cancellations			
V. Applicant travel costs			
<b>OTHER COSTS (Please specify below):</b>			
VII. QUALITY CONTROL SPECIMENS	\$676.40		
	\$446.16		
X. TOTAL OTHER DIRECT COSTS (sum I - x): Here and Item 5K	\$14,320.22		

**Item 5.l ADMINISTRATIVE COSTS of the DRUG-FREE WORKPLACE PROGRAM**

Column (1) - Provide total administrative costs in items i-ix.  
 Column (2) - Provide the percent that drug testing administrative costs are of Column (1) administrative costs.  
 Column (3) - Multiply Column (1) by Column (2) and place in Column (3) for all line items (i-ix) except (vi).  
 Sum line items (i-ix) for Columns (1) and (3) and place in line items 'x' and 'xi' respectively.

COST CATEGORIES	(1) Total Administrative Costs	(2) % Drug Testing	(3) Drug-Testing Administrative Costs
I. Staff costs (salaries and benefits)	\$4,745.61	100	\$4,745.61
II. Staff training costs (VA 200) & DRUG PILOT	\$38,510.00	100	\$38,510.00
III. Staff travel costs (VA 200)	\$2,688.00	100	\$2,688.00
IV. Local costs			
V. Printing and mailing costs	\$176.00	100	\$176.00
VI. Education Program Costs: Office of the Program Coordinator		XX	
<b>OTHER COSTS (Please specify below):</b>			
VII. OTHER VIDEOS/BOOKS/AV EQUIPMENT	\$19,257.00	100	\$19,257.00
VIII. OTHER VIDEOS/BOOKS/AV EQUIPMENT	\$21,192.50	100	\$21,192.50
	\$3,500.00	100	\$3,500.00
X. TOTAL ADMINISTRATIVE COSTS (sum i-ix)	\$90,069.11	XX	
XI. DRUG TESTING ADMINISTRATIVE COSTS: Here and Item 5L		XX	\$90,069.11

PROCEED TO PAGE 5 Question 6



FEDERAL DRUG-FREE WORKPLACE PROGRAMS  
SEMI-ANNUAL REPORT FOR THE PERIOD  
October 1, 1992 - March 31, 1993

~~REPORT DUE JULY 2, 1993~~

Return signed and completed form to :  
Joseph H. Autry III, M.D.  
Director, Division of Workplace Programs  
SAMHSA  
9800 Fishers Lane, Rm 9-A-53  
Rockville, Maryland 20857  
SAMHSA/DWP FAX (301) 443-2836  
~~Direct phone inquiries to:  
Kos Armstrong (301) 443-6700~~

Part I. General Information

<b>PRIMARY LIAISON</b>		<b>PRIMARY AGENCY MISSION (SELECT ONE)</b>	
Name	<u>Gaynor E. Sorrell</u>	Law Enforcement/Drug Interdiction	
Title	<u>Staffing &amp; Employee Relations Specialist</u>	National Security/Defense	<input checked="" type="checkbox"/>
Agency	<u>Defense Logistics Agency</u>	Public Health/Safety	
Address	<u>Cameron Station, Room 3D224</u>	Other	
City: <u>Alexandria</u> State: <u>VA</u> Zip: <u>22304-6100</u>			
Telephone	( 703 ) 274 - 6030	FAX	( 703 ) 274 - 4028
Report prepared by:	_____		
Telephone	( ) -	FAX	( ) -
Date Prepared	/ /		

\_\_\_\_\_  
Signature of Agency Head or Senior Policy Official

\_\_\_\_\_  
Official Title

<b>CONTROL INFORMATION - FOR SAMHSA USE ONLY</b>			
AGENCY-ID	_____		
DATE RECEIVED	/ / 93	INITIALS	_____
DATE ENTERED	/ / 93	INITIALS	_____
Date Plan Certified	/ /		

AGENCY DIA

SEMI - ANNUAL REPORT: October 1, 1992 - March 31, 1993

**Part II Status of Plan Implementation**

1.a Indicate the statement which best describes the status of your plan certification during this reporting period.

- 1. Plan has not been submitted to HHS for approval (attach explanatory note) *{Survey completed}*
- 2. Plan has been submitted to HHS and reviews are in progress *{Survey completed}*
- 3. Plan has been certified or agency is a Tier II (certification not required)
- 4. Other (Please attach description)

b. Indicate the types of testing included in your plan (check all that apply).

- 1. Reasonable suspicion     2. Accident or unsafe practice     3. Random selection
- 4. Volunteer     5. Follow-up     6. Outside applicant     7. Inside applicant

c. Was plan fully implemented (including all testing and non-testing components) during this reporting period?

- Yes (SKIP TO 3.a)     No

2.a Were all non-testing components of your plan (e.g. EAPs, training etc.) fully implemented during this reporting period?

- Yes     No

b. Are any prerequisites to testing missing?     Yes     No

*If yes, check all that apply.*

- 60-day notice     30-day notice
- Services of a certified laboratory     Collection services
- Source for quality control specimens     Services of a Medical Review Officer
- Other (Please specify) \_\_\_\_\_

c. Are there restrictions or holds on one or more types of testing?     Yes     No *{Skip to 3a}*

d. For each type of testing, indicate the status of implementation during the reporting period. Check the appropriate columns under "status of testing" for each type of testing included in your agency plan.

	Status of testing (Check appropriate column(s) or specify other reason(s))					
	Fully implemented	ENJOINED		LABOR		Other reasons not implemented (PLEASE DESCRIBE)
		partial	full	partial	full	
Reasonable suspicion						
Accident or unsafe practice						
Random selection						
Volunteer						
Follow-up						
Outside applicant						
Inside applicant						

e. If you indicated that testing under your agency's plan was on hold or restricted for an external cause i.e., litigation (enjoined) or labor negotiation, briefly describe below the nature of the delay, its cause, how many employees are impacted, and the projected date for the removal of the restriction.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3.a Was any testing conducted during this period.     Yes *{skip to Part III}*     No

b. If no, what were the reasons?

- Reason stated in questions 2b and/or 2d above
- No situation arose which called for testing
- Other (Please describe) \_\_\_\_\_

AGENCY DLA

SEMI - ANNUAL REPORT: October 1, 1992 - March 31, 1993

Part III Operations Profile

1. Please provide the following information relating to the total number of:

- a. Full-time equivalents (FTEs) 65,000
- b. E.O. 12564 Sensitive positions 28,000  
(Number of positions)
- c. TDPs 3,339  
(Number of positions)

**If your agency tested this period, answer questions 2-4, if not, go to question 5.**

2. Percent of TDPs tested

- a. Per year according to your plan 20 %
- b. Actual this reporting period 10 %

3. According to your plan, what is the number of times per year your agency takes random samples? 4

4.a If your plan includes inside applicant testing, which positions are subject to that testing?

All Positions \_\_\_\_\_ All TDPs y Some TDPs \_\_\_\_\_

b. If your plan includes outside applicant testing, which positions are subject to that testing?

All Positions \_\_\_\_\_ All TDPs x Some TDPs \_\_\_\_\_

5. Enter the number of positions defined as sensitive by section 7(d) of E.O. 12564 and the number of positions designated as TDPs.

CATEGORIES of Sensitive Positions Defined by E.O. 12564	Number in Sensitive Positions	Number Selected as TDPs
1. Designated by agency head as Special Sensitive, Critical-Sensitive, or Noncritical-Sensitive (FPM Chapter 731 or in accordance with E.O. 10450)	28,000	1,322
2. Positions with access to classified information	20,000	1,322
3. Presidential Appointees	-----	-----
4. Law enforcement officers (5 USC 8331(20))(5 USC 8401(17))*	-----	-----
5. Other positions, as determined by the agency head:		
a. Law enforcement	26	26
b. National security	76	76
c. Protection of life and property	348	348
d. Public health or safety	1567	1567
e. Other (Please specify) _____	-----	-----

\* The second citation is not included in E.O. 12564.

**If your agency tested this period, answer questions 6-7, if not, go to question 8.**

6. Indicate the types of drugs to be tested in accordance with your Agency plan.

X (a) Cocaine X (b) Marijuana X (c) Amphetamines X (d) Opiates X (e) PCP  
Please specify others: (f) \_\_\_\_\_ (g) \_\_\_\_\_ (h) \_\_\_\_\_

7.a During this period how many blind quality control specimens (QCs) were submitted to the laboratory? 60

b. Please indicate the composition (negative and positive) of the QCs and the number of correct responses reported to the MRO.

Number of:	Negative	Positive	Total
Specimens	48	12	60
Correct responses	48	12	60

c. If there were unacceptable blind QC results, would the MRO investigate and document all the results?

X Always \_\_\_\_\_ Sometimes \_\_\_\_\_ Never

d. If "always" or "sometimes", who is responsible for maintaining these documents?

X Agency MRO \_\_\_\_\_ Agency Primary Liaison

AGENCY DLA

SEMI - ANNUAL REPORT: October 1, 1992 - March 31, 1993

Part III Operations Profile CONTINUED

8. Has your agency adopted another agency's plan (piggybacked another plan) so that the plans are administered together (this does not include riding another agency's contract or if another agency performs the services)?

  x   No        Yes (please specify which Agency plan) \_\_\_\_\_

9. Specify the names of the contractors (1a) or the names of the agencies (1b,2,3) that provide the drug testing services:

	a. Collection	b. Laboratory	c. MRO	d. Blind quality control
1. Contract with (specify)				
a. Private firm			JSA	
b. Public agency				
2. Riding another agency	Interior	Interior		Interior
3. Inhouse				

10.a Has your agency developed a continuing drug education program for employees?   x   Yes        No

b. During this reporting period how many employees have been provided with educational material or received training on the effects of illegal drugs and/or other aspects of your Agency's drug-free workplace program?

(1) Number of employees \_\_\_\_\_ (2) Percent of total employees \_\_\_\_\_ %

c. Indicate the topics covered in the employee drug education program (check all that apply):

- x   Agency's substance abuse policy, procedures and program
- x   Types and effects of drugs
- x   Symptoms of drug use and effects on performance and conduct
- x   Relationship of the EAP to the drug-testing program
- x   Relevant treatment, rehabilitation, confidentiality issues

d. Check all the forms of education that apply:

- x   Distribution of written material
- x   Audio or video programs
- x   Group discussions and presentations
- x   Special drug awareness promotions

11.a Has your agency developed a continuing training and education program for supervisors to help them identify and address illegal drug use by employees:   x   Yes        No

b. During this reporting period how many supervisors received training on the Agency's drug-free workplace program?

(1) Number of supervisors \_\_\_\_\_ (2) Percent of total supervisors \_\_\_\_\_ %

c. Indicate the topics covered in the supervisory educational and training program (check all that apply):

- x   Agency's substance abuse policy, procedures and program
- x   Types and effects of drugs
- x   Symptoms of drug use and effects on performance and conduct
- x   How to identify employees in need of assistance
- x   Role and operation of the EAP
- x   Intervention and referral to the EAP
- x   Return of employee to workplace and follow-up

d. Check all the forms of education and training that apply:

- x   Distribution of written material
- x   Audio or video programs
- x   Group discussions and presentations

12. Please provide the best estimate of the percent of current employees and supervisors your agency has EVER reached with its drug education/training/awareness efforts since the issuance of E.O. 12564.

(a) Percent of employees   99   % (b) Percent of supervisors   99   %

13. Does your agency provide an orientation package and/or training for new employees and new supervisors on the effects of illegal drugs and and/or other aspects of the Agency's drug-free workplace plan?

(a) Employees: Yes   x   No        (b) Supervisors: Yes   x   No

**Part IV Cost and Pricing Profile**

1. Specify contract pricing for:

Laboratory services

Full-service - NO CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.

Full-service WITH CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.

Separate pricing, i.e., individual fees charged for initial and confirmation tests.

2.a. Indicate whether confirmation of all drugs which initially test positive within a single specimen is required?

Yes  No

b. Are there additional charges for confirmation tests if the specimen tests positive for more than one drug?

Yes  No

3. On average, how many days between specimen collection and notification of testing results?

3.6 Calendar days

4. The following questions are intended to identify extraordinary locations that are unique to your agency.

The term "extraordinary" is used here to denote those locations/situations where your agency must make special arrangements and/or incurs additional costs to collect a specimen.

a. Do any of your TDPs work at extraordinary locations?

Yes  No (skip to Page 5)

Please describe "extraordinary" locations.

\_\_\_\_\_

\_\_\_\_\_

Please provide the following information about TESTING at extraordinary sites:.

b. \_\_\_\_\_ Total TDPs at extraordinary locations

c. \_\_\_\_\_ Total number of individuals tested at extraordinary sites

d. Were additional costs associated with specimen collection at these sites?  Yes  No

If yes, what was the total cost of collection at these extraordinary sites \$ \_\_\_\_\_

e. Describe what methods are taken to minimize additional costs at extraordinary sites.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROCEED TO PAGE 5**

AGENCY DLA

SEMI - ANNUAL REPORT: October 1, 1992 - March 31, 1993

Part IV Cost and Pricing Profile CONTINUED

5. DRUG TESTING COSTS

Please provide the following DRUG TESTING cost information or best estimates for this reporting period.

(Use Worksheets on Page 6 for other direct testing and administrative costs. Enter final totals in the table below.)

	Total Costs	Total Units	Average Cost per Unit	Unit of Costs (e.g., hours, years, per test)	Additional Comments (for this item only)
<b>TESTING COSTS</b>					
a. Specimen collection	23,496.32	609	32.58	sample	
b. Laboratory Tests (flat fee)	8,440.74	693	12.18	test	
c. Initial test					
d. Confirmation test (flat fee)	727.50	9	80.83	test	retest at second lab
e. Negative test					
f. Positive test					
g. Quality control samples	2,063.39	60	34.39	sample	
h. MRO (flat fee)					
i. Review of negatives	1,154.30	697	1.66	result	
j. Review of positives	490.00	14	35.00	result	
k. Other direct TESTING costs*	1,054.56				
L. Administrative TESTING costs*	43,250.00				
m. Total costs (items a-L)	80,676.81				

\* Prepare estimates on the worksheets provided on page 6 and enter final totals in the section above.

6. If there is any office in your agency other than that of the Program Coordinator that provides GENERAL AGENCY-WIDE Drug Education, indicate the actual education costs or best estimates by the source of that education.  
 \$ NA (a) Personnel Office      \$ NA (b) EAP  
 \$ NA (c) Other (please specify) \_\_\_\_\_

Upon completion of question 6: If your agency tested this period, proceed to Page 7 Part V, if not, proceed to Page 7 Part VI.

AGENCY DLA

SEMI - ANNUAL REPORT: October 1, 1992 - March 31, 1993

**Worksheets: Other Direct Testing Costs (item 5k) and Administrative costs (item 5l)**

**Item 5.k OTHER DIRECT TESTING COSTS**

Column (1) - Provide costs for those items directly related to the testing process and not part of the pricing of items 5a-j.  
 Column (2) - If included in items 5a-j, indicate the item (a-j) under the cost reference item ("REF") column.

COST CATEGORIES	(1) COSTS	(2) ITEM REF	Comments
i. Specimen kits and other miscellaneous collection materials	-----	b	
ii. Shipping costs	-----	a	
iii. Bar coding of samples	-----		
iv. Electronic transfer of test results	-----		
v. Handling costs for rejected specimens or cancellations	1,054.56		No shows
vi. Cost of adulteration testing panels	-----		
vii. Applicant travel costs	-----		
<b>OTHER COSTS (Please specify below):</b>			
viii.			
ix.			
x.			
<b>viii. TOTAL OTHER DIRECT COSTS (sum i-x): Here and Item 5K:</b>	<b>1,054.56</b>		

**Item 5.l ADMINISTRATIVE COSTS of the DRUG-FREE WORKPLACE PROGRAM**

Column (1) - Provide total administrative costs in items i-ix.  
 Column (2) - Provide the percent that drug testing administrative costs are of Column (1) administrative costs.  
 Column (3) - Multiply Column (1) by Column (2) and place in Column (3) for all line items ("i-ix") except ("vi").  
 Sum line items (i-ix) for Columns (1) and (3) and place in line items "x" and "xi" respectively.

COST CATEGORIES	(1) Total Administrative Costs	(2) % Drug Testing	(3) Drug-Testing Administrative Costs
i. Staff costs (salaries and benefits)	40,000.00	100%	40,000.00
ii. Staff training costs	-----	-----	-----
iii. Staff travel costs	1,500.00	100%	1,500.00
iv. Lease costs	-----	-----	-----
v. Printing and mailing costs	-----	-----	-----
vi. Education Program Costs: Office of the Program Coordinator	-----		
<b>OTHER COSTS (Please specify below):</b>			
vii. DoI Administrative Fee:	1,750.00	100%	1,750.00
ix.			
<b>x. TOTAL ADMINISTRATIVE COSTS (sum i-ix)</b>			
<b>xi. DRUG TESTING ADMINISTRATIVE COSTS: Here and Item 5L</b>			<b>43,250.00</b>

PROCEED TO PAGE 5 Question 6

AGENCY DLA

SEMIANNUAL REPORT: October 1, 1992 - March 31, 1993

Part V. Testing Results	NUMBER OF PERSONS BY THE BASIS FOR ADMINISTERING TESTS								
	TOTAL	REASONABLE SUBPICION	ACCIDENT OR UNSAFE PRACTICE	RANDOM SELECTION	VOLUNTEER	FOLLOW-UP	APPLICANT TESTING		
							OUTSIDE APPLICANT	INSIDE APPLICANT	Reported as COMBINED
<b>TOTAL TESTED</b>	632			305	2	55	67	203	
<b>Total refusing tests</b>									
<b>Total verified positive</b>	13			11		2			
<b>Verified positive for:</b>									
COCAINE	8			7		1			
MARIJUANA	6			5		1			
AMPHETAMINES									
OPIATES									
PCP									
OTHERS									

**Part VI. FOLLOWUP ACTIONS** *Please provide the following information about follow-up actions during the reporting period for employees whose urinalysis was VERIFIED POSITIVE, tampered with the specimens, refused testing or to cooperate, or were otherwise found to have used, possessed or sold illegal drugs. Check all that apply.*

**1. DISCIPLINARY AND NONDISCIPLINARY ACTIONS PROPOSED AND/OR TAKEN BY TYPE OF ACTION**

NUMBER OF EMPLOYEES:			
NON-DISCIPLINARY ACTIONS	NUMBER	ADDITIONAL COMMENTS	
Referred to EAP	13		
Required return to work followup tests	4		
Detailled from TDP to nonsensitive position	4		
Permanent Reassignment			
Retirement			
Resignation	2		
Other			
DISCIPLINARY ACTIONS	PROPOSED	TAKEN	ADDITIONAL COMMENTS
Written Reprimand	11	9	
Suspension less than 15 days	1		
Suspension 15 days or more			
Indefinite suspension			
Demotion			
Removal/separation	4		
Enforced Leave			

**2. REASONS FOR DISCIPLINARY ACTIONS BY TYPE OF DISCIPLINARY ACTION**

NUMBER OF EMPLOYEES:			
REASONS	SEPARATIONS	OTHER ACTIONS	ADDITIONAL COMMENTS
Possession of drugs/selling at work			
Conviction for a drug offense			
Direct observation of drug use			
Refusing urinalysis		1	
Specimen tampering			
Tested positive for drug use: first finding		8	
Tested positive for drug use: second finding			
Refusal to cooperate			
Failure to successfully complete EAP			
Recommended counseling/treatment			
Other reasons			

FEDERAL DRUG-FREE WORKPLACE PROGRAMS  
SEMI-ANNUAL REPORT FOR THE PERIOD  
April 1, 1993 - September 30, 1993

REPORT DUE: JANUARY 14, 1994

Return signed and completed form to:  
Joseph H. Aulry III, M.D.  
Director, Division of Workplace Programs  
SAMHSA  
5800 Fishers Lane, Rm 9-A-53  
Rockville, Maryland 20857  
SAMHSA/DWP FAX (301) 443-2638  
Direct phone inquiries to:  
Ron Armstrong (301) 443-6780

Part I. General Information

<b>PRIMARY LIAISON</b>		<b>PRIMARY AGENCY MISSION (SELECT ONE)</b>	
Name	<u>Dr. George P. Chagalis</u>	Law Enforcement/Drug Interdiction	
Title	<u>Director</u>	National Security/Defense	<input checked="" type="checkbox"/>
Agency	<u>U.S. Army Drug and Alcohol Opera Agency</u>	Public Health/Safety	
Address	<u>4501 Ford Avenue, Suite 320</u> <u>Alexandria, Virginia</u>	Other	
City:	State:	Zip:	<u>22302-1460</u>
Telephone	( 703 ) 756 - 2453	FAX	( 703 ) 756 - 1575
Report prepared by:	<u>Mr. Terence M. Brazil</u>		
Telephone	( 703 ) 756 - 2453	FAX	( 703 ) 756 - 1575
Date Prepared	<u>01 / 13 / 94</u>		

*George P. Chagalis*  
Signature of Agency Head or Senior Policy Official

Director, USADAQA  
Official Title

<b>CONTROL INFORMATION - FOR SAMHSA USE ONLY</b>			
AGENCY--ID	_____		
DATE RECEIVED	/	/ 94	INITIALS _____
DATE ENTERED	/	/ 94	INITIALS _____
Date Plan Certified	/	/	_____

AGENCY U.S. ARMY DRUG & ALCOHOL SEMI -- ANNUAL REPORT April 1, 1993 - September 30, 1993  
OPERATIONS AGENCY

Part II Status of Plan Implementation

1.a. Indicate the statement which best describes the status of your plan certification during this reporting period.

- 1. Plan has not been submitted to HHS for approval (attach explanatory note) {Survey completed}
- 2. Plan has been submitted to HHS and reviews are in progress {Survey completed}
- 3. Plan has been certified or agency is a Tier II (certification not required)
- 4. Other (Please attach description)

b. Indicate the types of testing included in your plan (check all that apply).

- 1. Reasonable suspicion     2. Accident or unsafe practice     3. Random selection
- 4. Volunteer     5. Follow-up     6. Outside applicant     7. Inside applicant

c. Was plan fully implemented (including all testing and non-testing components) during this reporting period?

- Yes {SKIP TO 3.a}     No

2.a. Were all non-testing components of your plan (e.g. EAPs, training etc.) fully implemented during this reporting period?

- Yes     No

b. Are any prerequisites to testing missing?     Yes     No

If yes, check all that apply.

- 60-day notice     30-day notice
- Services of a certified laboratory     Collection services
- Source for quality control specimens     Services of a Medical Review Officer
- Other (Please specify) \_\_\_\_\_

c. Are there restrictions or holds on one or more types of testing?     Yes     No {Skip to 3a}

4. For each type of testing, indicate the status of implementation during the reporting period. Check the appropriate columns under 'status of testing' for each type of testing included in your agency plan.

	Status of testing (Check appropriate column(s) or specify other reason(s))					
	Fully Implemented	ENJOINED		LABOR		Other reasons not implemented (PLEASE DESCRIBE)
		partial	full	partial	full	
Reasonable suspicion						
Accident or unsafe practice						
Random selection						
Volunteer						
Follow-up						
Outside applicant						
Inside applicant						

e. If you indicated that testing under your agency's plan was on hold or restricted for an external cause i.e., litigation (enjoined) or labor negotiation, briefly describe below the nature of the delay, its cause, how many employees are impacted, and the projected date for the removal of the restriction.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3.a. Was any testing conducted during this period.     Yes {skip to Part III}     No

b. If no, what were the reasons?

- Reason stated in questions 2b and/or 2d above
- No situation arose which called for testing
- Other (Please describe) \_\_\_\_\_

OPERATIONS AGENCY

Part III Operations Profile

1. Please provide the following information relating to the total number of:

a. Full-time equivalents (FTEs) 331,150

b. E.O. 12564 Sensitive positions 29,717  
(Number of positions)

c. TDPs 9,380  
(Number of positions)

If your agency tested this period, answer questions 2-4, if not, go to question 5.

2. Percent of TDPs tested

a. Per year according to your plan 100 %

b. Actual this reporting period 38 %

3. According to your plan, what is the number of times per year your agency takes random samples? Dept of Army does not require a specific number of random tests per year, however, it is generally performed once

4.a. If your plan includes inside applicant testing, which positions are subject to that testing? each year.

All Positions \_\_\_\_\_ All TDPs x Some TDPs \_\_\_\_\_

b. If your plan includes outside applicant testing, which positions are subject to that testing?

All Positions \_\_\_\_\_ All TDPs x Some TDPs \_\_\_\_\_

5. Enter the number of positions defined as sensitive by section 7(d) of E.O. 12564 and the number of positions designated as TDPs.

CATEGORIES of Sensitive Positions Defined by E.O. 12564	Number in Sensitive Positions	Number Selected as TDPs
1. Designated by agency head as Special Sensitive, Critical-Sensitive, or Noncritical-Sensitive (FPM Chapter 731 or in accordance with E.O. 10450) Approximately	29,717	9,380
2. Positions with access to classified information Approximately	29,717	9,380
3. Presidential Appointees		
4. Law enforcement officers (5 USC 8331 (20))(5 USC 8401(17))*		
5. Other positions, as determined by the agency head:	XXXXXXXXXXXXXXXXXXXX	
a. Law enforcement Guards & Police		2,427
b. National security Personnel Reliability Prog		1,209
c. Protection of life and property Aviation Personnel		1,673
d. Public health or safety Alcohol & Drug Treatment Staff		709
e. Other (Please specify) Railroad Personnel		3,362

\* The second citation is not included in E. O. 12564.

6. Indicate the types of drugs to be tested in accordance with your Agency plan.

X (a) Cocaine X (b) Marijuana X (c) Amphetamines X (d) Opiates X (e) PCP

Please specify others: (f) \_\_\_\_\_ (g) \_\_\_\_\_ (h) \_\_\_\_\_

7.a. During this period how many blind quality control specimens (QCs) were submitted to the laboratory? 431

b. Please indicate the composition (negative and positive) of the QCs and the number of correct responses reported to the MRO.

Number of:	Negative	Positive	Total
Specimens	355	76	431
Correct responses	355	76	431

c. If there were unacceptable blind QC results, would the MRO investigate and document all the results?  
X Always \_\_\_\_\_ Sometimes \_\_\_\_\_ Never

d. If 'always' or 'sometimes', who is responsible for maintaining these documents?  
\_\_\_\_\_ Agency MRO X Agency Primary Liaison

AGENCY U.S. ARMY DRUG & ALCOHOL OPERATIONS AGENCY SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Part III Operations Profile CONTINUED

8. Has your agency adopted another agency's plan (piggybacked another plan) so that the plans are administered together (this does not include riding another agency's contract or if another agency performs the services)?
[X] No Yes (please specify which Agency plan)

9. Specify the names of the contractors (1a) or the names of the agencies (1b,2,3) that provide the drug testing services:

Table with 4 columns: a. Collection, b. Laboratory, c. MRO, d. Blind quality control. Row 1: Contract with (specify) Northwest Tox. Row 2: Private firm Northwest Tox. Row 3: Public agency. Row 4: Riding another agency. Row 5: Inhouse X Armed Forces Institute of Pathology (AFIP)

10.a Has your agency developed a continuing drug education program for employees? [X] Yes No

b. During this reporting period how many employees have been provided with educational material or received training on the effects of illegal drugs and/or other aspects of your Agency's drug-free workplace program?
(1) Number of employees 17,928 (2) Percent of total employees 5.41%

c. Indicate the topics covered in the employee drug education program (check all that apply):

- [X] Agency's substance abuse policy, procedures and program
[X] Types and effects of drugs
[X] Symptoms of drug use and effects on performance and conduct
[X] Relationship of the EAP to the drug-testing program
[X] Relevant treatment, rehabilitation, confidentiality issues

d. Check all the forms of education that apply:

- [X] Distribution of written material [X] Audio or video programs
[X] Group discussions and presentations [X] Special drug awareness promotions

11.a Has your agency developed a continuing training and education program for supervisors to help them identify and address illegal drug use by employees: [X] Yes No

b. During this reporting period how many supervisors received training on the Agency's drug-free workplace program?

(1) Number of supervisors 7466 (2) Percent of total supervisors % not available

c. Indicate the topics covered in the supervisory educational and training program (check all that apply):

- [X] Agency's substance abuse policy, procedures and program
[X] Types and effects of drugs
[X] Symptoms of drug use and effects on performance and conduct
[X] How to identify employees in need of assistance
[X] Role and operation of the EAP
[X] Intervention and referral to the EAP
[X] Return of employee to workplace and follow-up

d. Check all the forms of education and training that apply:

- [X] Distribution of written material [X] Audio or video programs [X] Group discussions and presentations

12. Please provide the best estimate of the percent of current employees and supervisors your agency has EVER reached with its drug education/training/awareness efforts since the issuance of E.O. 12564.

(a) Percent of employees 100% (b) Percent of supervisors 100%

13. Does your agency provide an orientation package and/or training for new employees and new supervisors on the effects of illegal drugs and and/or other aspects of the Agency's drug-free workplace plan?

(a) Employees: Yes [X] No (b) Supervisors: Yes [X] No



AGENCY U.S. ARMY DRUG & ALCOHOL OPERATIONS AGENCY

SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Part IV Cost and Pricing Profile CONTINUED

6. DRUG TESTING COSTS

Please provide the following DRUG TESTING cost information or best estimates for this reporting period.

(Use Worksheets on Page 6 for other direct testing and administrative costs. Enter final totals in the table below.)

Table with 6 columns: Description, Total Costs, Total Units, Average Cost per Unit, Unit of Costs (e.g., hours, years, per test), and Additional Comments (for this item only). Rows include specimen collection, laboratory tests (initial, confirmation, negative, positive), quality control, MHO, and other direct and administrative testing costs. Total costs are listed as 38,432.75.

Use estimates on the worksheets provided on page 6 and enter final totals in the section above.

6. If there is any office in your agency other than that of the Program Coordinator that provides GENERAL AGENCY-WIDE Drug Education, indicate the actual education costs or best estimates by the source of that education. \$ N/A (a) Personnel Office \$ N/A (b) EAP \$ N/A (c) Other (please specify)

Upon completion of question 6: If your agency tested this period, proceed to Page 7 Part V, If not, proceed to Page 7 Part VI.



FEDERAL DRUG-FREE WORKPLACE PROGRAM  
SEMI-ANNUAL REPORT FOR THE PERIOD OF  
APRIL 1, 1993 THRU SEPTEMBER 30, 1993

PART IV COST AND PRICING PROFILE CONTINUED

ITEM 5.1

AT THIS TIME, THE ARMY DOES NOT CAPTURE A BREAKOUT OF COST CATEGORIES AS REQUESTED IN "ADMINISTRATIVE COSTS OF THE DRUG-FREE WORKPLACE PROGRAM". IT IS PROJECTED, HOWEVER, THAT THROUGH THE DEVELOPMENT OF THE ARMY'S DRUG AND ALCOHOL MANAGEMENT INFORMATION SYSTEM (DAMIS), THE REQUESTED DATA WILL BE AVAILABLE FOR THE REPORT PERIOD COVERING THE FIRST HALF OF FISCAL YEAR 1994.



US ARMY SEMI-ANNUAL REPORT DATA

CORRECTED QUESTION 7, QUALITY CONTROL SPECIMENS (QC):

A. TOTAL BLIND QC SPECIMENS: 431

B.

NUMBER OF:	NEGATIVE	POSITIVE	TOTAL
SPECMENS	355	76	431
CORRECT RESPONCES	355	76	431

76  
2  

---

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FEDERAL DRUG-FREE WORKPLACE PROGRAMS  
 SEMI-ANNUAL REPORT FOR THE PERIOD  
 April 1, 1993 - September 30, 1993

**REPORT DUE: JANUARY 14, 1994**

Return signed and completed form to:  
 Joseph H. Aulry III, M.D.  
 Director, Division of Workplace Programs  
 SAMHSA  
 5600 Fishers Lane, Rm 8-A-53  
 Rockville, Maryland 20857  
 SAMHSA/DWP FAX (301) 443-2838  
 Direct phone inquiries to:  
 Ron Armstrong (301) 443-6780

Part I. General Information

<b>PRIMARY LIAISON</b>		<b>PRIMARY AGENCY MISSION (SELECT ONE)</b>	
<b>Name</b>	JULIE BIGLER	Law Enforcement/Drug Interdiction	<input type="checkbox"/>
<b>Title</b>	DRUG PROGRAM COORDINATOR	National Security/Defense	<input checked="" type="checkbox"/>
<b>Agency</b>	OFFICE OF THE INSPECTOR GENERAL, DoD	Public Health/Safety	<input type="checkbox"/>
<b>Address</b>	400 ARMY NAVY DRIVE, RM 512	Other _____	<input type="checkbox"/>
	ARLINGTON, VA 22202-2884		
	City: _____ State: _____ Zip: _____		
<b>Telephone</b>	(703 ) 693 - 0257	<b>FAX</b>	(703 ) 693 - 8593
<b>Report prepared by:</b>	MARY REYNOLDS		
<b>Telephone</b>	(703 ) 693 - 0257	<b>FAX</b>	(703 ) 693 - 8593
<b>Date Prepared</b>	12/22/93		



Signature of Agency Head or Senior Policy Official  
 STANLEY H. BOARDMAN

Director, Personnel & Security Directorate  
 Official Title

CONTROL INFORMATION - FOR SAMHSA USE ONLY			
AGENCY-ID	_____		
DATE RECEIVED	/ / 94	INITIALS	_____
DATE ENTERED	/ / 94	INITIALS	_____
Date Plan Certified	/ /		

Part II Status of Plan Implementation

1.a Indicate the statement which best describes the status of your plan certification during this reporting period.

- 1. Plan has not been submitted to HHS for approval (attach explanatory note) *{Survey completed}*
- 2. Plan has been submitted to HHS and reviews are in progress *{Survey completed}*
- 3. Plan has been certified or agency is a Tier II (certification not required)
- 4. Other (Please attach description)

b. Indicate the types of testing included in your plan (check all that apply).

- 1. Reasonable suspicion
- 2. Accident or unsafe practice
- 3. Random selection
- 4. Volunteer
- 5. Follow-up
- 6. Outside applicant
- 7. Inside applicant

c. Was plan fully implemented (including all testing and non-testing components) during this reporting period?

- Yes *{SKIP TO 3.a}*
- No

2.a Were all non-testing components of your plan (e.g. EAPs, training etc.) fully implemented during this reporting period?

- Yes
- No

b. Are any prerequisites to testing missing?  Yes  No

*If yes, check all that apply.*

- 60-day notice
- Services of a certified laboratory
- Source for quality control specimens
- Other (Please specify) \_\_\_\_\_
- 30-day notice
- Collection services
- Services of a Medical Review Officer

c. Are there restrictions or holds on one or more types of testing?  Yes  No *{Skip to 3a}*

d. For each type of testing, indicate the status of implementation during the reporting period. Check the appropriate columns under 'status of testing' for each type of testing included in your agency plan.

	Status of testing (Check appropriate column(s) or specify other reason(s))					
	Fully Implemented	ENJOINED		LABOR		Other reasons not implemented <i>(PLEASE DESCRIBE)</i>
		partial	full	partial	full	
Reasonable suspicion	<input checked="" type="checkbox"/>					
Accident or unsafe practice	<input checked="" type="checkbox"/>					* In plan, writing procedures
Random selection	<input checked="" type="checkbox"/>					
Volunteer	<input checked="" type="checkbox"/>					
Follow-up	<input checked="" type="checkbox"/>					
Outside applicant	<input checked="" type="checkbox"/>					
Inside applicant	<input checked="" type="checkbox"/>					

e. If you indicated that testing under your agency's plan was on hold or restricted for an external cause i.e., litigation (enjoined) or labor negotiation, briefly describe below the nature of the delay, its cause, how many employees are impacted, and the projected date for the removal of the restriction.

\_\_\_\_\_ N/A \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3.a Was any testing conducted during this period.  Yes *{skip to Part III}*  No

b. If no, what were the reasons?

- Reason stated in questions 2b and/or 2d above
- No situation arose which called for testing
- Other (Please describe) \_\_\_\_\_

Part III Operations Profile

1. Please provide the following information relating to the total number of:

- a. Full-time equivalents (FTEs) 1540      b. E.O. 12564 Sensitive positions 1488      c. TDPs 1488  
 (Number of positions)      (Number of positions)

**If your agency tested this period, answer questions 2-4, if not, go to question 5.**

2. Percent of TDPs tested

- a. Per year according to your plan 10 %      b. Actual this reporting period 7.5 %

3. According to your plan, what is the number of times per year your agency takes random samples? Mthly

4.a. If your plan includes inside applicant testing, which positions are subject to that testing?

All Positions           All TDPs X      Some TDPs     

b. If your plan includes outside applicant testing, which positions are subject to that testing?

All Positions           All TDPs X      Some TDPs     

5. Enter the number of positions defined as sensitive by section 7(d) of E.O. 12564 and the number of positions designated as TDPs.

CATEGORIES of Sensitive Positions Defined by E.O. 12564	Number in Sensitive Positions	Number Selected as TDPs
1. Designated by agency head as Special Sensitive, Critical-Sensitive, or Noncritical-Sensitive (FPM Chapter 731 or in accordance with E.O. 10450)	1540	1488
2. Positions with access to classified information	1488	1488
3. Presidential Appointees	1	1
4. Law enforcement officers (5 USC 8331 (20))(5 USC 8401 (17))*	335	335
5. Other positions, as determined by the agency head:	XXXXXXXXXXXXXXXXXXXX	
a. Law enforcement	0	0
b. National security	0	0
c. Protection of life and property	0	0
d. Public health or safety	0	0
e. Other (Please specify) <u>Drug Program Coordinator,</u>	4	4

\* The second citation is not included in E.O. 12564. Employee Relations Specialist, Employee Assistance Program Coordinator, Employee Relations Clerk

6. Indicate the types of drugs to be tested in accordance with your Agency plan.

X (a) Cocaine    X (b) Marijuana    X (c) Amphetamines    X (d) Opiates    X (e) PCP  
 Please specify others: (f)      (g)      (h)     

7.a. During this period how many blind quality control specimens (QCs) were submitted to the laboratory? 15

b. Please indicate the composition (negative and positive) of the QCs and the number of correct responses reported to the MRO.

Number of:	Negative	Positive	Total
Specimens	10	5	15
Correct responses	10	5	15

c. If there were unacceptable blind QC results, would the MRO investigate and document all the results?  
X Always         Sometimes         Never

d. If 'always' or 'sometimes', who is responsible for maintaining these documents?

X Agency MRO         Agency Primary Liaison



Part IV Cost and Pricing Profile

1. Specify contract pricing for:

Laboratory services

- Full-service - NO CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
- Full-service WITH CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
- Separate pricing, i.e., individual fees charged for initial and confirmation tests.

2.a. Indicate whether confirmation of all drugs which initially test positive within a single specimen is required?

Yes  No

b. Are there additional charges for confirmation tests if the specimen tests positive for more than one drug?

Yes  No

3. On average, how many days between specimen collection and notification of testing results?

5-10 Calendar days

4. The following questions are intended to identify extraordinary locations that are unique to your agency.

The term 'extraordinary' is used here to denote those locations/situations where your agency must make special arrangements and/or incurs additional costs to collect a specimen.

a. Do any of your TDPs work at extraordinary locations?

Yes  No {skip to Page 5}

Please describe 'extraordinary' locations.

5 employees in Germany

Please provide the following information about TESTING at extraordinary sites:..

b. 5 Total TDPs at extraordinary locations

c. \_\_\_\_\_ Total number of individuals tested at extraordinary sites

d. Were additional costs associated with specimen collection at these sites?  Yes  No

If yes, what was the total cost of collection at these extraordinary sites \$ \_\_\_\_\_

e. Describe what methods are taken to minimize additional costs at extraordinary sites.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROCEED TO PAGE 5





**FEDERAL DRUG-FREE WORKPLACE PROGRAMS  
SEMI-ANNUAL REPORT FOR THE PERIOD  
April 1, 1993 - September 30, 1993**

**REPORT DUE: JANUARY 14, 1994**

Return signed and completed form to:  
Joseph H. Aury II, M.D.  
Director, Division of Workplace Programs  
SAMHSA  
5600 Fishers Lane, Rm 6-A-63  
Rockville, Maryland 20857  
SAMHSA/DWP FAX (301) 443-2838  
Direct phone inquiries to:  
Rita Armstrong (301) 443-8780

**Part I. General Information**

<b>PRIMARY LIAISON</b>		<b>PRIMARY AGENCY MISSION (SELECT ONE)</b>	
Name	<u>Christine Darago</u>	Law Enforcement/Drug Interdiction	<input type="checkbox"/>
Title	<u>Employee Relations Specialist</u>	National Security/Defense	<input checked="" type="checkbox"/>
Agency	<u>Defense Mapping Agency</u>	Public Health/Safety	<input type="checkbox"/>
Address	<u>8613 Lee Highway</u>	Other _____	<input type="checkbox"/>
City: <u>Fairfax</u> State: <u>VA</u> Zip: <u>22031-2137</u>			
Telephone	<u>(703) 285-9441</u>	FAX	<u>(703) 285-9465</u>
Report prepared by:	<u>Nancy Ferraiuolo</u>		
Telephone	<u>(703) 285-9441</u>	FAX	<u>(703) 285-9465</u>
Date Prepared	<u>3 / 29 94</u>		



Fred Foltz  
Signature of Agency Head or Senior Policy Official

Chief, Work Force Management Division  
Official Title

**CONTROL INFORMATION - FOR SAMHSA USE ONLY**

AGENCY-ID \_\_\_\_\_

DATE RECEIVED / / 94 INITIALS \_\_\_\_\_

DATE ENTERED / / 94 INITIALS \_\_\_\_\_

Date Plan Certified / /

AGENCY Defense Mapping SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

**Part II Status of Plan Implementation**

1.a Indicate the statement which best describes the status of your plan certification during this reporting period.

- 1. Plan has not been submitted to HHS for approval (attach explanatory note) *{Survey completed}*
- 2. Plan has been submitted to HHS and reviews are in progress *{Survey completed}*
- 3. Plan has been certified or agency is a Tier II (certification not required)
- 4. Other (Please attach description)

b. Indicate the types of testing included in your plan (check all that apply).

- 1. Reasonable suspicion     2. Accident or unsafe practice     3. Random selection
- 4. Volunteer     5. Follow-up     6. Outside applicant     7. Inside applicant

c. Was plan fully implemented (including all testing and non-testing components) during this reporting period?

- Yes *{SKIP TO 3.a}*     No

2.a Were all non-testing components of your plan (e.g. EAPs, training etc.) fully implemented during this reporting period?

- Yes     No

b. Are any prerequisites to testing missing?     Yes     No

*If yes, check all that apply.*

- 60-day notice     30-day notice
- Services of a certified laboratory     Collection services
- Source for quality control specimens     Services of a Medical Review Officer
- Other (Please specify) \_\_\_\_\_

c. Are there restrictions or holds on one or more types of testing?     Yes     No *{Skip to 3a}*

d. For each type of testing, indicate the status of implementation during the reporting period. Check the appropriate columns under 'status of testing' for each type of testing included in your agency plan.

	Status of testing (Check appropriate column(s) or specify other reason(s))					
	Fully Implemented	ENJOINED		LABOR		Other reasons not implemented <i>{PLEASE DESCRIBE}</i>
		partial	full	partial	full	
Reasonable suspicion						Partial Implementation *
Accident or unsafe practice	X					
Random selection	X					
Volunteer	X					
Follow-up	X					
Outside applicant	X					
Inside applicant	X					

e. If you indicated that testing under your agency's plan was on hold or restricted for an external cause i.e., litigation (enjoined) or labor negotiation, briefly describe below the nature of the delay, its cause, how many employees are impacted, and the projected date for the removal of the restriction.

\* DMA plans to implement once a training program has been developed.

3.a Was any testing conducted during this period.     Yes *{skip to Part III}*     No

b. If no, what were the reasons?

- Reason stated in questions 2b and/or 2d above
- No situation arose which called for testing
- Other (Please describe) \_\_\_\_\_

**Part III Operations Profile**

1. Please provide the following information relating to the total number of:

- a. Full-time equivalents (FTEs) 7,963
- b. E.O. 12564 Sensitive positions 7,692  
(Number of positions)
- c. TDPs 7,692  
(Number of positions)

**If your agency tested this period, answer questions 2-4, if not, go to question 5.**

2. Percent of TDPs tested

- a. Per year according to your plan 14 %
- b. Actual this reporting period 7 %

3. According to your plan, what is the number of times per year your agency takes random samples? \_\_\_\_\_

4.a If your plan includes inside applicant testing, which positions are subject to that testing?

All Positions \_\_\_\_\_ All TDPs X Some TDPs \_\_\_\_\_

b. If your plan includes outside applicant testing, which positions are subject to that testing?

All Positions \_\_\_\_\_ All TDPs X Some TDPs \_\_\_\_\_

5. Enter the number of positions defined as sensitive by section 7(d) of E.O. 12564 and the number of positions designated as TDPs.

CATEGORIES of Sensitive Positions Defined by E.O. 12564	Number in Sensitive Positions	Number Selected as TDPs
1. Designated by agency head as Special Sensitive, Critical-Sensitive, or Noncritical-Sensitive (FPM Chapter 731 or in accordance with E.O. 10450)	7,692	7,692
2. Positions with access to classified information		
3. Presidential Appointees		
4. Law enforcement officers (5 USC 8331 (20))(5 USC 8401(17))*		
5. Other positions, as determined by the agency head:	XXXXXXXXXXXXXXXXXXXXXXXX	
a. Law enforcement		
b. National security		
c. Protection of life and property		
d. Public health or safety		
e. Other (Please specify)		

\* The second citation is not included in E.O. 12564.

6. Indicate the types of drugs to be tested in accordance with your Agency plan.

- X (a) Cocaine X (b) Marijuana \_\_\_\_\_ (c) Amphetamines X (d) Opiates X (e) PCP
- Please specify others: (f) \_\_\_\_\_ (g) \_\_\_\_\_ (h) \_\_\_\_\_

7.a During this period how many blind quality control specimens (QCs) were submitted to the laboratory? 53

b. Please indicate the composition (negative and positive) of the QCs and the number of correct responses reported to the MRO.

Number of:	Negative	Positive	Total
Specimens	42	11	53
Correct responses	42	11	53

c. If there were unacceptable blind QC results, would the MRO investigate and document all the results?

- X Always \_\_\_\_\_ Sometimes \_\_\_\_\_ Never

d. If 'always' or 'sometimes', who is responsible for maintaining these documents?

- X Agency MRO \_\_\_\_\_ Agency Primary Liaison



AGENCY Defense Mapping SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993**Part IV Cost and Pricing Profile****1. Specify contract pricing for:****Laboratory services**

- Full-service - NO CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.  
 Full-service WITH CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.  
 Separate pricing, i.e., individual fees charged for initial and confirmation tests.

**2.a. Indicate whether confirmation of all drugs which initially test positive within a single specimen is required?** Yes  No**b. Are there additional charges for confirmation tests if the specimen tests positive for more than one drug?** Yes  No**3. On average, how many days between specimen collection and notification of testing results?**14 Calendar days**4. The following questions are intended to identify extraordinary locations that are unique to your agency.**

The term 'extraordinary' is used here to denote those locations/situations where your agency must make special arrangements and/or incurs additional costs to collect a specimen.

**a. Do any of your TDPs work at extraordinary locations?** Yes  No (skip to Page 5)

Please describe 'extraordinary' locations.

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Please provide the following information about TESTING at extraordinary sites:

**b.** \_\_\_\_\_ Total TDPs at extraordinary locations**c.** \_\_\_\_\_ Total number of individuals tested at extraordinary sites**d.** Were additional costs associated with specimen collection at these sites?  Yes  No

If yes, what was the total cost of collection at these extraordinary sites \$ \_\_\_\_\_

**e.** Describe what methods are taken to minimize additional costs at extraordinary sites.

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PROCEED TO PAGE 5
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FEDERAL DRUG-FREE WORKPLACE PROGRAMS  
SEMI-ANNUAL REPORT FOR THE PERIOD  
April 1, 1993 - September 30, 1993

REPORT DUE: JANUARY 14, 1994

Return signed and completed form to:  
Joseph H. Aubry III, M.D.  
Director, Division of Workplace Programs  
SAMHSA  
5600 Fishers Lane, Rm 9-A-53  
Rockville, Maryland 20857  
SAMHSAOWP FAX (301) 443-2936  
Direct phone inquiries to:  
Ron Armstrong (301) 443-6780

Part I. General Information

<b>PRIMARY LIAISON</b>		<b>PRIMARY AGENCY MISSION (SELECT ONE)</b>	
Name	<u>George R. Keller, P.D., M.Sc (M43)</u>	Law Enforcement/Drug Interdiction	<input type="checkbox"/>
Title	<u>Drug Program Coordinator</u>	National Security/Defense	<input type="checkbox"/>
Agency	<u>National Security Agency</u>	Public Health/Safety	<input type="checkbox"/>
Address	<u>9800 Savage Road</u>	Other _____	<input type="checkbox"/>
	<u>Fort George G. Meade, MD 20755-6000</u>		
	City: _____ State: _____ Zip: _____		
Telephone	( 301 ) 688-8913	FAX (301 ) 688 - 5487	
Report prepared by:	_____		
Telephone ( ) -	FAX ( ) -		
Date Prepared	12/28/93		

Stephen A. Lopez  
Signature of Agency Head or Senior Policy Official

Director of Health Services  
Official Title

<b>CONTROL INFORMATION - FOR SAMHSA USE ONLY</b>			
AGENCY-ID	_____		
DATE RECEIVED	— / / 94	INITIALS	_____
DATE ENTERED	/ / 94	INITIALS	_____
Date Plan Certified	/ /		

**Part II Status of Plan Implementation**

1.a Indicate the statement which best describes the status of your plan certification during this reporting period.

- 1. Plan has not been submitted to HHS for approval (attach explanatory note). *{Survey completed}*
- 2. Plan has been submitted to HHS and reviews are in progress *{Survey completed}*
- 3. Plan has been certified or agency is a Tier II (certification not required)
- 4. Other (Please attach description)

b. Indicate the types of testing included in your plan (check all that apply).

- 1. Reasonable suspicion
- 2. Accident or unsafe practice
- 3. Random selection
- 4. Volunteer
- 5. Follow-up
- 6. Outside applicant
- 7. Inside applicant

c. Was plan fully implemented (including all testing and non-testing components) during this reporting period?

- Yes {SKIP TO 3.a}
- No

2.a Were all non-testing components of your plan (e.g. EAPs, training etc.) fully implemented during this reporting period?

- Yes
- No

b. Are any prerequisites to testing missing?  Yes  No

*If yes, check all that apply.*

- 60-day notice
- Services of a certified laboratory
- Source for quality control specimens
- Other (Please specify) \_\_\_\_\_
- 30-day notice
- Collection services
- Services of a Medical Review Officer

c. Are there restrictions or holds on one or more types of testing?  Yes  No *{Skip to 3a}*

d. For each type of testing, indicate the status of implementation during the reporting period. Check the appropriate columns under 'status of testing' for each type of testing included in your agency plan.

	Status of testing (Check appropriate column(s) or specify other reason(s))					Other reasons not implemented (PLEASE DESCRIBE)
	Fully implemented	ENJOINED		LABOR		
		partial	full	partial	full	
Reasonable suspicion						
Accident or unsafe practice						
Random selection						
Volunteer						
Follow-up						
Outside applicant						
Inside applicant						

e. If you indicated that testing under your agency's plan was on hold or restricted for an external cause i.e., litigation (enjoined) or labor negotiation, briefly describe below the nature of the delay, its cause, how many employees are impacted, and the projected date for the removal of the restriction.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3.a Was any testing conducted during this period.  Yes *{skip to Part III}*  No

b. If no, what were the reasons?

- Reason stated in questions 2b and/or 2d above
- No situation arose which called for testing
- Other (Please describe) \_\_\_\_\_

Part III Operations Profile

1. Please provide the following information relating to the total number of:

a. Full-time equivalents (FTEs) Classified b. E.O. 12564 Sensitive positions All c. TDPs All  
(Number of positions) (Number of positions)

**If your agency tested this period, answer questions 2-4, if not, go to question 5.**

2. Percent of TDPs tested

a. Per year according to your plan N/A % b. Actual this reporting period CLASSIFIED %

3. According to your plan, what is the number of times per year your agency takes random samples? \_\_\_\_\_

4.a If your plan includes inside applicant testing, which positions are subject to that testing?

All Positions N/A All TDPs N/A Some TDPs N/A

b. If your plan includes outside applicant testing, which positions are subject to that testing?

All Positions XX All TDPs N/A Some TDPs N/A

5. Enter the number of positions defined as sensitive by section 7(d) of E.O. 12564 and the number of positions designated as TDPs.

CATEGORIES of Sensitive Positions Defined by E.O. 12564	Number in Sensitive Positions	Number Selected as TDPs
1. Designated by agency head as Special Sensitive, Critical-Sensitive, or Noncritical-Sensitive (FPM Chapter 731 or in accordance with E.O. 10450)	Classified	
2. Positions with access to classified information		
3. Presidential Appointees		
4. Law enforcement officers (5 USC 8331 (20))(5 USC 8401 (17))*		
5. Other positions, as determined by the agency head:	XXXXXXXXXXXXXXXXXXXX	
a. Law enforcement		
b. National security		
c. Protection of life and property		
d. Public health or safety		
e. Other (Please specify)		

\* The second citation is not included in E. O. 12564.

6. Indicate the types of drugs to be tested in accordance with your Agency plan.

xx (a) Cocaine xx (b) Marijuana xx (c) Amphetamines xx (d) Opiates xx (e) PCP  
Please specify others: (f) \_\_\_\_\_ (g) \_\_\_\_\_ (h) \_\_\_\_\_

7.a During this period how many blind quality control specimens (QCs) were submitted to the laboratory? \_\_\_\_\_

b. Please indicate the composition (negative and positive) of the QCs and the number of correct responses reported to the MRO.

Number of:	Negative	Positive	Total
Specimens	10	10	20
Correct responses	10	10	20

c. If there were unacceptable blind QC results, would the MRO investigate and document all the results?  
xx Always \_\_\_\_\_ Sometimes \_\_\_\_\_ Never

d. If 'always' or 'sometimes', who is responsible for maintaining these documents?  
\_\_\_\_\_ Agency MRO xx Agency Primary Liaison







**Worksheets: Other Direct Testing Costs (item 5k) and Administrative costs (item 5l)**

**Item 5.k OTHER DIRECT TESTING COSTS**

Column (1) - Provide costs for those items directly related to the testing process and not part of the pricing of items 5a-j.  
 Column (2) - If included in items 5a-j, indicate the item (a-j) under the cost reference item ("REF") column.

COST CATEGORIES	(1) COSTS	(2) ITEM REF	Comments
i. Specimen kits and other miscellaneous collection materials	0	N/A	
ii. Shipping costs	0	N/A	
iii. Bar coding of samples	0	N/A	
iv. Electronic transfer of test results	0	N/A	
v. Handling costs for rejected specimens or cancellations	0	N/A	
vi. Cost of adulteration testing panels	0	N/A	
vii. Applicant travel costs	0	N/A	
<b>OTHER COSTS (Please specify below):</b>			
viii.			
ix.			
x.			
<b>viii. TOTAL OTHER DIRECT COSTS (sum i-x): Here and item 5k</b>	<b>0</b>	<b>N/A</b>	

**Item 5.l ADMINISTRATIVE COSTS of the DRUG-FREE WORKPLACE PROGRAM**

Column (1) - Provide total administrative costs in items i-ix.  
 Column (2) - Provide the percent that drug testing administrative costs are of Column (1) administrative costs.  
 Column (3) - Multiply Column (1) by Column (2) and place in Column (3) for all line items ('i-ix') except ('vi').  
 Sum line items (i-ix) for Columns (1) and (3) and place in line items 'x' and 'xi' respectively.

COST CATEGORIES	(1) Total Administrative Costs	(2) % Drug Testing	(3) Drug-Testing Administrative Costs
i. Staff costs (salaries and benefits)	0	0	0
ii. Staff training costs	0	0	0
iii. Staff travel costs	0	0	0
iv. Legal costs	0	0	0
v. Printing and mailing costs	0	0	0
vi. Education program costs: Office of the Program Coordinator	0	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
<b>OTHER COSTS (Please specify below):</b>			
vii.			
viii.			
ix.			
<b>x. TOTAL ADMINISTRATIVE COSTS (sum i-ix)</b>	<b>0</b>	<b>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</b>	<b>0</b>
<b>xi. DRUG TESTING ADMINISTRATIVE COSTS: Here and item</b>	<b>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</b>	<b>XXXXXXXXXXXX</b>	<b>0</b>

PROCEED TO PAGE 5 Question 6



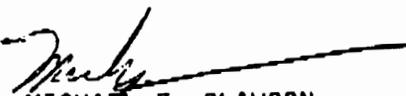
FEDERAL DRUG-FREE WORKPLACE PROGRAMS  
 S&MI-ANNUAL REPORT FOR THE PERIOD  
 April 1, 1993 - September 30, 1993

REPORT DUE JANUARY 14, 1994

Return signed and completed form to:  
 Joseph H. Aubry II, M.D.  
 Director, Division of Workplace Programs  
 SAMHSA  
 5800 Fishers Lane, Rm 9-A-53  
 Rockville, Maryland 20857  
 SAMHSA/DWP FAX (301) 443-2838  
 Direct phone inquiries to:  
 Ben Armstrong (301) 443-5780

Part I. General Information

<b>PRIMARY LIAISON</b>		<b>PRIMARY AGENCY MISSION (SELECT ONE)</b>	
Name	Joyce B. Turner	Code	BC
Title	Personnel Management Specialist	Law Enforcement/Drug Interdiction	
Agency	Defense Information Systems Agency	National Security/Defense	X
Address	701 S. Courthouse Road	Public Health/Safety	
	Arlington, VA 22204-2199	Other	
City:	State:	Zip:	
Telephone	(703) 692-3990	FAX	(703) 692 - 1812
Report prepared by:	Joyce B. Turner		
Telephone	(703) 692-3990	FAX	(703) 692 - 1812
Date Prepared	02 / 24 / 94		

  
 MICHAEL F. SLAWSON

Signature of Agency Head or Senior Policy Official

Director, Center for Agency Services

Official Title

CONTROL INFORMATION - FOR SAMHSA USE ONLY			
AGENCY-ID	_____		
DATE RECEIVED	/ / 94	INITIALS	_____
DATE ENTERED	/ / 94	INITIALS	_____
Date Plan Certified	/ /		

Part II Status of Plan Implementation

1.a Indicate the statement which best describes the status of your plan certification during this reporting period.

- 1. Plan has not been submitted to HHS for approval (attach explanatory note) {Survey completed}
- 2. Plan has been submitted to HHS and reviews are in progress {Survey completed}
- 3. Plan has been certified or agency is a Tier II (certification not required)
- 4. Other (Please attach description)

b. Indicate the types of testing included in your plan (check all that apply).

- 1. Reasonable suspicion  2. Accident or unsafe practice  3. Random selection
- 4. Volunteer  5. Follow-up  6. Outside applicant  7. Inside applicant

c. Was plan fully implemented (including all testing and non-testing components) during this reporting period?

- Yes {SKIP TO 3.a}  No

2.a Were all non-testing components of your plan (e.g. EAPs, training etc.) fully implemented during this reporting period?

- Yes  No

b. Are any prerequisites to testing missing?  Yes  No

If yes, check all that apply:

- 60-day notice  30-day notice
- Services of a certified laboratory  Collection services
- Sources for quality control specimens  Services of a Medical Review Officer
- Other (Please specify) \_\_\_\_\_

c. Are there restrictions or holds on one or more types of testing?  Yes  No {Skip to 3a}

d. For each type of testing, indicate the status of implementation during the reporting period. Check the appropriate columns under 'status of testing' for each type of testing included in your agency plan.

	Status of testing (Check appropriate column(s) or specify other reason(s))					
	Fully Implemented	ENJOINED		LABOR		Other reasons not implemented (PLEASE DESCRIBE)
		partial	full	partial	full	
Reasonable suspicion						
Accident or unsafe practice						
Random selection						
Volunteer						
Follow-up						
Outside applicant						
Inside applicant						

e. If you indicated that testing under your agency's plan was on hold or restricted for an external cause i.e., litigation (enjoined) or labor negotiation, briefly describe below the nature of the delay, its cause, how many employees are impacted, and the projected date for the removal of the restriction.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3.a Was any testing conducted during this period.  Yes {skip to Part III}  No

b. If no, what were the reasons?

- Reason stated in questions 2b and/or 2d above
- No situation arose which called for testing
- Other (Please describe) Pending approval of the revision in the testing procedures and data system

Part III Operations Profile

1. Please provide the following information relating to the total number of:

- a. Full-time equivalents (FTEs) 1939
- b. E.O. 12564 Sensitive positions 1899  
(Number of positions)
- c. TDPs 500  
(Number of positions)

**If your agency tested this period, answer questions 2-4, if not, go to question 5.**

2. Percent of TDPs tested

- a. Per year according to your plan 20 %
- b. Actual this reporting period 0 %

3. According to your plan, what is the number of times per year your agency takes random samples? \_\_\_\_\_

4.a. If your plan includes inside applicant testing, which positions are subject to that testing?

- All Positions \_\_\_\_\_
- All TDPs
- Some TDPs \_\_\_\_\_

b. If your plan includes outside applicant testing, which positions are subject to that testing?

- All Positions \_\_\_\_\_
- All TDPs
- Some TDPs \_\_\_\_\_

5. Enter the number of positions defined as sensitive by section 7(d) of E.O. 12564 and the number of positions designated as TDPs.

CATEGORIES of Sensitive Positions Defined by E.O. 12564	Number in Sensitive Positions	Number Selected as TDPs
1. Designated by agency head as Special Sensitive, Critical-Sensitive, or Noncritical-Sensitive (FPM Chapter 731 or in accordance with E.O. 10450)	1899	500
2. Positions with access to classified information	1899	500
3. Presidential Appointees	0	
4. Law enforcement officers (5 USC 8331 (20))(5 USC 8401 (17))*	0	
5. Other positions, as determined by the agency head:	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
a. Law enforcement		
b. National security		
c. Protection of life and property		
d. Public health or safety		
e. Other (Please specify)		

\* The second citation is not included in E.O. 12564.

6. Indicate the types of drugs to be tested in accordance with your Agency plan.

- (a) Cocaine
- (b) Marijuana
- (c) Amphetamines
- (d) Opiates
- (e) PCP

Please specify others: (f) \_\_\_\_\_ (g) \_\_\_\_\_ (h) \_\_\_\_\_

7.a. During this period how many blind quality control specimens (QCs) were submitted to the laboratory? 0

b. Please indicate the composition (negative and positive) of the QCs and the number of correct responses reported to the MRO.

Number of:	Negative	Positive	Total
Specimens			
Correct responses			

c. If there were unacceptable blind QC results, would the MRO investigate and document all the results?  
 Always  Sometimes  Never

d. If 'always' or 'sometimes', who is responsible for maintaining these documents?  
 Agency MRO  Agency Primary Liaison



Part IV Cost and Pricing Profile

1. Specify contract pricing for:

Laboratory services

- Full-service - NO CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
- Full-service WITH CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
- Separate pricing, i.e., individual fees charged for initial and confirmation tests.

2.a. Indicate whether confirmation of all drugs which initially test positive within a single specimen is required?

Yes  No

b. Are there additional charges for confirmation tests if the specimen tests positive for more than one drug?

Yes  No

3. On average, how many days between specimen collection and notification of testing results?

10 Calendar days

4. The following questions are intended to identify extraordinary locations that are unique to your agency. The term 'extraordinary' is used here to denote those locations/situations where your agency must make special arrangements and/or incurs additional costs to collect a specimen.

a. Do any of your TDPs work at extraordinary locations?

Yes  No (skip to Page 5)

Please describe 'extraordinary' locations.

\_\_\_\_\_  
\_\_\_\_\_

Please provide the following information about TESTING at extraordinary sites:

- b. \_\_\_\_\_ Total TDPs at extraordinary locations
- c. \_\_\_\_\_ Total number of individuals tested at extraordinary sites

d. Were additional costs associated with specimen collection at these sites?  Yes  No

If yes, what was the total cost of collection at these extraordinary sites \$ \_\_\_\_\_

e. Describe what methods are taken to minimize additional costs at extraordinary sites.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROCEED TO PAGE 5

Part IV Cost and Pricing Profile CONTINUED

5. DRUG TESTING COSTS

Please provide the following DRUG TESTING cost information or best estimates for this reporting period.

(Use Worksheets on Page 6 for other direct testing and administrative costs. Enter final totals in the table below.)

	Total Costs	Total Units	Average Cost per Unit	Unit of Costs (e.g., hours, years, per test)	Additional Comments (for this item only)
a. Specimen collection	34.14		34.14		
b. Laboratory Tests (flat fee)					
c. Initial test	9.68		9.68		
d. Confirmation test (flat fee)	.76		.76		
e. Negative test					
f. Positive test					
g. Quality control samples	35.60		35.60		
h. MRO (flat fee)	500				1,000 per year
i. Review of negatives					
j. Review of positives					
k. Other direct TESTING costs*					
L. Administrative TESTING costs*	20,580				
m. Total costs (items a-L)	21,160.18				

\* Prepare estimates on the worksheets provided on page 6 and enter final totals in the section above.

6. If there is any office in your agency other than that of the Program Coordinator that provides GENERAL

AGENCY-WIDE Drug Education, indicate the actual education costs or best estimates by the source of that education.

\$ \_\_\_\_\_ (a) Personnel Office      \$ \_\_\_\_\_ (b) EAP  
 \$ \_\_\_\_\_ (c) Other (please specify) \_\_\_\_\_

Upon completion of question 6: If your agency tested this period, proceed to Page 7 Part V, if not, proceed to Page 7 Part VI.



Part V. Testing Results	NUMBER OF PERSONS BY THE BASIS FOR ADMINISTERING TESTS								
	TOTAL	REASONABLE SUSPICION	ACCIDENT OR UNSAFE PRACTICE	RANDOM SELECTION	VOLUNTEER	FOLLOW-UP	APPLICANT TESTING		
							OUTSIDE APPLICANT	INSIDE APPLICANT	Reported as COMBINED
TOTAL TESTED									
Total refusing tests									
Total verified positive									
Verified positive for:	-----								
COCAINE									
MARIJUANA									
AMPHETAMINES									
OPiates									
PCP									
OTHERS									

**Part VI. FOLLOWUP ACTIONS** Please provide the following information about follow-up actions during the reporting period for employees whose analysis was VERIFIED POSITIVE, tampered with the specimens, refused testing or to cooperate, or were otherwise found to have used, possessed or sold illegal drugs. Check all that apply.

**1. DISCIPLINARY AND NONDISCIPLINARY ACTIONS PROPOSED AND/OR TAKEN BY TYPE OF ACTION**

NUMBER OF EMPLOYEES:

NONDISCIPLINARY ACTIONS	NUMBER	ADDITIONAL COMMENTS	
Referred to EAP	NONE		
Required return to work followup tests			
Detailled from TDP to nonraterative position			
Permanent Reassignment			
Retirement			
Resignation			
Other			
DISCIPLINARY ACTIONS	PROPOSED	TAKEN	ADDITIONAL COMMENTS
Written Reprimand	NONE		
Suspension less than 15 days			
Suspension 15 days or more			
Indefinite suspension			
Demotion			
Reassignment			
Enforced Leave			

**2. REASONS FOR DISCIPLINARY ACTIONS BY TYPE OF DISCIPLINARY ACTION**

NUMBER OF EMPLOYEES:

REASONS	SEPARATIONS	OTHER ACTIONS	ADDITIONAL COMMENTS
Possession of drug/betting at work	NONE		
Conviction for a drug offense			
Direct observation of drug use			
Refusing urinalysis			
Specimen tampering			
Tested positive for drug use: first finding			
Tested positive for drug use: second finding			
Refusal to cooperate			
Failure to successfully complete EAP			
Recommended counseling/treatment			
Other reasons			

FEDERAL DRUG-FREE WORKPLACE PROGRAMS  
SEMI-ANNUAL REPORT FOR THE PERIOD  
April 1, 1993 - September 30, 1993

REPORT DUE: JANUARY 14, 1994

Return signed and completed form to:  
Joseph H. Aulry III, M.D.  
Director, Division of Workplace Programs  
SAMHSA  
5600 Fishers Lane, Rm 9-A-53  
Rockville, Maryland 20857  
SAMHSA/DWP FAX (301) 443-2638  
Direct phone inquiries to:  
Bob Armstrong (301) 443-8780

Part I. General Information

<b>PRIMARY LIAISON</b>		<b>PRIMARY AGENCY MISSION (SELECT ONE)</b>	
Name	<u>Paul P. Wolstenholme</u>	Law Enforcement/Drug Interdiction	
Title	<u>Personnel Management Specialist</u>	National Security/Defense	
Agency	<u>Defense Contract Audit Agency</u>	Public Health/Safety	
Address	<u>Cameron Station, Rm 4B319</u>	Other DoD Contract Audit and Financial Advisory Services	<u>XXXX</u>
City: <u>Alexandria</u> State: <u>VA</u> Zip: <u>22304</u>			
Telephone	<u>(703) 274-5798</u>	FAX	<u>(703) 617-0877</u>
Report prepared by:	<u>Paul P. Wolstenholme</u>		
Telephone	<u>(703) 274-5798</u>	FAX	<u>(703) 617-0877</u>
Date Prepared	<u> / /</u>		

Dale R. Collins  
Signature of Agency Head or Senior Policy Official

Director, Agency Drug-Free Workplace Program  
Official Title

<b>CONTROL INFORMATION - FOR SAMHSA USE ONLY</b>			
AGENCY-ID	_____		
DATE RECEIVED	/	/94	INITIALS _____
DATE ENTERED	/	/94	INITIALS _____

**AGENCY Defense Contract Audit Agency SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993**

**Part II Status of Plan Implementation**

1.a. Indicate the statement which best describes the status of your plan certification during this reporting period.

- 1. Plan has not been submitted to HHS for approval (attach explanatory note) *{Survey completed}*
- 2. Plan has been submitted to HHS and reviews are in progress *{Survey completed}*
- 3. Plan has been certified or agency is a Tier II (certification not required)
- 4. Other (Please attach description)

b. Indicate the types of testing included in your plan (check all that apply).

- 1. Reasonable suspicion     2. Accident or unsafe practice     3. Random selection
- 4. Volunteer     5. Follow-up     6. Outside applicant     7. Inside applicant

c. Was plan fully implemented (including all testing and non-testing components) during this reporting period?

- Yes (SKIP TO 3.a)     No

2.a. Were all non-testing components of your plan (e.g. EAPs, training etc.) fully implemented during this reporting period?

- Yes     No

b. Are any prerequisites to testing missing?     Yes     No

*If yes, check all that apply.*

- 60-day notice     30-day notice
- Services of a certified laboratory     Collection services
- Source for quality control specimens     Services of a Medical Review Officer
- Other (Please specify) \_\_\_\_\_

c. Are there restrictions or holds on one or more types of testing?     Yes     No *{Skip to 3a}*

d. For each type of testing, indicate the status of implementation during the reporting period. Check the appropriate columns under 'status of testing' for each type of testing included in your agency plan.

	Status of testing (Check appropriate column(s) or specify other reason(s))					
	Fully implemented	ENJOINED		LABOR		Other reasons not implemented <i>(PLEASE DESCRIBE)</i>
		partial	full	partial	full	
Reasonable suspicion						
Accident or unsafe practice						
Random selection						
Volunteer						
Follow-up						
Outside applicant						
Inside applicant						

e. If you indicated that testing under your agency's plan was on hold or restricted for an external cause i.e., litigation (enjoined) or labor negotiation, briefly describe below the nature of the delay, its cause, how many employees are impacted, and the projected date for the removal of the restriction.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3.a. Was any testing conducted during this period.     Yes *{skip to Part III}*     No

b. If no, what were the reasons?

- Reason stated in questions 2b and/or 2d above
- No situation arose which called for testing
- Other (Please describe) \_\_\_\_\_



AGENCY Defense Contract Audit Agency SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Part III Operations Profile CONTINUED

8. Has your agency adopted another agency's plan (piggybacked another plan) so that the plans are administered together (this does not include riding another agency's contract or if another agency performs the services)?

X No Yes (please specify which Agency plan)

9. Specify the names of the contractors (1a) or the names of the agencies (1b,2,3) that provide the drug testing services:

Table with 4 columns: a. Collection, b. Laboratory, c. MRO, d. Blind quality control. Rows include Private firm, Public agency (Public Health Svc.), Riding another agency (Dept. of Interior (DoI)), and Inhouse.

10.a Has your agency developed a continuing drug education program for employees? X Yes No

b. During this reporting period how many employees have been provided with educational material or received training on the effects of illegal drugs and/or other aspects of your Agency's drug-free workplace program?

(1) Number of employees 287 (2) Percent of total employees 5.0 %

c. Indicate the topics covered in the employee drug education program (check all that apply):

- Agency's substance abuse policy, procedures and program
Types and effects of drugs
X Symptoms of drug use and effects on performance and conduct
X Relationship of the EAP to the drug-testing program
Relevant treatment, rehabilitation, confidentiality issues

d. Check all the forms of education that apply:

- X Distribution of written material Audio or video programs
X Group discussions and presentations Special drug awareness promotions

11.a Has your agency developed a continuing training and education program for supervisors to help them identify and address illegal drug use by employees: X Yes No

b. During this reporting period how many supervisors received training on the Agency's drug-free workplace program?

(1) Number of supervisors 27 (2) Percent of total supervisors 2.6 %

c. Indicate the topics covered in the supervisory educational and training program (check all that apply):

- X Agency's substance abuse policy, procedures and program
Types and effects of drugs
X Symptoms of drug use and effects on performance and conduct
How to identify employees in need of assistance
X Role and operation of the EAP
X Intervention and referral to the EAP
Return of employee to workplace and follow-up

d. Check all the forms of education and training that apply:

- X Distribution of written material Audio or video programs X Group discussions and presentations

12. Please provide the best estimate of the percent of current employees and supervisors your agency has EVER reached with its drug education/training/awareness efforts since the issuance of E.O. 12564.

(a) Percent of employees 99 % (b) Percent of supervisors 99 %

13. Does your agency provide an orientation package and/or training for new-employees and new supervisors on the effects of illegal drugs and and/or other aspects of the Agency's drug-free workplace plan?

(a) Employees: Yes X No (b) Supervisors: Yes X No

AGENCY Defense Contract Audit Agency SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Part IV Cost and Pricing Profile

1. Specify contract pricing for:

Laboratory services

- Full-service - NO CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
- Full-service WITH CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
- Separate pricing, i.e., individual fees charged for initial and confirmation tests.

2.a. Indicate whether confirmation of all drugs which initially test positive within a single specimen is required?

Yes  No

b. Are there additional charges for confirmation tests if the specimen tests positive for more than one drug?

Yes  No

3. On average, how many days between specimen collection and notification of testing results?

15 Calendar days

4. The following questions are intended to identify extraordinary locations that are unique to your agency. The term 'extraordinary' is used here to denote those locations/situations where your agency must make special arrangements and/or incurs additional costs to collect a specimen.

a. Do any of your TDPs work at extraordinary locations?

Yes  No *{skip to Page 5}*

Please describe 'extraordinary' locations.

\_\_\_\_\_  
\_\_\_\_\_

Please provide the following information about TESTING at extraordinary sites:

b. \_\_\_\_\_ Total TDPs at extraordinary locations

c. \_\_\_\_\_ Total number of individuals tested at extraordinary sites

d. Were additional costs associated with specimen collection at these sites?  Yes  No

If yes, what was the total cost of collection at these extraordinary sites \$ \_\_\_\_\_

e. Describe what methods are taken to minimize additional costs at extraordinary sites.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROCEED TO PAGE 5

AGENCY Defense Contract Audit Agency SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Part IV Cost and Pricing Profile CONTINUED

5. DRUG TESTING COSTS

Please provide the following DRUG TESTING cost information or best estimates for this reporting period.

(Use Worksheets on Page 6 for other direct testing and administrative costs. Enter final totals in the table below.)

	Total Costs	Total Units	Average Cost per Unit	Unit of Costs (e.g. hours, years, per test)	Additional Comments (for this item only)
a. Specimen collection	3364.68	94	35.80		
b. Laboratory Tests (flat fee)	1142.92	94	12.18		
c. Initial test					
d. Confirmation test (flat fee)					
e. Negative test					
f. Positive test					
g. Quality control samples	287.88	6	47.98		
h. MFO (flat fee)	1000.00				
i. Review of negatives					
j. Review of positives					
k. Other direct TESTING costs*	27.04				
l. Administrative TESTING costs*	9875.00				
m. Total costs (items a-l)	15697.52				

\*Prepare estimates on the worksheets provided on page 6 and enter final totals in the section above.

6. If there is any office in your agency other than that of the Program Coordinator that provides GENERAL AGENCY-WIDE Drug Education, indicate the actual education costs or best estimates by the source of that education.  
 \$ \_\_\_\_\_ (a) Personnel Office      \$ \_\_\_\_\_ (b) EAP  
 \$ \_\_\_\_\_ (c) Other (please specify) \_\_\_\_\_

Upon completion of question 6: If your agency tested this period, proceed to Page 7 Part V, if not, proceed to Page 7 Part VI.

AGENCY Defense Contract Audit Agency SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Worksheets: Other Direct Testing Costs (item 5k) and Administrative costs (item 5l)

**Item 5k OTHER DIRECT TESTING COSTS**

Column (1) - Provide costs for those items directly related to the testing process and not part of the pricing of items 5a-j.  
 Column (2) - If included in items 5a-j, indicate the item (a-j) under the cost reference item ('REF') column.

COST CATEGORIES	(1)	(2)	Comments
	COSTS	ITEM REF	
I. Specimen kits and other miscellaneous collection materials			
II. Bar coding of samples			
III. Factoring charges of test results			
IV. Handling costs for retests, rework or cancellations	27.04		
V. Cost of duplication testing panels			
VI. Applicant travel costs			
OTHER COSTS (Please specify below):			
VII.			
VIII.			
IX. TOTAL OTHER DIRECT COSTS (sum I-ix) Here and Item 5K	27.04		

**Item 5l ADMINISTRATIVE COSTS of the DRUG-FREE WORKPLACE PROGRAM**

Column (1) - Provide total administrative costs in items I-ix.  
 Column (2) - Provide the percent that drug testing administrative costs are of Column (1) administrative costs.  
 Column (3) - Multiply Column (1) by Column (2) and place in Column (3) for all line items ('I-ix') except ('vi').  
 Sum line items (I-ix) for Columns (1) and (3) and place in line items 'x' and 'xi' respectively.

COST CATEGORIES	(1)	(2)	(3)
	Total Administrative Costs	% Drug Testing	Drug-Testing Administrative Costs
I. Staff costs (salaries and benefits)	8125.00		
II. Staff training costs			
III. Staff travel costs			
IV. Legal costs			
V. Printing and mailing costs			
VI. Education program costs: Office of the Program Coordinator		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
OTHER COSTS (Please specify below):			
VII. Drug testing administrative costs	1750.00		
VIII.			
IX.			
X. TOTAL ADMINISTRATIVE COSTS (sum I-ix)	9875.00	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XI. DRUG TESTING ADMINISTRATIVE COSTS: Here and Item 5K		XXXXXXXXXXXXXXXXXXXXXXXXXXXX	

PROCEED TO PAGE 5 Question 6

**AGENCY Defense Contract Audit Agency SEMIANNUAL REPORT: April 1, 1993 - September 30, 1993**

Part V. Testing Results	NUMBER OF PERSONS BY THE BASIS FOR ADMINISTERING TESTS								
	TOTAL	REASONABLE SUSPICION	ACCIDENT OR UNSAFE PRACTICE	RANDOM SELECTION	VOLUNTEER	FOLLOW-UP	APPLICANT TESTING		
							OUTSIDE APPLICANT	INSIDE APPLICANT	Reported as COMBINED
TOTAL TESTED	94	0	0	0	0	0	0	0	0
total refusing tests	0	0	0	0	0	0	0	0	0
Total verified positive	1	0	0	1	0	0	0	0	0
Verified positive for:									
COCAINE	1								
MARIJUANA	0								
AMPHETAMINES	0								
OPIATES	0								
PCP	0								
OTHERS	0								

**Part VI: FOLLOWUP ACTIONS** *Please provide the following information about follow-up actions during the reporting period for employees whose urinalysis was VERIFIED POSITIVE, tampered with the specimens, refused testing or to cooperate, or were otherwise found to have used, possessed or sold illegal drugs. Check all that apply.*

**1. DISCIPLINARY AND NONDISCIPLINARY ACTIONS PROPOSED AND/OR TAKEN BY TYPE OF ACTION**

NUMBER OF EMPLOYEES:

DISCIPLINARY ACTIONS	NUMBER	ADDITIONAL COMMENTS
Referred to EAP	1	Individual tested positive at end of reporting period.
Required return to work followup tests		Additional actions will be included in future reports.
Detailled from TDP to nonserivative position		
Permanent Reassignment		
Retirement		
Resignation		
Other		

DISCIPLINARY ACTIONS	PROPOSED	TAKEN	ADDITIONAL COMMENTS
Written Reprimand			
Suspension less than 15 days			
Suspension 15 days or more			
Indefinite suspension			
Demotion			
Removal/separation			
Enforced Leave			

**2. REASONS FOR DISCIPLINARY ACTIONS BY TYPE OF DISCIPLINARY ACTION**

NUMBER OF EMPLOYEES:

REASONS	SEPARATIONS	OTHER ACTIONS	ADDITIONAL COMMENTS
Possession of drugs/selling at work			
Conviction for a drug offense			
Direct observation of drug use			
Refusing urinalysis			
Specimen tampering			
Tested positive for drug use: first finding			
Tested positive for drug use: second finding			
Refusal to cooperate			
Failure to successfully complete EAP			
Recommended counseling/treatment			
Other reasons			

**FEDERAL DRUG-FREE WORKPLACE PROGRAMS  
SEMI-ANNUAL REPORT FOR THE PERIOD  
April 1, 1993 - September 30, 1993**

**REPORT DUE: JANUARY 14, 1994**

Return signed and completed form to:  
Joseph H. Autry II, M.D.  
Director, Division of Workplace Programs  
SAMHSA  
6800 Fishers Lane, Rm 9-A-63  
Rockville, Maryland 20857  
SAMHSA/DWP FAX (301) 443-2838  
Direct phone inquiries to:  
Ron Armstrong (301) 443-6780

**Part I. General Information**

<b>PRIMARY LIAISON</b>		<b>PRIMARY AGENCY MISSION (SELECT ONE)</b>	
Name	<u>D. Dial-Alfred</u>	Law Enforcement/Drug Interdiction	
Title	<u>Personnel Management Specialist</u>	National Security/Defense	<input checked="" type="checkbox"/>
Agency	<u>Defense Nuclear Agency</u>	Public Health/Safety	
Address	<u>6801 Telegraph Rd.</u>	Other _____	
City: <u>Alex.</u> State: <u>Va</u> Zip: <u>22310-3398</u>			
Telephone (703) 325 - 7593 FAX (703) 325 - 6295			
Report prepared by: <u>D. Dial-Alfred</u>			
Telephone (703) 325 7593 FAX (703) 325 - 6295			
Date Prepared <u>12/17/93</u>			

George W. Morgan Jr.  
Signature of Agency Head or Senior Policy Official

Director, Manpower Management and Personnel  
Official Title

**CONTROL INFORMATION - FOR SAMHSA USE ONLY**

AGENCY-ID \_\_\_\_\_

DATE RECEIVED / /94 INITIALS \_\_\_\_\_

DATE ENTERED / /94 INITIALS \_\_\_\_\_

Date Plan Certified / /

AGENCY Defense Nuclear Agency

SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Part II Status of Plan Implementation

1.a Indicate the statement which best describes the status of your plan certification during this reporting period.

- 1. Plan has not been submitted to HHS for approval (attach explanatory note) *{Survey completed}*
- 2. Plan has been submitted to HHS and reviews are in progress *{Survey completed}*
- 3. Plan has been certified or agency is a Tier II (certification not required)
- 4. Other (Please attach description)

b. Indicate the types of testing included in your plan (check all that apply).

- 1. Reasonable suspicion
- 2. Accident or unsafe practice
- 3. Random selection
- 4. Volunteer
- 5. Follow-up
- 6. Outside applicant
- 7. Inside applicant

c. Was plan fully implemented (including all testing and non-testing components) during this reporting period?

- Yes *{SKIP TO 3.a}*
- No

2.a Were all non-testing components of your plan (e.g. EAPs, training etc.) fully implemented during this reporting period?

- Yes
- No

b. Are any prerequisites to testing missing?  Yes  No

*If yes, check all that apply.*

- 60-day notice
- Services of a certified laboratory
- Source for quality control specimens
- Other (Please specify) \_\_\_\_\_
- 30-day notice
- Collection services
- Services of a Medical Review Officer

c. Are there restrictions or holds on one or more types of testing?  Yes  No *{Skip to 3a}*

d. For each type of testing, indicate the status of implementation during the reporting period. Check the appropriate columns under 'status of testing' for each type of testing included in your agency plan.

	Status of testing (Check appropriate column(s) or specify other reason(s))					
	Fully Implemented	ENJOINED		LABOR		Other reasons not implemented <i>(PLEASE DESCRIBE)</i>
		partial	full	partial	full	
Reasonable suspicion						
Accident or unsafe practice						
Random selection						
Volunteer						
Follow-up						
Outside applicant						
Inside applicant						

e. If you indicated that testing under your agency's plan was on hold or restricted for an external cause i.e., litigation (enjoined) or labor negotiation, briefly describe below the nature of the delay, its cause, how many employees are impacted, and the projected date for the removal of the restriction.

---



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---



---

3.a Was any testing conducted during this period.  Yes *{skip to Part III}*  No

b. If no, what were the reasons?

- Reason stated in questions 2b and/or 2d above
- No situation arose which called for testing
- Other (Please describe) \_\_\_\_\_

AGENCY Defense Nuclear Agency

SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Part III Operations Profile

1. Please provide the following information relating to the total number of:

a. Full-time equivalents (FTEs) 775

b. E.O. 12564 Sensitive positions 575  
(Number of positions)

c. TDPs 575  
(Number of positions)

**If your agency tested this period, answer questions 2-4, if not, go to question 5.**

2. Percent of TDPs tested

a. Per year according to your plan 25 %

b. Actual this reporting period 54 %

3. According to your plan, what is the number of times per year your agency takes random samples? 12

4.a If your plan includes inside applicant testing, which positions are subject to that testing?

All Positions      All TDPs      Some TDPs     

b. If your plan includes outside applicant testing, which positions are subject to that testing?

All Positions X All TDPs      Some TDPs     

5. Enter the number of positions defined as sensitive by section 7(d) of E.O. 12564 and the number of positions designated as TDPs.

CATEGORIES of Sensitive Positions Defined by E.O. 12564	Number in Sensitive Positions	Number Selected as TDPs
1. Designated by agency head as Special Sensitive, Critical-Sensitive, or Noncritical-Sensitive (FPM Chapter 731 or in accordance with E.O. 10450)		
2. Positions with access to classified information		
3. Presidential Appointees		
4. Law enforcement officers (5 USC 8331 (20))(5 USC 8401 (17))*		
5. Other positions, as determined by the agency head:	XXXXXXXXXXXXXXXXXXXX	
a. Law enforcement		
b. National security		
c. Protection of life and property		
d. Public health or safety		
e. Other (Please specify)		

\* The second citation is not included in E. O. 12564.

6. Indicate the types of drugs to be tested in accordance with your Agency plan.

X (a) Cocaine X (b) Marijuana X (c) Amphetamines X (d) Opiates X (e) PCP

Please specify others: (f)      (g)      (h)     

7.a During this period how many blind quality control specimens (QCs) were submitted to the laboratory? 3

b. Please indicate the composition (negative and positive) of the QCs and the number of correct responses reported to the MRO.

Number of:	Negative	Positive	Total
Specimens	2	1	3
Correct responses	2	1	3

c. If there were unacceptable blind QC results, would the MRO investigate and document all the results?  
X Always      Sometimes      Never

d. If 'always' or 'sometimes', who is responsible for maintaining these documents?  
X Agency MRO      Agency Primary Liaison



AGENCY Defense Nuclear Agency

SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Part IV Cost and Pricing Profile

1. Specify contract pricing for:

Laboratory services

- Full-service - NO CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
- Full-service WITH CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
- Separate pricing, i.e., individual fees charged for initial and confirmation tests.

2.a. Indicate whether confirmation of all drugs which initially test positive within a single specimen is required?

Yes  No

b. Are there additional charges for confirmation tests if the specimen tests positive for more than one drug?

Yes  No

3. On average, how many days between specimen collection and notification of testing results?

5 Calendar days

4. The following questions are intended to identify extraordinary locations that are unique to your agency.

The term 'extraordinary' is used here to denote those locations/situations where your agency must make special arrangements and/or incurs additional costs to collect a specimen.

a. Do any of your TDPs work at extraordinary locations?

Yes  No *{skip to Page 5}*

Please describe 'extraordinary' locations.

\_\_\_\_\_  
\_\_\_\_\_

Please provide the following information about TESTING at extraordinary sites:.

b. \_\_\_\_\_ Total TDPs at extraordinary locations

c. \_\_\_\_\_ Total number of individuals tested at extraordinary sites

d. Were additional costs associated with specimen collection at these sites?  Yes  No

If yes, what was the total cost of collection at these extraordinary sites \$ \_\_\_\_\_

e. Describe what methods are taken to minimize additional costs at extraordinary sites.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROCEED TO PAGE 5



AGENCY Defense Nuclear Agency SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Worksheets: Other Direct Testing Costs (item 5k) and Administrative costs (item 5l)

Item 5k OTHER DIRECT TESTING COSTS

Column (1) - Provide costs for those items directly related to the testing process and not part of the pricing of items 5a-j.

Column (2) - If included in items 5a-j, indicate the item (a-j) under the cost reference item (REF) column.

COST CATEGORIES	(1) COSTS	(2) ITEM REF	Comments
I. Specimen kits and other miscellaneous collection materials			
II. Shipping costs			
III. Bar coding of samples			
IV. Electronic transfer of test results	\$2.50	32	\$80.00 mailing
V. Handling costs for rejected specimens or cancellations			cost
VI. Cost of adulteration testing panels			
VII. Applicant travel costs			
<b>OTHER COSTS (Please specify below):</b>			
VIII. No Shows/Cancellations	\$13.52	(6)	\$81.12
IX.			
X.			
<b>XI. TOTAL OTHER DIRECT COSTS (sum i-x): Here and Item 5K</b>			\$161.12

Item 5l ADMINISTRATIVE COSTS of the DRUG-FREE WORKPLACE PROGRAM

Column (1) - Provide total administrative costs in items i-ix.

Column (2) - Provide the percent that drug testing administrative costs are of Column (1) administrative costs.

Column (3) - Multiply Column (1) by Column (2) and place in Column (3) for all line items (i-ix) except (vi).

Sum line items (i-ix) for Columns (1) and (3) and place in line items 'x' and 'xi' respectively.

COST CATEGORIES	(1) Total Administrative Costs	(2) % Drug Testing	(3) Drug-Testing Administrative Costs
I. Staff costs (salaries and benefits)	57,502	20%	11,500.40
II. Staff training costs			
III. Staff travel costs			
IV. Legal costs			
V. Printing and mailing costs			
VI. Education program costs: Office of the Program Coordinator		XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
<b>OTHER COSTS (Please specify below):</b>			
VII.			
VIII. DoI/Staff Support	\$750	flat fee	\$750
IX.			
<b>X. TOTAL ADMINISTRATIVE COSTS (sum i-ix)</b>		XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
<b>XI. DRUG TESTING ADMINISTRATIVE COSTS: Here and item</b>		XXXXXXXXXXXXXXXXXX	\$12,250.40

PROCEED TO PAGE 5 Question 6

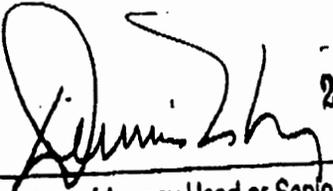


FEDERAL DRUG-FREE WORKPLACE PROGRAMS  
SEMI-ANNUAL REPORT FOR THE PERIOD  
April 1, 1993 - September 30, 1993

Return signed and completed form to:  
Joseph H. Aulry II, M.D.  
Director, Division of Workplace Programs  
SAMHSA  
5800 Fishers Lane, Rm 9-A-53  
Rockville, Maryland 20857  
SAMHSA/DWP FAX (301) 443-2938  
Direct Phone (301) 443-3780  
Hon. Armstrong (301) 443-3780

Part I. General Information

<b>PRIMARY LIAISON</b>		<b>PRIMARY AGENCY MISSION (SELECT ONE)</b>	
Name	<u>TINA L. VALENCIK</u>	Law Enforcement/Drug Interdiction	<input type="checkbox"/>
Title	<u>Human Resource Manager</u>	National Security/Defense	<input checked="" type="checkbox"/>
Agency	<u>Defense Intelligence Agency</u>	Public Health/Safety	<input type="checkbox"/>
Address	<u>3100 Clarendon Blvd.</u>	Other _____	<input type="checkbox"/>
	<u>ATTN: DAH-4</u>		
	<u>City: Arlington State: VA Zip: 22201</u>		
Telephone	<u>(703) 284-1337</u>	FAX	<u>(703) 284-1144</u>
Report prepared by:	<u>Tina L. Valencik</u>		
Telephone	<u>(703) 284-1337</u>	FAX	<u>(703) 284-1144</u>
Date Prepared	<u>12/20/93</u>		

  
26 JAN 1994  
Signature of Agency Head or Senior Policy Official

Deputy Director  
Official Title

Defense Intelligence Agency SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Part II Status of Plan Implementation

a. Indicate the statement which best describes the status of your plan certification during this reporting period.

- 1. Plan has not been submitted to HHS for approval (attach explanatory note)
2. Plan has been submitted to HHS and reviews are in progress
3. Plan has been certified or agency is a Tier II (certification not required)
4. Other (Please attach description)

b. Indicate the types of testing included in your plan (check all that apply).

- 1. Reasonable suspicion
2. Accident or unsafe practice
3. Random selection
4. Volunteer
5. Follow-up
6. Outside applicant
7. Inside applicant

c. Was plan fully implemented (including all testing and non-testing components) during this reporting period?

X Yes (SKIP TO 3.a) No

a. Were all non-testing components of your plan (e.g. EAPs, training etc.) fully implemented during this reporting period?

Yes No

b. Are any prerequisites to testing missing? Yes No

If yes, check all that apply.

- 60-day notice
30-day notice
Services of a certified laboratory
Collection services
Source for quality control specimens
Services of a Medical Review Officer
Other (Please specify)

c. Are there restrictions or holds on one or more types of testing? Yes No (Skip to 3a)

d. For each type of testing, indicate the status of implementation during the reporting period. Check the appropriate columns under 'status of testing' for each type of testing included in your agency plan.

Table with columns: Status of testing (Check appropriate column(s) or specify other reason(s)), ENJOINED (partial, full), LABOR (partial, full), Other reasons not implemented (PLEASE DESCRIBE). Rows include: Reasonable suspicion, Accident or unsafe practice, Random selection, Volunteer, Follow-up, Outside applicant, Inside applicant.

e. If you indicated that testing under your agency's plan was on hold or restricted for an external cause i.e., litigation (enjoined) or labor negotiation, briefly describe below the nature of the delay, its cause, how many employees are impacted, and the projected date for the removal of the restriction.

Blank lines for describing the nature of the delay, its cause, and projected date for removal of the restriction.

3.a Was any testing conducted during this period. X Yes (skip to Part III) No

b. If no, what were the reasons? Reasons stated in questions 2b and/or 2d above

AGENCY Defense Intelligence Agency SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Part III Operations Profile

Please provide the following information relating to the total number of:

- a. Full-time equivalents (FTEs)   \*
- b. E.O. 12564 Sensitive positions   \*\*    
(Number of positions)
- c. TDPs   \*\*    
(Number of positions)

If your agency tested this period, answer questions 2-4, if not, go to question 5.

Percent of TDPs tested

- a. Per year according to your plan   \*   %
- b. Actual this reporting period   \*   %

According to your plan, what is the number of times per year your agency takes random samples? NTE: 200

- a. If your plan includes inside applicant testing, which positions are subject to that testing? N/A  
All Positions        All TDPs        Some TDPs
- b. If your plan includes outside applicant testing, which positions are subject to that testing?  
All Positions   X   All TDPs        Some TDPs

Enter the number of positions defined as sensitive by section 7(d) of E.O. 12564 and the number of positions designated as TDPs.

CATEGORIES of Sensitive Positions Defined by E.O. 12564	Number in Sensitive Positions	Number Selected as TDPs
1. Designated by agency head as Special Sensitive, Critical-Sensitive, or Noncritical-Sensitive (FPM Chapter 731 or in accordance with E.O. 10450)	*	ALL
2. Positions with access to classified information		
3. Presidential Appointees		
4. Law enforcement officers (5 USC 8331 (20)) (5 USC 8401 (17))*		
5. Other positions, as determined by the agency head:		
a. Law enforcement		
b. National security	*	ALL
c. Protection of life and property		
d. Public health or safety		
e. Other (Please specify)		

The second citation is not included in E.O. 12564.

Indicate the types of drugs to be tested in accordance with your Agency plan.

- X   (a) Cocaine   X   (b) Marijuana   X   (c) Amphetamines   X   (d) Opiates   X   (e) PCP
- Please specify others: (f)                    (g)                    (h)

a. During this period how many blind quality control specimens (QCs) were submitted to the laboratory?   16  

b. Please indicate the composition (negative and positive) of the QCs and the number of correct responses reported to the MRO.

Number of:	Negative	Positive	Total
Specimens	13	3	16
Correct responses	13	3	16

c. If there were unacceptable blind QC results, would the MRO investigate and document all the results?  
  X   Always        Sometimes        Never

Who is responsible for maintaining these documents?

AGENCY Defense Intelligence Agency/BIEM - ANNUAL REPORT April 1, 1993 - September 30, 1993

Part III Operations Profile CONTINUED

Has your agency adopted another agency's plan (piggybacked another plan) so that the plans are administered together (this does not include riding another agency's contract or if another agency performs the services)?  
 No  Yes (please specify which Agency plan) \_\_\_\_\_

Specify the names of the contractors (1a) or the names of the agencies (1b,2,3) that provide the drug testing services:

	a. Collection	b. Laboratory	c. MRO	d. Blind quality control
1. Private firm				
2. Public agency	SEE	ATTACHED		
3. Riding another agency				
4. Inhouse				

10.a Has your agency developed a continuing drug education program for employees?  Yes  No

b. During this reporting period how many employees have been provided with educational material or received training on the effects of illegal drugs and/or other aspects of your Agency's drug-free workplace program?  
(1) Number of employees 40 (2) Percent of total employees \* %

c. Indicate the topics covered in the employee drug education program (check all that apply):

- Agency's substance abuse policy, procedures and program
- Types and effects of drugs
- Symptoms of drug use and effects on performance and conduct
- Relationship of the EAP to the drug-testing program
- Relevant treatment, rehabilitation, confidentiality issues

d. Check all the forms of education that apply:

- Distribution of written material  Audio or video programs
- Group discussions and presentations  Special drug awareness promotions

11.a Has your agency developed a continuing training and education program for supervisors to help them identify and address illegal drug use by employees:  Yes  No

b. During this reporting period how many supervisors received training on the Agency's drug-free workplace program?  
(1) Number of supervisors 15 (2) Percent of total supervisors \* %

c. Indicate the topics covered in the supervisory educational and training program (check all that apply):

- Agency's substance abuse policy, procedures and program
- Types and effects of drugs
- Symptoms of drug use and effects on performance and conduct
- How to identify employees in need of assistance
- Role and operation of the EAP
- Intervention and referral to the EAP
- Return of employee to workplace and follow-up

d. Check all the forms of education and training that apply:

- Distribution of written material  Audio or video programs  Group discussions and presentations

12. Please provide the best estimate of the percent of current employees and supervisors your agency has EVER reached with its drug education/training/awareness efforts since the issuance of E.O. 12864.  
(a) Percent of employees 80 % (b) Percent of supervisors 90 %

13. Does your agency provide an orientation package and/or training for new employees and new supervisors on the effects of illegal drugs and and/or other aspects of the Agency's drug-free workplace plan?  
(a) Employees: Yes  No  (b) Supervisors: Yes  No

\* Agency manning or manning derived information/figures are classified.

Reference Part III, Question 9.

All technical support for drug testing is provided to DIA via a support agreement with the Public Health Service (PHS), PHS acquires the necessary support from the Department of Interior (DOI). DOI has contracts with JSA Healthcare Corporation (collections) and CompuChem Inc., (laboratory and blind quality control). PHS provides the MRO support. Accordingly, DIA has no contracts per se, but has completed the questionnaire based upon PHS derived information.

**AGENCY** Defense Intelligence Agency **SEMI - ANNUAL REPORT** April 1, 1993 - September 30, 1993

**Part IV Cost and Pricing Profile**

Specify contract pricing for:

Laboratory services

- Full-service - NO CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
- Full-service WITH CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
- Separate pricing, i.e., individual fees charged for initial and confirmation tests.

a. Indicate whether confirmation of all drugs which initially test positive within a single specimen is required?  
 Yes  No

b. Are there additional charges for confirmation tests if the specimen tests positive for more than one drug?  
 Yes  No

On average, how many days between specimen collection and notification of testing results?  
14 Calendar days

The following questions are intended to identify extraordinary locations that are unique to your agency. The term 'extraordinary' is used here to denote those locations/situations where your agency must make special arrangements and/or incurs additional costs to collect a specimen.

a. Do any of your TDPs work at extraordinary locations?  
 Yes  No (skip to Page 5)

Please describe 'extraordinary' locations.  
Overseas

Please provide the following information about TESTING at extraordinary sites:

- b. \* Total TDPs at extraordinary locations
- c. \* Total number of individuals tested at extraordinary sites

d. Were additional costs associated with specimen collection at these sites?  Yes  No  
If yes, what was the total cost of collection at these extraordinary sites \$ \* \*

e. Describe what methods are taken to minimize additional costs at extraordinary sites.  
\*

\* We do not test at extraordinary locations.

PROCEED TO PAGE 5

**Defense Intelligence Agency SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993**

**Part IV Cost and Pricing Profile CONTINUED**

**DRUG TESTING COSTS**

Please provide the following DRUG TESTING cost information or best estimates for this reporting period.

*(Use Worksheets on Page 6 for other direct testing and administrative costs. Enter final totals in the table below.)*

	Total Costs	Total Units	Average Cost per Unit	Unit of Costs (e.g., hours, years, per test)	Additional Comments (for this item only)
a. Specimen collection	4,652.34	133	34.98	test	Based on primary collection region
b. Laboratory Tests (flat fee)	1,277.76	132	9.68	test	c & d included in lab fee
c. Initial test					
d. Confirmation test (flat fee)					
e. Negative test					
f. Positive test					
g. Quality control samples	724.48	16	45.28	test	Includes Lab fee
h. MRO (flat fee)	690.00	6	115.00	hour	To review all tests
i. Review of negatives					
j. Review of positives					
k. Other direct TESTING costs*	5,132.04				
l. Administrative TESTING costs*	0				
m. Total costs (items a-L)	12,476.62				

\* Prepare estimates on the worksheets provided on page 6 and enter final totals in the section above.

6. If there is any office in your agency other than that of the Program Coordinator that provides GENERAL AGENCY-WIDE Drug Education, indicate the actual education costs or best estimates by the source of that education.

\$ \_\_\_\_\_ (a) Personnel Office      \$ \* \_\_\_\_\_ (b) EAP  
 \$ \*\* \$6,000.00 (c) Other (please specify) Training Office

**Upon completion of question 6: If your agency tested this period, proceed to Page 7 Part V, if not, proceed to Page 7 Part VI.**

The number of employees participating in the EAP as a direct result of illegal drug use is negligible to none. Accordingly, the EAP budget is not portrayed as a part of the overall Drug Free Federal Workplace Program. The EAP was not created specifically to support the Drug Free Federal Workplace Program.

\*\* Expenditures for FY93.

Defense Intelligence Agency SEMIANNUAL REPORT: April 1, 1993 - September 30, 1993

Part V. Testing Results

	NUMBER OF PERSONS BY THE BASIS FOR ADMINISTERING TESTS							
	TOTAL	REASONABLE SUSPICION	ACCIDENT OR UNSAFE PRACTICE	RANDOM SELECTION	VOLUNTEER	FOLLOW-UP	APPLICANT TESTING	
							OUTSIDE APPLICANT	INSIDE APPLICANT
TOTAL TESTED	133			13			120	
Total refusing tests	0			0			0	
Total verified positive	0			0			0	
Refused positive for:								
COCAINE								
MARIJUANA								
AMPHETAMINES								
OPIATES								
PCP								
OTHERS								

Part VI. FOLLOWUP ACTIONS

Please provide the following information about follow-up actions during the reporting period - employees whose urinalysis was VERIFIED POSITIVE, tampered with the specimens, refused testing or to cooperate, or were otherwise found to have used, possessed or sold illegal drugs. Check all that apply.

N/A

DISCIPLINARY AND NONDISCIPLINARY ACTIONS PROPOSED AND/OR TAKEN BY TYPE OF ACTION

NUMBER OF EMPLOYEES:

NON DISCIPLINARY ACTIONS	NUMBER	ADDITIONAL COMMENTS	
Referred to EAP			
Required return to work followup tests			
Relieved from TDP to non-sensitive position			
Permanent Reassignment			
Retirement			
Resignation			
Other			
DISCIPLINARY ACTIONS	PROPOSED	TAKEN	ADDITIONAL COMMENTS
Written Reprimand			
Suspension less than 15 days			
Suspension 15 days or more			
Definite suspension			
Demotion			
Removal/separation			
Unpaid Leave			

REASONS FOR DISCIPLINARY ACTIONS BY TYPE OF DISCIPLINARY ACTION

NUMBER OF EMPLOYEES:

	SEPARATIONS	OTHER ACTIONS	ADDITIONAL COMMENTS
Possession of drugs/eating at work			
Conviction for a drug offense			
Direct observation of drug use			
Refusing urinalysis			
Specimen tampering			
Tested positive for drug use: first finding			
Tested positive for drug use: second finding			
Refused to cooperate			
Failure to successfully complete EAP			
Recommended counseling/treatment			
Other reasons			

DEFENSE INTELLIGENCE AGENCY SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Worksheets: Other Direct Testing Costs (Item 5k) and Administrative costs (Item 5l)

Item 5.k OTHER DIRECT TESTING COSTS

Column (1) - Provide costs for those items directly related to the testing process and not part of the pricing of items 5a-j. Column (2) - If included in items 5a-j, indicate the item (a-j) under the cost reference item (REF) column.

Table with 4 columns: COST CATEGORIES, COSTS, ITEM REF, Comments. Rows include Specimen kits, Bar coding, Handling costs, Applicant travel costs, Records Maintenance, No Shows, and TOTAL OTHER DIRECT COSTS.

Item 5.l ADMINISTRATIVE COSTS of the DRUG-FREE WORKPLACE PROGRAM

Column (1) - Provide total administrative costs in items i-ix. Column (2) - Provide the percent that drug testing administrative costs are of Column (1) administrative costs. Column (3) - Multiply Column (1) by Column (2) and place in Column (3) for all line items (i-ix) except (vi). Sum line items (i-ix) for Columns (1) and (3) and place in line items 'x' and 'xi' respectively.

Table with 4 columns: COST CATEGORIES, (1) Total Administrative Costs, (2) % Drug Testing, (3) Drug-Testing Administrative Costs. Rows include Staff costs, Staff travel costs, Printing and mailing costs, and TOTAL ADMINISTRATIVE COSTS.

PROCEED TO PAGE 5 Question 6

FEDERAL DRUG-FREE WORKPLACE PROGRAMS  
 SEMI-ANNUAL REPORT FOR THE PERIOD  
 April 1, 1993 - September 30, 1993

REPORT DUE: JANUARY 14, 1994

Return signed and completed form to:  
 Joseph H. Autry III, M.D.  
 Director, Division of Workplace Programs  
 SAMHSA  
 5800 Fishers Lane, Rm 9-A-53  
 Rockville, Maryland 20857  
 SAMHSA/DWP FAX (301) 443-2838  
 Direct phone inquiries to:  
 Ron Armstrong (301) 443-6780

Part I. General Information

<b>PRIMARY LIAISON</b>		<b>PRIMARY AGENCY MISSION (SELECT ONE)</b>	
Name	<u>Carolyn M. Yeary</u>	Law Enforcement/Drug Interdiction	
Title	<u>Drug Program Coordinator</u>	National Security/Defense	<input checked="" type="checkbox"/>
Agency	<u>Secy Defense/Wash. Hdqtrs. Svcs.</u>	Public Health/Safety	
Address	<u>1725 Jefferson Davis Highway, Crystal Square 2, Crystal City, Suite 1301</u>	Other _____	
City	<u>Arlington</u>		
State	<u>VA</u>		
Zip	<u>22202</u>		
Telephone	<u>(703) 607-3430</u>		
FAX	<u>(703) 607-3464</u>		
Report prepared by:	<u>Carolyn M. Yeary</u>		
Telephone	<u>(703) 607-3430</u>		
FAX	<u>(703) 607-3464</u>		
Date Prepared	<u>1/10/94</u>		



Signature of Agency Head or Senior Policy Official

Director, Washington Headquarters Services

Official Title

CONTROL INFORMATION - FOR SAMHSA USE ONLY			
AGENCY-ID	_____		
DATE RECEIVED	/ / 94	INITIALS	_____
DATE ENTERED	/ / 94	INITIALS	_____
Date Plan Certified	/ /		

**Part II Status of Plan Implementation**

1.a Indicate the statement which best describes the status of your plan certification during this reporting period.

- 1. Plan has not been submitted to HHS for approval (attach explanatory note) {Survey completed}
- 2. Plan has been submitted to HHS and reviews are in progress {Survey completed}
- 3. Plan has been certified or agency is a Tier II (certification not required)
- 4. Other (Please attach description) -

b. Indicate the types of testing included in your plan (check all that apply).

- 1. Reasonable suspicion
- 2. Accident or unsafe practice
- 3. Random selection
- 4. Volunteer
- 5. Follow-up
- 6. Outside applicant
- 7. Inside applicant

c. Was plan fully implemented (including all testing and non-testing components) during this reporting period?

- Yes {SKIP TO 3.a}
- No

2.a Were all non-testing components of your plan (e.g. EAPs, training etc.) fully implemented during this reporting period?

- Yes
- No

b. Are any prerequisites to testing missing?  Yes  No

If yes, check all that apply.

- 60-day notice
- 30-day notice
- Services of a certified laboratory
- Collection services
- Source for quality control specimens
- Services of a Medical Review Officer
- Other (Please specify) \_\_\_\_\_

c. Are there restrictions or holds on one or more types of testing?  Yes  No {Skip to 3a}

d. For each type of testing, indicate the status of implementation during the reporting period. Check the appropriate columns under 'status of testing' for each type of testing included in your agency plan.

	Status of testing (Check appropriate column(s) or specify other reason(s))					
	Fully Implemented	ENJOINED		LABOR		Other reasons not implemented (PLEASE DESCRIBE)
		partial	full	partial	full	
Reasonable suspicion	X					
Accident or unsafe practice	X					
Random selection	X					
Volunteer	X					
Follow-up	X					
Outside applicant	X					
Inside applicant	X					

e. If you indicated that testing under your agency's plan was on hold or restricted for an external cause i.e., litigation (enjoined) or labor negotiation, briefly describe below the nature of the delay, its cause, how many employees are impacted, and the projected date for the removal of the restriction.

\_\_\_\_\_  
 NA  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3.a Was any testing conducted during this period.  Yes {skip to Part III}  No

b. If no, what were the reasons?

- Reason stated in questions 2b and/or 2d above
- No situation arose which called for testing
- Other (Please describe) \_\_\_\_\_ NA

Part III Operations Profile

1. Please provide the following information relating to the total number of:

- a. Full-time equivalents (FTEs) 4995      b. E.O. 12564 Sensitive positions 3369      c. TDPs 3728  
 (Number of positions)      (Number of positions)

**If your agency tested this period, answer questions 2-4, if not, go to question 5.**

2. Percent of TDPs tested

- a. Per year according to your plan 10 %      b. Actual this reporting period .12 %  
 For police officers 25%

3. According to your plan, what is the number of times per year your agency takes random samples? None specified.

4.a If your plan includes inside applicant testing, which positions are subject to that testing?

All Positions           All TDPs x      Some TDPs     

b. If your plan includes outside applicant testing, which positions are subject to that testing?

All Positions           All TDPs x      Some TDPs     

5. Enter the number of positions defined as sensitive by section 7(d) of E.O. 12564 and the number of positions designated as TDPs.

CATEGORIES of Sensitive Positions Defined by E.O. 12564	Number in Sensitive Positions	Number Selected as TDPs
1. Designated by agency head as Special Sensitive, Critical-Sensitive, or Noncritical-Sensitive (FPM Chapter 731 or in accordance with E.O. 10450)	3369	3369
2. Positions with access to classified information		
3. Presidential Appointees	18	18
4. Law enforcement officers (5 USC 8331 (20))(5 USC 8401 (17))*		
5. Other positions, as determined by the agency head:	XXXXXXXXXXXXXXXXXXXX	
a. Law enforcement		
b. National security		
c. Protection of life and property	299	299
d. Public health or safety	60	60
e. Other (Please specify)		

\* The second citation is not included in E.O. 12564.

6. Indicate the types of drugs to be tested in accordance with your Agency plan.

- x (a) Cocaine    x (b) Marijuana    x (c) Amphetamines    x (d) Opiates    x (e) PCP  
 Please specify others: (f)           (g)           (h)

7.a During this period how many blind quality control specimens (QCs) were submitted to the laboratory?     

b. Please indicate the composition (negative and positive) of the QCs and the number of correct responses reported to the MRO.

Number of:	Negative	Positive	Total
Specimens	NA		
Correct responses			

\*NO QCs processed during this reporting period.

c. If there were unacceptable blind QC results, would the MRO investigate and document all the results?

x Always         Sometimes         Never

d. If 'always' or 'sometimes', who is responsible for maintaining these documents?

x Agency MRO         Agency Primary Liaison



Part IV Cost and Pricing Profile

1. Specify contract pricing for:

Laboratory services

- NA Full-service - NO CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
- Full-service WITH CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
- Separate pricing, i.e., individual fees charged for initial and confirmation tests.

2.a. Indicate whether confirmation of all drugs which initially test positive within a single specimen is required?

Yes  No

b. Are there additional charges for confirmation tests if the specimen tests positive for more than one drug?

Yes  No

3. On average, how many days between specimen collection and notification of testing results?

6-8 Calendar days

4. The following questions are intended to identify extraordinary locations that are unique to your agency. The term 'extraordinary' is used here to denote those locations/situations where your agency must make special arrangements and/or incurs additional costs to collect a specimen.

a. Do any of your TDPs work at extraordinary locations?

Yes  No {skip to Page 5}

Please describe 'extraordinary' locations.

\_\_\_\_\_  
\_\_\_\_\_

Please provide the following information about TESTING at extraordinary sites:.

- b. NA Total TDPs at extraordinary locations
- c. \_\_\_\_\_ Total number of individuals tested at extraordinary sites

d. Were additional costs associated with specimen collection at these sites?  Yes  No  
If yes, what was the total cost of collection at these extraordinary sites \$ \_\_\_\_\_

e. Describe what methods are taken to minimize additional costs at extraordinary sites.  
NA

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROCEED TO PAGE 5

Part IV Cost and Pricing Profile CONTINUED

5. DRUG TESTING COSTS

Please provide the following DRUG TESTING cost information or best estimates for this reporting period.

(Use Worksheets on Page 6 for other direct testing and administrative costs. Enter final totals in the table below.)

	Total Costs	Total Units	Average Cost per Unit	Unit of Costs (e.g. hours, years, per test)	Additional Comments (for this item only)
<b>TESTING COSTS</b>					
a. Specimen collection	2015.75	96	21.00		
b. Laboratory Tests (flat fee)	0	0	- 0		Army Executive Agent
c. Initial test					
d. Confirmation test (flat fee)					
e. Negative test					
f. Positive test					
g. Quality control samples	0	0	0		Army Executive Agent
h. MRO (flat fee)	0	0	0		Army Executive Agent
i. Review of negatives					
j. Review of positives					
k. Other direct TESTING costs*	148.00	XXXXXXXXXXXXXXXXXXXXXXXXXXXX			
l. Administrative TESTING costs*	24,463.00	XXXXXXXXXXXXXXXXXXXXXXXXXXXX			
m. Total costs (items a-L)	26,626.75	XXXXXXXXXXXXXXXXXXXXXXXXXXXX			

\* Prepare estimates on the worksheets provided on page 6 and enter final totals in the section above.

6. If there is any office in your agency other than that of the Program Coordinator that provides GENERAL AGENCY-WIDE Drug Education, indicate the actual education costs or best estimates by the source of that education.  
 \$ NA (a) Personnel Office      \$ \_\_\_\_\_ (b) EAP  
 \$ \_\_\_\_\_ (c) Other (please specify) \_\_\_\_\_

Upon completion of question 6: If your agency tested this period, proceed to Page 7 Part V, if not, proceed to Page 7 Part VI.

Worksheets: Other Direct Testing Costs (item 5k) and Administrative costs (item 5l)

**Item 5.k OTHER DIRECT TESTING COSTS**

Column (1) - Provide costs for those items directly related to the testing process and not part of the pricing of items 5a-j.  
 Column (2) - If included in items 5a-j, indicate the item (a-j) under the cost reference item (REF) column.

COST CATEGORIES	(1) COSTS	(2) ITEM REF	Comments
I. Specimen kits and other miscellaneous collection materials	2015.75		
II. Shipping costs	148.00		
III. Bar coding of samples			
IV. Electronic transfer of test results			
V. Handling costs for rejected specimens or cancellations			
VI. Cost of adulteration testing panels			
VII. Applicant travel costs			
<b>OTHER COSTS (Please specify below):</b>			
VIII.			
IX.			
X.			
<b>VII. TOTAL OTHER DIRECT COSTS (sum i-x):Here and Item 5K</b>			

**Item 5.l ADMINISTRATIVE COSTS of the DRUG-FREE WORKPLACE PROGRAM**

Column (1) - Provide total administrative costs in items i-ix.  
 Column (2) - Provide the percent that drug testing administrative costs are of Column (1) administrative costs.  
 Column (3) - Multiply Column (1) by Column (2) and place in Column (3) for all line items (i-ix) except (vi).  
 Sum line items (i-ix) for Columns (1) and (3) and place in line items 'x' and 'xi' respectively.

COST CATEGORIES	(1) Total Administrative Costs	(2) % Drug Testing	(3) Drug-Testing Administrative Costs
I. Staff costs (salaries and benefits)	45,750	50%	22,875
II. Staff training costs	1,500	45%	675
III. Staff travel costs	1,500	45%	675
IV. Legal costs	1,000	5%	50
V. Printing and mailing costs	250	75%	188
VI. Education program costs:Office of the Program Coordinator		XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
<b>OTHER COSTS (Please specify below):</b>			
VII.			
VIII.			
IX.			
<b>X. TOTAL ADMINISTRATIVE COSTS (sum i-ix)</b>	50,000	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
<b>XI. DRUG TESTING ADMINISTRATIVE COSTS:Here and item</b>	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	24,463

PROCEED TO PAGE 5 Question 6

Part V. Testing Results	NUMBER OF PERSONS BY THE BASIS FOR ADMINISTERING TESTS								
	TOTAL	REASONABLE SUSPICION	ACCIDENT OR UNSAFE PRACTICE	RANDOM SELECTION	VOLUNTEER	FOLLOW-UP	APPLICANT TESTING		
							OUTSIDE APPLICANT	INSIDE APPLICANT	Reported as COMBINED
<b>TOTAL TESTED</b>	348	1	0	47	0	0			300
Total refusing tests	0	0	0	0	0	0			0
Total verified positive	0	0	0	0	0	0			0
Verified positive for:									
COCAINE									
MARIJUANA									
AMPHETAMINES									
OPIATES									
PCP									
OTHERS									

**Part VI. FOLLOWUP ACTIONS** *Please provide the following information about follow-up actions during the reporting period for employees whose urinalysis was VERIFIED POSITIVE, tampered with the specimens, refused testing or to cooperate, or were otherwise found to have used, possessed or sold illegal drugs. Check all that apply.*

**1. DISCIPLINARY AND NONDISCIPLINARY ACTIONS PROPOSED AND/OR TAKEN BY TYPE OF ACTION**  
NUMBER OF EMPLOYEES:

NON DISCIPLINARY ACTIONS	NUMBER	ADDITIONAL COMMENTS
Referred to EAP	0	
Required return to work followup tests	0	
Detailled from TDP to nonsensitive position	0	
Permanent Reassignment	0	
Retirement	0	
Resignation	0	
Other	0	

DISCIPLINARY ACTIONS	PROPOSED	TAKEN	ADDITIONAL COMMENTS
Written Reprimand	0		
Suspension less than 15 days	0		
Suspension 15 days or more	0		
Indefinite suspension	0		
Demotion	0		
Removal/separation	0		
Enforced Leave	0		

**2. REASONS FOR DISCIPLINARY ACTIONS BY TYPE OF DISCIPLINARY ACTION**  
NUMBER OF EMPLOYEES:

REASONS	SEPARATIONS	OTHER ACTIONS	ADDITIONAL COMMENTS
Possession of drugs/selling at work	0		
Conviction for a drug offense	0		
Direct observation of drug use	0		
Refusing urinalysis	0		
Specimen tampering	0		
Tested positive for drug use: first finding	0		
Tested positive for drug use: second finding	0		
Refusal to cooperate	0		
Failure to successfully complete EAP	0		
Recommended counseling/treatment	0		
Other reasons	0		



DEPARTMENT OF THE NAVY  
OFFICE OF THE ASSISTANT SECRETARY  
(MANPOWER AND RESERVE AFFAIRS)  
WASHINGTON, D.C. 20350-1000

10 MAR 1994

MEMORANDUM FOR THE DEPUTY ASSISTANT SECRETARY OF DEFENSE (DRUG  
ENFORCEMENT POLICY)

Subj: SEMI-ANNUAL REPORT FOR THE CIVILIAN DRUG-FREE WORKPLACE  
PROGRAM - INFORMATION MEMORANDUM

TAB A is a copy of the Department of the Navy Federal Drug-Free Workplace Program (DFWP) Semi-Annual Report submitted to the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration for the period 1 April 1993 through 30 September 1993.

DOROTHY M. MELETZKE  
Deputy Assistant Secretary of the  
Navy (Civilian Personnel  
Policy/Equal Employment  
Opportunity)

Copy to:  
AA/USN  
CMC (MPC-30)  
ONR (0124)  
OP-09B

TAB A - Semi-Annual Report for the Civilian DFWP

OPTIONAL FORM 39 (7-90)

FAX TRANSMITTAL

# of pages 10

To <i>John Heaphy</i>	From <i>Ave' Pagan</i>
Dupl./Agency	Phone # <i>696-5891</i>



**DEPARTMENT OF THE NAVY**  
**OFFICE OF THE ASSISTANT SECRETARY**  
**(MANPOWER AND RESERVE AFFAIRS)**  
**WASHINGTON, D.C. 20350-1000**

**10 MAR 1994**

**Joseph H. Autry III, M.D.**  
**Director, Division of Workplace Programs**  
**Substance Abuse and Mental**  
**Health Services Administration**  
**5600 Fishers Lane, Room 9-A-53**  
**Rockville, MD 20857**

**Dear Dr. Autry:**

Enclosed is the Department of the Navy Federal Drug-Free Workplace Program Semi-Annual Report for the period April 1, 1993, through September 30, 1993. Please call Ms. Ave' Pagan on (703) 696-5880 if you have questions regarding this report.

Sincerely,

A handwritten signature in black ink, appearing to read "Dorothy M. Meletzke".

**DOROTHY M. MELETZKE**  
**Deputy Assistant Secretary of the**  
**Navy (Civilian Personnel**  
**Policy/Equal Employment**  
**Opportunity)**

**Enclosure**

**FEDERAL DRUG-FREE WORKPLACE PROGRAMS  
SEMI-ANNUAL REPORT FOR THE PERIOD:  
April 1, 1993 - September 30, 1993**

**REPORT DUE: JANUARY 14, 1994**

Return signed and completed form to:  
Joseph H. Auliy II, M.D.  
Director, Division of Workplace Programs  
SAMHSA  
6600 Fishers Lane, Rm 8-A-61  
Rockville, Maryland 20857  
SAMHSA OVP FAX (301) 443-4444  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Division of Workplace Programs

**Part I. General Information**

<b>PRIMARY LIAISON</b>		<b>PRIMARY AGENCY MISSION (SELECT ONE)</b>	
Name	<u>Ava C. Pagan</u>	Law Enforcement/Drug Interdiction	
Title	<u>Employee Relations Specialist</u>	National Security/Defense	<input checked="" type="checkbox"/>
Agency Address	<u>Department of the Navy</u> <u>800 North Quincy Street</u> <u>Arlington, VA</u>	Public Health/Safety	
City:	State: _____ Zip: <u>22203-1998</u>	Other _____	
Telephone	<u>(703) 696-5880</u>	FAX	<u>(703) 696-5338</u>
Report prepared by:	<u>Ava C. Pagan</u>		
Telephone ( ) -	FAX ( ) -		
Date Prepared	<u>3/1/94</u>		



**DOROTHY M. MELETZKE**

Signature of Agency Head or Senior Policy Official

**Deputy Assistant Secretary of the Navy  
(Civilian Personnel Policy/EED)**

Official Title

**CONTROL INFORMATION - FOR SAMHSA USE ONLY**

AGENCY - ID \_\_\_\_\_

DATE RECEIVED / / 94 INITIALS \_\_\_\_\_

DATE ENTERED / / 94 INITIALS \_\_\_\_\_

Date Plan Certified / /

AGENCY Dept. of the Navy SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Part II Status of Plan Implementation

1.a. Indicate the statement which best describes the status of your plan certification during this reporting period.

- 1. Plan has not been submitted to HHS for approval (attach explanatory note) *{Survey completed}*
- 2. Plan has been submitted to HHS and reviews are in progress *{Survey completed}*
- 3. Plan has been certified or agency is a Tier II (certification not required)
- 4. Other (Please attach description)

b. Indicate the types of testing included in your plan (check all that apply).

- 1. Reasonable suspicion  2. Accident or unsafe practice  3. Random selection
- 4. Volunteer  5. Follow-up  6. Outside applicant  7. Inside applicant

c. Was plan fully implemented (including all testing and non-testing components) during this reporting period?  
 Yes (SKIP TO 3.a)  No

2.a. Were all non-testing components of your plan (e.g. EAPs, training etc.) fully implemented during this reporting period?  
 Yes  No

b. Are any prerequisites to testing missing?  Yes  No

- If yes, check all that apply.*
- 60-day notice  30-day notice
  - Services of a certified laboratory  Collection services
  - Source for quality control specimens  Services of a Medical Review Officer
  - Other (Please specify) \_\_\_\_\_

c. Are there restrictions or holds on one or more types of testing?  Yes  No (Skip to 3a)

d. For each type of testing, indicate the status of implementation during the reporting period. Check the appropriate columns under 'status of testing' for each type of testing included in your agency plan.

	Status of testing (Check appropriate column(s) or specify other reason(s))					
	Fully implemented	ENJOINED		LABOR		Other reasons not implemented (PLEASE DESCRIBE)
		partial	full	partial	full	
Reasonable suspicion				X		
Accident or unsafe practice				X		
Random selection				X		
Volunteer				X		
Follow-up				X		
Outside applicant				X		
Inside applicant				X		

e. If you indicated that testing under your agency's plan was on hold or restricted for an external cause i.e., litigation (enjoined) or labor negotiation, briefly describe below the nature of the delay, its cause, how many employees are impacted, and the projected date for the removal of the restriction.

Local activities are in various phases of negotiations with bargaining units. Information regarding the number of employees impacted and the projected date of the removal is not readily available.

3.a. Was any testing conducted during this period.  Yes (skip to Part III)  No

b. If no, what were the reasons?

- Reason stated in questions 2b and/or 2d above
- No situation arose which called for testing
- Other (Please describe) \_\_\_\_\_





AGENCY Dept. of the Navy

SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Part IV Cost and Pricing Profile

1. Specify contract pricing for:

Laboratory services:

- Full-service - NO CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
- Full-service WITH CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
- Separate pricing, i.e., individual fees charged for initial and confirmation tests.

2.a. Indicate whether confirmation of all drugs which initially test positive within a single specimen is required?

Yes  No

b. Are there additional charges for confirmation tests if the specimen tests positive for more than one drug?

Yes  No

3. On average, how many days between specimen collection and notification of testing results?

14 Calendar days

4. The following questions are intended to identify extraordinary locations that are unique to your agency. The term 'extraordinary' is used here to denote those locations/situations where your agency must make special arrangements and/or incur additional costs to collect a specimen.

a. Do any of your TDPs work at extraordinary locations?

Yes  No (skip to Page 5)

Please describe 'extraordinary' locations.

Cuba, Iceland, Guam, Japan, Spain, Italy, Germany, United Kingdom

Please provide the following information about TESTING at extraordinary sites:

b. 373 Total TDPs at extraordinary locations

c. 157 Total number of individuals tested at extraordinary sites

d. Were additional costs associated with specimen collection at these sites?  Yes  No  
If yes, what was the total cost of collection at these extraordinary sites \$                     

e. Describe what methods are taken to minimize additional costs at extraordinary sites.

N/A

PROCEED TO PAGE 5

AGENCY Dept. of the Navy

SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Part IV Cost and Pricing Profile CONTINUED

**E. DRUG TESTING COSTS**

Please provide the following DRUG TESTING cost information or best estimates for this reporting period.

(Use Worksheets on Page 6 for other direct testing and administrative costs. Enter final totals in the table below.)

	Total Costs	Total Units	Average Cost per Unit	Unit of Cost (e.g., hours, years, per test)	Additional Comments (for this item only)
<b>TESTING COSTS</b>	<b>189,596</b>	<b>6,116</b>	<b>\$31</b>	<b>per test</b>	
a. Specimen collection	189,596	6,116	\$31	per test	
b. Laboratory Tests (flat fee)	116,204	6,116	\$19	per test	
c. Initial test	N/A				
d. Confirmation test (flat fee)	N/A				
e. Negative test	N/A				
f. Positive test	N/A				
g. Quality control samples	9,700	200	\$48.50	per sample	(purchase and processing)
h. MFO (flat fee)	53,676	6,116			
i. Review of negatives			\$2.75	per test	
j. Review of positives			\$150	per hour	
k. Other direct TESTING costs*	107,679				
l. Administrative TESTING costs*	621,867				
m. Total costs (items a-l)	729,546				

\* Prepare estimates on the worksheets provided on page 6 and enter final totals in the section above.

6. If there is any office in your agency other than that of the Program Coordinator that provides GENERAL AGENCY-WIDE Drug Education, indicate the actual education costs or best estimates by the source of that education.

\$ \_\_\_\_\_ (a) Personnel Office      \$ \_\_\_\_\_ (b) EAP  
 \$ \_\_\_\_\_ (c) Other (please specify) \_\_\_\_\_

N/A

Upon completion of question 6: If your agency tested this period, proceed to Page 7 Part V, If not, proceed to Page 7 Part VI.

AGENCY Dept. of the Navy

SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

Worksheets: Other Direct Testing Costs (Item 5k) and Administrative costs (Item 5l)

Item 5.k OTHER DIRECT TESTING COSTS

Column (1) - Provide costs for those items directly related to the testing process and not part of the pricing of Items 5a-j;  
 Column (2) - If included in items 5a-j, indicate the item (a-j) under the cost reference item ("REF") column.

COST CATEGORIES	(1) COSTS	(2) ITEM REF	Comments
i. Specimen kits and other miscellaneous collection materials			
ii. Bar coding of samples	6,599		
iii. Handling costs for selected specimens or concentrations	100,122		
iv. Applicant travel costs	144		
OTHER COSTS (Please specify below):			
vii.	814		
x. TOTAL OTHER DIRECT COSTS (sum i-vii) Here and Item 5k	107,679		

Item 5.l ADMINISTRATIVE COSTS of the DRUG-FREE WORKPLACE PROGRAM

Column (1) - Provide total administrative costs in items i-ix.  
 Column (2) - Provide the percent that drug testing administrative costs are of Column (1) administrative costs.  
 Column (3) - Multiply Column (1) by Column (2) and place in Column (3) for all line items (i-ix) except (vi).  
 Sum line items (i-ix) for Columns (1) and (3) and place in line items 'x' and 'xi' respectively.

COST CATEGORIES	(1) Total Administrative Costs	(2) % Drug Testing	(3) Drug-Testing Administrative Costs
i. Staff costs (salaries and benefits)	1,884,132	32	596,058
ii. Staff living costs	8,028	78	6,279
iii. Staff travel costs	48,768	14	6,744
iv. Staff food costs	5,000	100	5,000
v. Printing and mailing costs	6,840	28	1,911
vi. Education Program posts: Office of the Program Coordinator		XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
OTHER COSTS (Please specify below):			
vii. Other direct testing costs, Representation for	9,691	60	5,815
viii. Appeals			
ix. TOTAL ADMINISTRATIVE COSTS (sum i-ix)	1,962,459	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
xi. DRUG TESTING ADMINISTRATIVE COSTS: Here and Item 5k		XXXXXXXXXXXXXXXX	621,867

PROCEED TO PAGE 6 Question 6

