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

Attachment 1

#168

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.

Sincerely,

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

Enclosure
As stated

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

L. Bradley 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

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)~~ DOD Coordinator For Drug Enforcement Policy and Support within 120 days.

William H. Taft

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 or nonappropriated funds.

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.

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 Renumber "5." to "4."
Subsection E.6. Renumber "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)).

#First Amendment (Ch 1, 1/20/92)

4 6. 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 6. 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.

(2) Employee Assistance Programs (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.

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

DRUG-FREE WORKPLACE PLAN

Director
Washington Headquarters Services

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

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
SAMHSADWP FAX (301) 443-2636
Direct phone inquiries to:
Ken Armstrong (301) 443-6014

Part I. General Information

PRIMARY LIAISON

Name Terri Taylor
Title Employee Relations Specialist
Agency Department of Defense Dependents Schools
Address 2461 Eisenhower Ave.
Alexandria, Va 22331-1100
City: Alexandria State: VA Zip: 22331-1100
Telephone (703)325 - 8660 FAX (703) 325 -8054
Report prepared by: Terri Taylor
Telephone (703)325 -8660 FAX (703)325 - 8054
Date Prepared 6 / 30 93

PRIMARY AGENCY MISSION (SELECT ONE)

Law Enforcement/Drug Interdiction
National Security/Defense
Public Health/Safety
Other

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

Chief, MER/Productivity
Official Title

CONTROL INFORMATION - FOR SAMHSA USE ONLY

AGENCY-ID
DATE RECEIVED / /93 INITIALS
DATE ENTERED / /93 INITIALS
Date Plan Certified / /

AGENCY DODDS 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}*
__X__ 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).

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

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

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

b. Are any prerequisites to testing missing? __X__ Yes ____ No
If yes, check all that apply.
____ 60-day notice
__X__ Services of a certified laboratory
____ Source for quality control specimens
____ Other (Please specify)_____
____ 30-day notice
__X__ Collection services
__X__ Services of a Medical Review Officer

c. Are there restrictions or holds on one or more types of testing? ____ Yes __X__ 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))					
		ENJOINED		LABOR		
	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}* __X__ No Approximately 85 position affected.

b. If no, what were the reasons?
__XX__ Reason stated in questions 2b and/or 2d above
____ No situation arose which called for testing
____ Other (Please describe) _____

AGENCY DoDDS 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) _____ b. E.O. 12564 Sensitive positions 85 *(Number of positions)* c. TDPs 85 *(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:	XXXXXXXXXXXXXXXXXXX	
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 doeuments?
   ____Agency MRO ____Agency Primary Liaison

AGENCY DoDDS 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)	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
a. Private firm				
b. Public agency				
2. Riding another agency				
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 9,000 (2) Percent of total employees 75 %
c. Indicate the topics covered in the employee drug education program (check all that apply):
X Agency's substance abuse policy, procedures and progam
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 200 (2) Percent of total supervisors 75 %
c. Indicate the topics covered in the supervisory educational and training program (check all that apply):
X Agency's substance abuse policy, procedures and progam
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 95 % (b) Percent of supervisors 95 %

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

Part IV Cost and Pricing Profile CONTINUED SEE ITEM 2E

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)
TESTING COSTS	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
a. Specimen collection					
b. Laboratory Tests (flat fee)					
c. Initial test					
d. Confirmation test (flat fee)					
e. Negative test					
f. Positive test					
g. Quality control samples					
h. MRO (flat fee)					
i. Review of negatives					
j. Review of positives					
k. Other direct TESTING costs*		XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	
L. Administrative TESTING costs*		XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	
m. Total costs (items a-L)		XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	

** 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) Educational Services

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 DoDDS

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			
ii. Shipping costs			
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			
OTHER COSTS (Please specify below):			
viii.			
ix.			
x.			
VIII. TOTAL OTHER DIRECT COSTS (sum i-x):Here and Item 5K			

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)	17,000		17,000
ii. Staff training costs			
iii. Staff travel costs			
iv. Legal costs			
v. Printing and mailing costs	20,000		20,000
vi. Education program costs:Office of the Program Coordinator		XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
OTHER COSTS (Please specify below):			
vii. Training for Supervisors employees and			
viii. students	190,000		190,000
ix.			
x. TOTAL ADMINISTRATIVE COSTS (sum i-ix)		XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
xi. DRUG TESTING ADMINISTRATIVE COSTS:Here and Item 5L	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		227,000

PROCEED TO PAGE 5 Question 6

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
5600 Fishers Lane, Rm 9-A-53
Rockville, Maryland 20857
SAMHSAADWP FAX (301) 443-2838
Direct phone inquiries to:
Ron Armstrong (301) 443-8780

Part I. General Information

PRIMARY LIAISON

Name BARBARA E. LUMIA
Title DRUG PROGRAM COORDINATOR
Agency DEFENSE INVESTIGATIVE SERVICE (DIS)
Address 1340 BRADDOCK PLACE, RM. 508
ATTN: V0972
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

PRIMARY AGENCY MISSION (SELECT ONE)

Law Enforcement/Drug Interdiction	
National Security/Defense	X
Public Health/Safety	
Other	

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)
X 4. Other (Please attach description)

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

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

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

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

b. Are any prerequisites to testing missing? ___ Yes X 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 X 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))					
		ENJOINED		LABOR		
	Fully implemented	partial	full	partial	full	Other reasons not implemented *(PLEASE DESCRIBE)*
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. X 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 3320 (Number of positions) c. TDPs 3320 (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 X 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)	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:	XXXXXXXXXXXXXXXXXX	
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) PCP
   Please 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:

	a. Collection	b. Laboratory	c. MRO	d. Blind quality control
1. Contract with (specify)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
a. Private firm				
b. Public agency			PHS	
2. Riding another agency	DOI	DOI		DOI
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 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 progam
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 progam
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
   __X__ 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?
   __X__ Yes _____ No

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

3. On average, how many days between specimen collection and notification of testing results?
   ___7___ 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?
   __X__ 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/AYes ___ 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

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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)
TESTING COSTS	XXXX	XXXX	XXXX	XXXX	XXXX
a. Specimen collection	$13,197.66	290	$34.98	Unit	
b. Laboratory Tests (flat fee)	$6,000.00	290	$9.68	Unit	
c. 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	XXXX	XXXX	XXXX	
L. Administrative TESTING costs*	$90,069.11	XXXX	XXXX	XXXX	
m. Total costs (items a–L)	$125,263.39	XXXX	XXXX	XXXX	

**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. Electronic transfer of test results			
v. Handling costs for rejected specimens or cancellations			
vi. Cost of adulteration testing panels			
vii. Applicant travel costs			
OTHER COSTS (Please specify below):			
viii. QUALITY CONTROL SPECIMENS	$676.40		
ix. [illegible]	$446.16		
x.			
xi. 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 (V4200) & DRUG PILOT	$38,510/00	100	$38,510.00
iii. Staff travel costs (V4200)	$2,688.00	100	$2,688.00
iv. Legal costs			
v. Printing and mailing costs	$176.00	100	$176.00
vi. Education program costs: Office of the Program Coordinator		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
OTHER COSTS (Please specify below):			
vii. OPM VIDEO TRAINING	$19,257.00	100	$19,257.00
viii. OTHER VIDEOS/BOOKS/AV EQUIPMENT	$21,192.50	100	$21,192.50
ix.	$3,500.00	100	$3,500.00
x. TOTAL ADMINISTRATIVE COSTS (sum i–ix)	$90,069.11	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
xi. DRUG TESTING ADMINISTRATIVE COSTS: Here and item	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		$90,069.11

PROCEED TO PAGE 5 Question 6

AGENCY DIS 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	271	0	0	271	0	0	0	0	0
Total refusing tests	0								
Total verified positive	0								
Verified positive for:									
COCAINE									
MARIJUANA	N/A								
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: N/A

NONDISCIPLINARY ACTIONS	NUMBER	ADDITIONAL COMMENTS
Referred to EAP		
Required return to work followup tests		
Detailed from TDP to nonsensitive 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
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/OWP FAX (301) 443-2635
Direct phone inquiries to:
Kim Armstrong (301) 443-6780

Part I. General Information

PRIMARY LIAISON		PRIMARY AGENCY MISSION (SELECT ONE)	
Name	Gaynor E. Sorrell	Law Enforcement/Drug Interdiction	
Title	Staffing & Employee Relations Specialist	National Security/Defense	X
Agency	Defense Logistics Agency	Public Health/Safety	
Address	Cameron Station, Room 3D224	Other	
	City: Alexandria State: VA Zip: 22304-6100		
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

CONTROL INFORMATION – FOR SAMHSA USE ONLY

AGENCY-ID _____
DATE RECEIVED / /93 INITIALS ____
DATE ENTERED / /93 INITIALS ____
Date Plan Certified / /

AGENCY DLA 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}*
X 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).

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

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

b. Are any prerequisites to testing missing? ____ Yes X 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 X 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))					
		ENJOINED		LABOR		
	Fully implemented	partial	full	partial	full	Other reasons not implemented *(PLEASE DESCRIBE)*
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. X 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 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)	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:	XXXXXXXXXXXXXXXXXX	
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 progam
 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 Group discussions and presentations
 X Audio or video programs
 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 progam
 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 ____

AGENCY DLA

SEMI - ANNUAL REPORT: October 1, 1992 - March 31, 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.
   X 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?
   X Yes ____ No

b. Are there additional charges for confirmation tests if the specimen tests positive for more than one drug?
   ____ Yes X 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 X 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)
TESTING COSTS					
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 transmittal 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	-----		
OTHER COSTS (Please specify below):			
viii.			
ix.			
x.			
viii. TOTAL OTHER DIRECT COSTS (sum i-x): Here and Item 5K:	1,054.56		

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. Travel costs	-----	-----	-----
v. Printing and mailing costs	-----	-----	-----
vi. Education program costs Office of the Program Coordinator	-----	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
OTHER COSTS (Please specify below):			
vii.			
viii. DoI Administrative Fee:	1,750.00	100%	1,750.00
ix.			
x. TOTAL ADMINISTRATIVE COSTS (sum i-ix)		XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
xi. DRUG TESTING ADMINISTRATIVE COSTS: Here and Item 5L	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		43,250.00

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 SUSPICION	ACCIDENT OR UNSAFE PRACTICE	RANDOM SELECTION	VOLUNTEER	FOLLOW-UP	APPLICANT TESTING		
							OUTSIDE APPLICANT	INSIDE APPLICANT	Reported as COMBINED
TOTAL TESTED	632			305	2	55	67	203	
Total refusing tests									
Total verified positive	13			11		2			
Verified positive for:									
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	
Detailed 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. Autry III, M.D.
Director, Division of Workplace Programs
SAMHSA
5600 Fishers Lane, Rm 9-A-53
Rockville, Maryland 20857
SAMHSA/DWP FAX (301) 443-2636
Direct phone inquiries to:
Ron Armstrong (301) 443-6780

Part I. General Information

PRIMARY LIAISON

Name: Dr. George P. Chagalis
Title: Director
Agency: U.S. Army Drug and Alcohol Opera Agency
Address: 4501 Ford Avenue, Suite 320
Alexandria, Virginia
City: _____ State: ___ Zip: 22302-1460
Telephone (703)756 -2453 FAX (703) 756 - 1575
Report prepared by: Mr. Terence M. Brazil
Telephone (703)756 -2453 FAX (703) 756 - 1575
Date Prepared 01 /13/94

PRIMARY AGENCY MISSION (SELECT ONE)

Law Enforcement/Drug Interdiction	
National Security/Defense	X
Public Health/Safety	
Other _____	

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

Director, USADAOA
Official Title

CONTROL INFORMATION – FOR SAMHSA USE ONLY

AGENCY-ID _____
DATE RECEIVED / /94 INITIALS ____
DATE ENTERED / /94 INITIALS ____
Date Plan Certified / /

AGENCY U.S. ARMY DRUG & ALCOHOL OPERATIONS 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}*
_X_ 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).

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

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))					
		ENJOINED		LABOR		
	Fully implemented	partial	full	partial	full	Other reasons not implemented *(PLEASE DESCRIBE)*
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. _X_ 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 U.S. ARMY DRUG & ALCOHOL OPERATIONS 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) 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 each year.

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) 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:	XXXXXXXXXXXXXXXXXX	
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:

	a. Collection	b. Laboratory	c. MRO	d. Blind quality control
1. Contract with (specify)	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
a. Private firm		Northwest Tox		
b. Public agency				
2. Riding another agency				
3. Inhouse	X		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 progam
- 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 Group discussions and presentations
- X Audio or video programs
- 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 progam
- 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 SEMIANNUAL REPORT: April 1, 1993 – September 30, 1993

Part V. Testing Results	TOTAL	REASONABLE SUSPICION	ACCIDENT OR UNSAFE PRACTICE	RANDOM SELECTION	VOLUNTEER	FOLLOW-UP	APPLICANT TESTING: OUTSIDE APPLICANT	APPLICANT TESTING: INSIDE APPLICANT	Reported as COMBINED
TOTAL TESTED	4,225	5	0	3,578	119	102	100	321	
Total refusing tests									
Total verified positive	17	1	0	9	2	0	3	2	
Verified positive for:	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
COCAINE	8			4	1		2	1	
MARIJUANA	9	1		5	1		1	1	
AMPHETAMINES									
OPIATES									
PCP									
OTHERS									

Part V: NUMBER OF PERSONS BY THE BASIS FOR ADMINISTERING TESTS

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: 17

NON DISCIPLINARY ACTIONS	NUMBER	ADDITIONAL COMMENTS
Referred to EAP	17	
Required return to work followup tests	7	
Detailed from TDP to nonsensitive position	7	
Permanent Reassignment	6	
Retirement	0	
Resignation	3	
Other	3	

DISCIPLINARY ACTIONS	PROPOSED	TAKEN	ADDITIONAL COMMENTS
Written Reprimand	7	4	
Suspension less than 15 days	1	0	
Suspension 15 days or more	0	0	
Indefinite suspension	0	0	
Demotion	0	0	
Removal/separation	4	2	
Enforced Leave	1	0	

2. REASONS FOR DISCIPLINARY ACTIONS BY TYPE OF DISCIPLINARY ACTION

NUMBER OF EMPLOYEES: 12

REASONS	SEPARATIONS	OTHER ACTIONS	ADDITIONAL COMMENTS
Possession of drugs/selling at work	2	0	
Conviction for a drug offense	1	0	
Direct observation of drug use	0	0	
Refusing urinalysis	0	0	
Specimen tampering	0	0	
Tested positive for drug use: first finding	2	3	
Tested positive for drug use: second finding	2	2	
Refusal to cooperate	0	0	
Failure to successfully complete EAP Recommended counseling/treatment	2	0	
Other reasons	0	0	

AGENCY U.S. ARMY DRUG & ALCOHOL OPERATIONS 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)
Testing costs	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
a. Specimen collection					
b. Laboratory Tests (flat fee)					
c. Initial test	37,180.00	4225	8.80	per sample	(three tests per sample)
d. Confirmation test (flat fee)	352.75	17	20.75	per test	
e. Negative test					
f. Positive test					
g. Quality control samples					
h. MRO (flat fee)					
i. Review of negatives					
j. Review of positives					
k. Other direct TESTING costs*	900.00	XXXXXXXXXXXXXXXXXXXXXXX			
l. Administrative TESTING costs*		XXXXXXXXXXXXXXXXXXXXXXX			
Total costs (items a–L)	38,432.75	XXXXXXXXXXXXXXXXXXXXXXX			

spare 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.

AGENCY U.S. ARMY DRUG & ALCOHOL OPERATIONS 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.

COST CATEGORIES	(1) COSTS	(2) ITEM REF	Comments
i. Specimen kits and other miscellaneous collection materials			Not applicable
ii. Shipping costs			Not applicable
iii. Bar coding of samples			Not applicable
iv. Electronic transfer of test results			Not applicable
v. Handling costs for rejected specimens or cancellations	747.00	4.50	166 rejected
vi. Cost of split/aliquot testing panels			Not applicable
vii. Applicant travel costs			Not applicable
OTHER COSTS (Please specify below):			
viii.			
ix.			
x.			
xi. TOTAL OTHER DIRECT COSTS (sum i – x): Here and item 5K			

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

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)			
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		XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
OTHER COSTS (Please specify below):			
vii.			
viii.			
ix.			
x. TOTAL ADMINISTRATIVE COSTS (sum i – ix)		XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
xi. DRUG TESTING ADMINISTRATIVE COSTS: Here and item	XXXXXXXXXXXXXXXXXXXX		

PROCEED TO PAGE 5 Question 6

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.

AGENCY U.S. ARMY DRUG & ALCOHOL OPERATIONS AGENCY SEMI/ANNUAL 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	4,225	5	0	3,578	119	102	100	321	
Total refusing tests									
Total verified positive	17	1	0	9	2	0	3	2	
Verified positive for:									
COCAINE	8			4	1		2	1	
MARIJUANA	9	1		5	1		1	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

Suspect — OK

NUMBER OF EMPLOYEES: 17

NON DISCIPLINARY ACTIONS	NUMBER	ADDITIONAL COMMENTS
Referred to EAP	17	
Required return to work followup tests	7	
Detailed from TDP to nonsensitive position	7 (5)	(?)
Permanent Reassignment	6	
Retirement	0	
Resignation	3	
Other	3	

DISCIPLINARY ACTIONS	PROPOSED	TAKEN	ADDITIONAL COMMENTS
Written Reprimand	7	4	
Suspension less than 15 days	1	0	
Suspension 15 days or more	0	0	
Indefinite suspension	0	0	
Demotion	0	0	
Removal/separation	4 (2)	2	
Enforced Leave	1	0	

2. REASONS FOR DISCIPLINARY ACTIONS BY TYPE OF DISCIPLINARY ACTION

NUMBER OF EMPLOYEES: 12

REASONS	SEPARATIONS	OTHER ACTIONS	ADDITIONAL COMMENTS
Possession of drugs/selling at work	2	0	
Conviction for a drug offense	1	0	
Direct observation of drug use	0	0	
Refusing urinalysis	0	0	
Specimen tampering	0	0	
Tested positive for drug use: first finding	2	2	
d positive for drug use: second finding	2	2	
y to cooperate	0	0	
sure to successfully complete EAP			
Recommended counseling/treatment	2	0	
Other reasons	0	0	

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
15 2

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
5600 Fishers Lane, Rm 9-A-53
Rockville, Maryland 20857
SAMHSADWP FAX (301) 443-2838
Direct phone inquires to:
Bert Armstrong (301) 443-6780

Part I. General Information

PRIMARY LIAISON

Name JULIE BIGLER
Title DRUG PROGRAM COORDINATOR
Agency OFFICE OF THE INSPECTOR GENERAL, DoD
Address 400 ARMY NAVY DRIVE, RM 512
ARLINGTON, VA 22202-2884
City: _____ State: ___ Zip: _____
Telephone (703)693 - 0257 FAX (703) 693 - 8593
Report prepared by: MARY REYNOLDS
Telephone (703) 693 - 0257 FAX (703) 693 - 8593
Date Prepared 12/ 22/ 93

PRIMARY AGENCY MISSION (SELECT ONE)

Law Enforcement/Drug Interdiction	
National Security/Defense	X
Public Health/Safety	
Other _____	

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 / /

AGENCY INSPECTOR GENERAL, DoD 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}*
X 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).

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

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

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

b. Are any prerequisites to testing missing? ___ Yes X 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 X 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))					
		ENJOINED		LABOR		
	Fully Implemented	partial	full	partial	full	Other reasons not implemented *(PLEASE DESCRIBE)*
Reasonable suspicion	X					
Accident or unsafe practice	*					* In plan, writing procedures
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.

N/A

3.a Was any testing conducted during this period. X 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 INSPECTOR GENERAL, DoD 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) 1540 b. E.O. 12564 Sensitive positions 1488 (Number of positions) c. TDPs 1488 (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:	XXXXXXXXXXXXXXXXXX	
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) Drug Program Coordinator,	4	4

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

AGENCY INSPECTOR GENERAL, DoD   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:

	a. Collection	b. Laboratory	c. MRO	d. Blind quality control
1. Contract with (specify)	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
a. Private firm	JSA	EHRT/COMPU CHEM	WOHA	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 1540   (2) Percent of total employees 100 %

c. Indicate the topics covered in the employee drug education program (check all that apply):
 X Agency's substance abuse policy, procedures and progam
 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
____ Group discussions and presentations
____ Audio or video programs
____ 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 12   (2) Percent of total supervisors 4.2 %

c. Indicate the topics covered in the supervisory educational and training program (check all that apply):
 X Agency's substance abuse policy, procedures and progam
 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 ____ No X   (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.
   X 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?
   X Yes ____ No

b. Are there additional charges for confirmation tests if the specimen tests positive for more than one drug?
   ____ Yes X 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?
   X 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 X 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 INSPECTOR GENERAL, DOD 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)
TESTING COSTS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
a. Specimen collection	4,576.20	145	31.56	Collection	
b. Laboratory Tests (flat fee)					
c. Initial test	1,364.45	145	9.41	Test	
d. Confirmation test (flat fee)					
e. Negative test					
f. Positive test					
g. Quality control samples	513.45	15	34.23	Specimen	
h. MRO (flat fee)					
i. Review of negatives	2,900.00	145	20.00	Specimen	
j. Review of positives	150.00	0	150.00	Specimen	
k. Other direct TESTING costs*	1,750.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	
L. Administrative TESTING costs*	20,909.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	
m. Total costs (items a–L)	32,163.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	

**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 $ 0 (b) EAP (Included in the Drug Program Office)

$ ______ (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 INSPECTOR GENERAL, DoD 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	145			112			32	1	
Total refusing tests	0								
Total verified positive	0								
Verified positive for:	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	
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		
Detailed from TDP to nonsensitive position		
Permanent Reassignment		
Retirement		
Resignation		
Other ______		

DISCIPLINARY ACTIONS	PROPOSED	TAKEN	ADDITIONAL COMMENTS
Written Reprimand	0 -		
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 III, M.D.
Director, Division of Workplace Programs
SAMHSA
5600 Fishers Lane, Rm 9-A-53
Rockville, Maryland 20857
SAMHSAOWP FAX (301) 443-2636
Direct phone inquiries to:
Rich Armstrong (301) 443-8780

Part I. General Information

PRIMARY LIAISON

Name: Christine Darago
Title: Employee Relations Specialist
Agency: Defense Mapping Agency
Address: 8613 Lee Highway
City: Fairfax State: VA Zip: 22031-2137
Telephone (703) 285- 9441 FAX (703) 285 -9465
Report prepared by: Nancy Ferraiuolo
Telephone (703) 285- 9441 FAX (703) 285 - 9465
Date Prepared 3 / 25 / 94

PRIMARY AGENCY MISSION (SELECT ONE)

Law Enforcement/Drug Interdiction	
National Security/Defense	X
Public Health/Safety	
Other	

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}*
_X_ 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).

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

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

b. Are any prerequisites to testing missing? ___ Yes _X_ 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? _X_ 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))					
		ENJOINED		LABOR		
	Fully implemented	partial	full	partial	full	Other reasons not implemented *(PLEASE DESCRIBE)*
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. _X_ 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:	XXXXXXXXXXXXXXXXXX	
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 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 (specify)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
a. Private firm	USA Occu-Resource	EHRT	Occu-Health	Occu-Health
b. Public agency				
2. Riding another agency	Dept of Interior	Dept of Interior	Dept of 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 3102 (2) Percent of total employees 30 %

c. Indicate the topics covered in the employee drug education program (check all that apply):
- x Agency's substance abuse policy, procedures and progam
- 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: ____ Yes ____ No

b. During this reporting period how many supervisors received training on the Agency's drug–free workplace program?
 (1) Number of supervisors 110 (2) Percent of total supervisors 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 progam
- 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
   ___X___ 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?
   ___X___ Yes _____ No

   b. Are there additional charges for confirmation tests if the specimen tests positive for more than one drug?
   _____ Yes ___X___ 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 ___X___ 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 Mapping 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	$22,442.08	683	$32.82	Per Test	
b. Laboratory Tests (list fee)	$ 7,137.48	737	$ 9.68	Per Test	
c. Initial test					
d. Confirmation test (list fee)					
e. Negative test					
f. Positive test					
g. Quality control samples					
h. MRO (list fee)	$119.25	53	$2.25	Per Result	
i. Review of negatives					
j. Review of positives					
k. Other direct TESTING costs*	$250.00	XXXXXXXXXXXXXXXXXXXXXXXX			
L. Administrative TESTING costs*	$13,195.00	XXXXXXXXXXXXXXXXXXXXXXXX			
m. Total costs (items a–L)	$163,143.81	XXXXXXXXXXXXXXXXXXXXXXXX			

**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 $ 1100 (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 Mapping 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. Shipping costs			
iii. Bar coding of samples			
iv. Electronic transfer of test results			
v. Handling costs for rejected specimens or cancellations			
vi. Cost of confirmation testing panels			
vii. Applicant travel costs	$250.00		
OTHER COSTS (Please specify below):			
viii.			
ix.			
x.			
xi. TOTAL OTHER DIRECT COSTS (sum i–x) Here and item 5K:	$250.00		

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)	$128,000		
ii. Staff training costs	$ 1,220		
iii. Staff travel costs	$ 675		
iv. Legal costs	$ 3,050		
v. Printing and mailing costs	$ 120		
vi. Education program costs: Office of the Program Coordinator	$ 130	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
OTHER COSTS (Please specify below):			
vii.			
viii.			
ix.			
x. TOTAL ADMINISTRATIVE COSTS (sum i–ix)	$133,195.00	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
xi. DRUG TESTING ADMINISTRATIVE COSTS: Here and item	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		$133,195.00

PROCEED TO PAGE 5 Question 6

AGENCY ______________________ SEMIANNUAL REPORT: April 1, 1993 – September 30, 1993

Part V. Testing Results	NUMBER OF PERSONS BY THE BASIS FOR ADMINISTERING TESTS						APPLICANT TESTING		
	TOTAL	REASONABLE SUSPICION	ACCIDENT OR UNSAFE PRACTICE	RANDOM SELECTION	VOLUNTEER	FOLLOW-UP	OUTSIDE APPLICANT	INSIDE APPLICANT	Reported as COMBINED
TOTAL TESTED	730			641					89
Total refusing tests									
Total verified positive	5			5					
Verified positive for:									
COCAINE	2								
MARIJUANA	3								
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	5	
Required return to work followup tests	5	
Detailed from TDP to nonsensitive position	5	
Permanent Reassignment		
Retirement		
Resignation		
Other		

DISCIPLINARY ACTIONS	PROPOSED	TAKEN	ADDITIONAL COMMENTS
Written Reprimand			
Suspension less than 15 days			
Suspension 15 days or more	5		
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		5	
Tested positive for drug use: second finding	0		
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 III, M.D.
Director, Division of Workplace Programs
SAMHSA
5600 Fishers Lane, Rm 9-A-53
Rockville, Maryland 20857
SAMHSAOWP FAX (301) 443-2836
Direct phone inquires to:
Ron Armstrong (301) 443-6780

Part I. General Information

PRIMARY LIAISON

Name George R. Keller, P.D.,M.Sc (M43)
Title Drug Program Coordinator
Agency National Security Agency
Address 9800 Savage Road
Fort George G. Meade, MD 20755-6000
City: _____ State: ___ Zip: _____
Telephone (301) 688-8913 FAX (301)688 - 5487
Report prepared by: _____
Telephone ( ) - FAX ( ) -
Date Prepared 12/28/93

PRIMARY AGENCY MISSION (SELECT ONE)

Law Enforcement/Drug Interdiction
National Security/Defense
Public Health/Safety
Other _____

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

Director of Health Services
Official Title

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

AGENCY NATIONAL SECURITY AGL 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}*
X 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).

X 1. Reasonable suspicion X 2. Accident or unsafe practice ___ 3. Random selection
___ 4. Volunteer X 5. Follow–up X 6. Outside applicant X 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

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))					
		ENJOINED		LABOR		
	Fully implemented	partial	full	partial	full	Other reasons not implemented (PLEASE DESCRIBE)
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. X 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 NATIONAL SECURITY AG SEMI – ANNUAL REPORT April 1, 1993 – S mber 30, 1993

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 (Number of positions) c. TDPs All (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:	XXXXXXXXXXXXXXXXXXX	
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

AGENCY NATIONAL SECURITY AGENCY SEMI – ANNUAL REPORT April 1, 19[illegible] – 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)?
____ 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)	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
a. Private firm				
b. Public agency				
2. Riding another agency				
3. Inhouse	XX	COMPUCHEM LAB Triangle Park, NC	XX	ARMED FORCES INST. OF PATHOLOGY

10.a Has your agency developed a continuing drug education program for employees? XX 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 CLASSIFIED (2) Percent of total employees N/A %

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

d. Check all the forms of education that apply:
XX Distribution of written material
N/A Audio or video programs
XX Group discussions and presentations
XX 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: XX Yes ___ No

b. During this reporting period how many supervisors received training on the Agency's drug–free workplace program?
(1) Number of supervisors CLASSIFIED (2) Percent of total supervisors N/A %

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

d. Check all the forms of education and training that apply:
XX Distribution of written material N/A Audio or video programs XX 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 All % (b) Percent of supervisors All %

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 XX No ___ (b) Supervisors: Yes XX No ___

AGENCY NATIONAL SECURITY AGENCY SEMI – ANNUAL REPORT April 1, 1993 – September 30, 1993

Part IV Cost and Pricing Profile

1. Specify contract pricing for:
   Laboratory services
   XX 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?
   XX Yes ____ No

   b. Are there additional charges for confirmation tests if the specimen tests positive for more than one drug?
   ____ Yes XX 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?
   XX Yes ____ No *{skip to Page 5}*

   Please describe 'extraordinary' locations.
   WORK SITES IN FOREIGN COUNTRIES.

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

   b. CLASSIFIED Total TDPs at extraordinary locations
   c. CLASSIFIED Total number of individuals tested at extraordinary sites

   d. Were additional costs associated with specimen collection at these sites? ____ Yes XX 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.
   ESTABLISHED INTERSERVICE SUPPORT AGREEMENT WITH DOD-CERTIFIED LABORATORIES PRIOR TO IMPLEMENTATION OF THE DRUG TESTING PROGRAM.

PROCEED TO PAGE 5

AGENCY NATIONAL SECURITY 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)
TESTING COSTS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
a. Specimen collection	N/A				
b. Laboratory Tests (flat fee)	N/A				
c. Initial test	930.00	62	15.00		
d. Confirmation test (flat fee)	0				
e. Negative test	0				
f. Positive test	0				
g. Quality control samples	450.00	20	22.50		DOES NOT INCLUDE COST OF TESTING
h. MRO (flat fee)	0				
i. Review of negatives	0				
j. Review of positives	0				
k. Other direct TESTING costs*	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	COST OF TESTING QC
L. Administrative TESTING costs*	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	
m. Total costs (items a–L)	1380.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	

**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

$ 300.00 (c) Other (please specify) NATIONAL SECURITY AGENCY TRAINING SCHOOL

(Best Guess)

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	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	
OTHER COSTS (Please specify below):			
viii.			
ix.			
x.			
xi. TOTAL OTHER DIRECT COSTS (sum i–x):Here and item 5K	0	N/A	

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	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX
OTHER COSTS (Please specify below):			
vii.			
viii.			
ix.			
x. TOTAL ADMINISTRATIVE COSTS (sum i–ix)	0	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX
xi. DRUG TESTING ADMINISTRATIVE COSTS:Here and item	XXXXXXXXXXXX	XXXXXXXXXXXX	0

PROCEED TO PAGE 5 Question 6

AGENCY NATIONAL SECURITY AGENCY SEMIANNUAL REPORT: April 1, 1993 – September 30, 1993

Part V. Testing Results	NUMBER OF PERSONS BY THE BASIS FOR ADMINISTERING TESTS						APPLICANT TESTING		
	TOTAL	REASONABLE SUSPICION	ACCIDENT OR UNSAFE PRACTICE	RANDOM SELECTION	VOLUNTEER	FOLLOW-UP	OUTSIDE APPLICANT	INSIDE APPLICANT	Reported as COMBINED
TOTAL TESTED	62	0	0	0	N/A	62	0	N/A	0
Total refusing tests									
Total verified positive									
Verified positive for:	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	
COCAINE	0								
MARIJUANA	0								
AMPHETAMINES	0								
OPIATES	0								
PCP	0								
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	N/A	
Required return to work followup tests	N/A	
Detailed from TDP to nonsensitive position	N/A	
Permanent Reassignment	N/A	
Retirement	N/A	
Resignation	N/A	
Other		

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

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	N/A		
Conviction for a drug offense	N/A		
Direct observation of drug use	N/A		
Refusing urinalysis	N/A		
Specimen tampering	N/A		
Tested positive for drug use: first finding	N/A		
Tested positive for drug use: second finding	N/A		
Refusal to cooperate	N/A		
Failure to successfully complete EAP Recommended counseling/treatment	N/A		
Other reasons			

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

REPORT DUE: JANUARY 15, 1994

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) 443-2635
Direct prior inquiries to:
Ron Armstrong (301) 443-6780

Part I. General Information

PRIMARY LIAISON

Name: Joyce B. Turner Code BC
Title: Personnel Management Specialist
Agency: Defense Information Systems Agency
Address: 701 S. Courthouse Road
Arlington, VA 22204-2199
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

PRIMARY AGENCY MISSION (SELECT ONE)

Law Enforcement/Drug Interdiction	
National Security/Defense	
Public Health/Safety	X
Other _____	

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}*
_X_ 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).

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

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

b. Are any prerequisites to testing missing? ___ Yes _X_ 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 _X_ 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))					
		ENJOINED		LABOR		
	Fully implemented	partial	full	partial	full	Other reasons not implemented (PLEASE DESCRIBE)
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}* _X_ No

b. If no, what were the reasons?
___ Reason stated in questions 2b and/or 2d above
___ No situation arose which called for testing
_X_ Other (Please describe) Pending approval of the revision in the testing procedures and data syster

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 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)	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:	XXXXXXXXXXXXXXXXXX	
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? 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

AGENCY Defense Information Systems 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:

	a. Collection	b. Laboratory	c. MRO	d. Blind quality control
1. Contract with (specify)	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
a. Private firm				
b. Public agency				
2. Riding another agency	John Short & Assoc	EHRT	Pub. Health Svc	John Short&Assoc
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 _0__ (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 progam
_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_ Group discussions and presentations
_X_ Audio or video programs
_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 _0__ (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 progam
_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 _80_ % (b) Percent of supervisors _95_ %

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
   __X__ 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?
   __X__ Yes ____ No

b. Are there additional charges for confirmation tests if the specimen tests positive for more than one drug?
   ____ Yes __X__ 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 __X__ 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)
Testing Costs					
a. Specimen collection	34.14		34.14		
b. Laboratory Tests (list fee)					
c. Initial test	9.68		9.68		
d. Confirmation test (list fee)	.76		.76		
e. Negative test					
f. Positive test					
g. Quality control samples	35.60		35.60		
h. MRO (list fee)	500				
i. Review of negatives					1,000 per year
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.

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			
iii. Bar coding of samples			
v. Handling costs for rejected specimens or cancellations			
vii. Applicant travel costs			
viii.			
x.			

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)			
iii. Staff travel costs			
v. Printing and mailing costs			
		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
OTHER COSTS (Please specify below):			
viii.			
x. TOTAL ADMINISTRATIVE COSTS (sum i – ix)		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
xi. DRUG TESTING ADMINISTRATIVE COSTS: Here and item	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	

PROCEED TO PAGE 5 Question 6

AGENCY DEFENSE INFORMATION SYSTEMS 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	APPLICANT TESTING: INSIDE APPLICANT	APPLICANT TESTING: 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 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:

NONDISCIPLINARY ACTIONS	NUMBER	ADDITIONAL COMMENTS
Referred to EAP	NONE	
Required return to work followup tests		
Detailed from TDP to nonsensitive 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			
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	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. Autry III, M.D.
Director, Division of Workplace Programs
SAMHSA
5600 Fishers Lane, Rm 9-A-53
Rockville, Maryland 20857
SAMHSAOWP FAX (301) 443-2639
Direct phone inquiries to:
Rob Armstrong (301) 443-6780

Part I. General Information

PRIMARY LIAISON	
Name	Paul P. Wolstenholme
Title	Personnel Management Specialist
Agency	Defense Contract Audit Agency
Address	Cameron Station, Rm 4B319
City: Alexandria	State: VA Zip: 22304
Telephone	(703) 274-5798 FAX (703) 617 -0877
Report prepared by:	Paul P. Wolstenholme
Telephone	(703) 274-5798 FAX (703) 617 -0877
Date Prepared	/ /

PRIMARY AGENCY MISSION (SELECT ONE)	
Law Enforcement/Drug Interdiction	
National Security/Defense	
Public Health/Safety	
Other DoD Contract Audit and Financial Advisory Services	XXXX

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

Director, Agency Drug-Free Workplace Program
Official Title

CONTROL INFORMATION – FOR SAMHSA USE ONLY
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.

{Survey completed}
{Survey completed}

___ 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
_X_ 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).

_X_ 1. Reasonable suspicion
_X_ 2. Accident or unsafe practice
_X_ 3. Random selection
_X_ 4. Volunteer
_X_ 5. Follow–up
_X_ 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

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))					
		ENJOINED		LABOR		
	Fully implemented	partial	full	partial	full	Other reasons not implemented *(PLEASE DESCRIBE)*
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. _X_ 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

1. Please provide the following information relating to the total number of:
   a. Full-time equivalents (FTEs) 5638.2 b. E.O. 12564 Sensitive positions 5610 (Number of positions) c. TDPs 2380 (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 4.0 % b. Actual this reporting period 4.0 %

3. According to your plan, what is the number of times per year your agency takes random samples? 2

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 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)	5610	2380
2. Positions with access to classified information	2380	2380
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:	XXXXXXXXXXXXXXXXXX	
a. Law enforcement	0	
b. National security	0	
c. Protection of life and property	0	
d. Public health or safety	0	
e. Other (Please specify) ___	0	

** 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? 6

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	4	2	6
Correct responses	4	2	6

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 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:

	a. Collection	b. Laboratory	c. MRO	d. Blind quality control
1. Contract with agency	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXX
a. Private firm				
b. Public agency			Public Health Svc.	
2. Riding another agency	Dept. of Interior (DoI)	DoI		DoI
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 _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 progam
____ 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 progam
____ 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.
   _X_ 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?
   _X_ Yes ____ No

   b. Are there additional charges for confirmation tests if the specimen tests positive for more than one drug?
   ____ Yes _X_ 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 _X_ 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. MRO (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 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. Shipping costs			
iii. Bar coding of samples			
iv. Electronic transfer of test results			
v. Handling costs for rejected specimens or cancellations	27.04		
vi. Cost of adulteration testing panels			
vii. Applicant travel costs			
OTHER COSTS (Please specify below):			
viii.			
ix.			
x.			
xi. TOTAL OTHER DIRECT COSTS (sum i–x):Here and item 5K	27.04		

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)	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		XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX
OTHER COSTS (Please specify below):			
vii. Dol Administrative Costs	1750.00		
viii.			
ix.			
x. TOTAL ADMINISTRATIVE COSTS (sum i–ix)	9875.00	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX
xi. DRUG TESTING ADMINISTRATIVE COSTS:Here and item	XXXXXXXXXXXX	XXXXXXXXXXXX	

PROCEED TO PAGE 5 Question 6

AGENCY Defense Contract Audit Agenc **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:

NONDISCIPLINARY 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.
Detailed from TDP to nonsensitive 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 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:
Ron Armstrong (301) 443-6780

Part I. General Information

PRIMARY LIAISON

Name D. Dial-Alfred
Title Personnel Management Specialist
Agency Defense Nuclear Agency
Address 6801 Telegraph Rd.

City: Alex. State: Va Zip: 22310-3398
Telephone (703) 325 - 7593 FAX (703) 325 - 6295
Report prepared by: D. Dial-Alfred
Telephone (703) 325 7593 FAX (703) 325 - 6295
Date Prepared 12/17/93

PRIMARY AGENCY MISSION (SELECT ONE)

Law Enforcement/Drug Interdiction	
National Security/Defense	X
Public Health/Safety	
Other	

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}*
_X_ 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).

_X_ 1. Reasonable suspicion _X_ 2. Accident or unsafe practice _X_ 3. Random selection
_X_ 4. Volunteer _X_ 5. Follow–up _X_ 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

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))					
		ENJOINED		LABOR		
	Fully implemented	partial	full	partial	full	Other reasons not implemented *(PLEASE DESCRIBE)*
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. _X_ 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:	XXXXXXXXXXXXXXXXXXX	
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 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)	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
a. Private firm				
b. Public agency			PHS	
2. Riding another agency	DoI/USPS	DoI/USPS		DoI/USPS
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 80 (2) Percent of total employees 23 %

c. Indicate the topics covered in the employee drug education program (check all that apply):
____ Agency's substance abuse policy, procedures and progam
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 Group discussions and presentations
X Audio or video programs
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 12 (2) Percent of total supervisors 17 %

c. Indicate the topics covered in the supervisory educational and training program (check all that apply):
____ Agency's substance abuse policy, procedures and progam
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 80 % (b) Percent of supervisors 80 %

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 X (b) Supervisors: Yes ____ No X
However, approximately twice a year DNA provides training on the effects of alcohol and illegal drugs for all employees.

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
   _X_ 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?
   _X_ Yes ____ No

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

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)
TESTING COSTS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
a. Specimen collection	$1,110.12	29	$38.28		
b. Laboratory Tests (flat fee)	309.76	32	9.68		
c. Initial test					
d. Confirmation test (flat fee)					
e. Negative test					
f. Positive test					
g. Quality control samples	108.23	(2)	35.60	(1) 37.03	
h. MRO (flat fee)	1,000.00				
i. Review of negatives					
j. Review of positives					
k. Other direct TESTING costs*	161.12	XXXXXXXXXXXXXXXXXXXXXXXXXX			
L. Administrative TESTING costs*	$12,250.40	XXXXXXXXXXXXXXXXXXXXXXXXXX			
m. Total costs (items a–L)	$14,939.63	XXXXXXXXXXXXXXXXXXXXXXXXXX			

**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 $ 150.00 (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 Nuclear 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.

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 cost
v. Handling costs for rejected specimens or cancellations			
vi. Cost of adulteration testing panels			
vii. Applicant travel costs			
OTHER COSTS (Please specify below):			
viii. No Shows/Cancellations	$13.52	(6)	$81.12
ix.			
x.			
xi. TOTAL OTHER DIRECT COSTS (sum i–x):Here and item 5K			$161.12

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)	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		XXXXXXXXXXXXXX	XXXXXXXXXXXXX
OTHER COSTS (Please specify below):			
vii.			
viii. DoI/Staff Support	$750	flat fee	$750
ix.			
x. TOTAL ADMINISTRATIVE COSTS (sum i–ix)		XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
xi. DRUG TESTING ADMINISTRATIVE COSTS:Here and item	XXXXXXXXXXXX	XXXXXXXXXXXX	$12,250.40

PROCEED TO PAGE 5 Question 6

AGENCY Defense Nuclear Agency SEMIANNUAL REPORT: April 1, 1993 – September 30, 1993

Part V. Testing Results	TOTAL	REASONABLE SUSPICION	ACCIDENT OR UNSAFE PRACTICE	RANDOM SELECTION	VOLUNTEER	FOLLOW-UP	APPLICANT TESTING: OUTSIDE APPLICANT	APPLICANT TESTING: INSIDE APPLICANT	APPLICANT TESTING: Reported as COMBINED
	NUMBER OF PERSONS BY THE BASIS FOR ADMINISTERING TESTS								
TOTAL TESTED	29			29					
Total refusing tests	0								
Total verified positive	0								
Verified positive for:	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	
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		Not Applicable
Required return to work followup tests		
Detailed from TDP to nonsensitive position		
Permanent Reassignment		
Retirement		
Resignation		
Other		

DISCIPLINARY ACTIONS	PROPOSED	TAKEN	ADDITIONAL COMMENTS
Written Reprimand			Not Applicable
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			Not Applicable
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 cooper...			
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

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/OWP FAX (301) 443-2638

Direct Phone Inquiries to:

Ron Armstrong (301) 443-6780

Part I. General Information

PRIMARY LIAISON

Name TINA L. VALENCIK

Title Human Resource Manager

Agency Defense Intelligence Agency

Address 3100 Clarendon Blvd.

ATTN: DAH-4

City: Arlington State: VA Zip: 22201

Telephone (703) 284- 1337 FAX (703) 284 - 1144

Report prepared by: Tina L. Valencik

Telephone (703) 284-1337 FAX (703) 284 - 1144

Date Prepared 12/20/93

PRIMARY AGENCY MISSION (SELECT ONE)

Law Enforcement/Drug Interdiction	
National Security/Defense	X
Public Health/Safety	
Other	

26 JAN 1994

Signature of Agency Head or Senior Policy Official

Deputy Director

Official Title

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

Part II Status of Plan Implementation

3.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}*
X 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).

X 1. Reasonable suspicion X 2. Accident or unsafe practice X 3. Random selection
X 4. Volunteer X 5. Follow-up X 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

4.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))					
		ENJOINED		LABOR		
	Fully Implemented	partial	full	partial	full	Other reasons not implemented *(PLEASE DESCRIBE)*
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. X Yes *{skip to Part III}* ___ No

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

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

art 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)

f 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.

ATEGORIES 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:	XXXXXXXXXXXXXXXX	
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

[illegible] sometimes, who is responsible for maintaining these documents?

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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)?
_X_ 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. Contract with agency	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
a. Private firm				
b. Public agency	SEE	ATTACHED		
2. Riding another agency				
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 _40___ (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 progam
_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 ___ 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 _15___ (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 progam
_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 ___ 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 _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 _X_ No ___ (b) Supervisors: Yes _X_ 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 Agenc SEMI – ANNUAL REPORT April 1, 1993 – September 30, 1993

art 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.
__X__ 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?
__X__ Yes ____ No

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

AGENCY 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	XXXXXXXXXXXXXXXXXXXX			
L. Administrative TESTING costs*	0	XXXXXXXXXXXXXXXXXXXX			
m. Total costs (items a–L)	12,476.62	XXXXXXXXXXXXXXXXXXXX			

** 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.

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rt 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
TAL TESTED	133			13			120		
tal refusing tests	0			0			0		
tal verified positive	0			0			0		
rified positive for:									
OCAINE									
ARIJUANA									
MPHETAMINES									
PIATES									
CP									
THERS									

art 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 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

UMBER OF EMPLOYEES:

ON DISCIPLINARY ACTIONS	NUMBER	ADDITIONAL COMMENTS
ferred to EAP		
equired return to work followup tests		
oved from TDP to nonsensitive 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:

	REMOVALS	OTHER ACTIONS	ADDITIONAL COMMENTS
Possession of drugs/selling at work			
Conviction for a drug offense			
Direct observation of drug use			
Refusing urinalysis			
Specimen tamperin			
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			

ENCY Defense Intelligence Agenc SEMI – ANNUAL REPORT April 1, 1993 – September 30, 1993

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

em 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	N/A		
ii. Split sample costs	N/A		
iii. Bar coding of samples	N/A		
iv. Report preparation of test results	N/A		
v. Handling costs for rejected specimens or cancellations	N/A		
vi. Courier services for the panel	N/A		
vii. Applicant travel costs	N/A		
OTHER COSTS (Please specify below):			
viii. Records Maintenance	600.00		$100 per month
ix. Management Analyst	4,505.00		53 hrs @ $85/hr
x. No Shows	27.04		2 @ $13.52
xi. TOTAL OTHER DIRECT COSTS (sum i–x): Here and Item 6K	5,132.04		

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)	N/A		
ii. Staff training costs	N/A		
iii. Staff travel costs	N/A		
iv. Office costs	N/A		
v. Printing and mailing costs	N/A	XXXXXXXXXXXXXXXXXXXX	
vi. Education Program Costs: Office of the Program Coordinator			
OTHER COSTS (Please specify below):			
vii.			
viii.			
ix.			
x. TOTAL ADMINISTRATIVE COSTS (sum i–ix)	N/A	XXXXXXXXXXXXXXXXXXXX	
xi. DRUG TESTING ADMINISTRATIVE COSTS: Here and Item		XXXXXXXXXXXXXXXXXXXX	

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
5600 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

PRIMARY LIAISON

Name: Carolyn M. Yeary
Title: Drug Program Coordinator
Agency: Secy Defense/Wash. Hdqtrs. Svcs.
Address: 1725 Jefferson Davis Highway, Crystal Square 2, Crystal City, Suite 1301
City: Arlington State: VA Zip: 22202
Telephone (703) 607- 3430 FAX (703) 607-3464
Report prepared by: Carolyn M. Yeary
Telephone (703) 607- 3430 FAX (703) 607 - 3464
Date Prepared 1 /10/ 94

PRIMARY AGENCY MISSION (SELECT ONE)

Law Enforcement/Drug Interdiction	
National Security/Defense	X
Public Health/Safety	
Other _____	

E Clarke
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 / /

OSD/WHS

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}*
_x_ 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).

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

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

b. Are any prerequisites to testing missing? ___ Yes _x_ 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 _x_ 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))					
		ENJOINED		LABOR		
	Fully Implemented	partial	full	partial	full	Other reasons not implemented *(PLEASE DESCRIBE)*
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. _x_ 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

AGENCY OSD/WHS 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) 4995 b. E.O. 12564 Sensitive positions 3369 *(Number of positions)* c. TDPs 3728 *(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:	XXXXXXXXXXXXXXXXXX	
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

AGENCY OSD/WHS 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:

	a. Collection	b. Laboratory	c. MRO	d. Blind quality control
1. Contract with (specify)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
a. Private firm	Exam. Mgmt. Svc. Inc			
b. Public agency				
2. Riding another agency		Dept of the Army	Dept of Army	AFIP
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 5000 (2) Percent of total employees 50 %
   c. Indicate the topics covered in the employee drug education program (check all that apply):
   _x_ Agency's substance abuse policy, procedures and progam
   _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 ____ 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 75 (2) Percent of total supervisors 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 progam
   _x_ 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
   _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 ____ 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 95 %

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
   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?
   x Yes ____ No

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

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 x 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

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AGENCY OSD/WHS 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)
TESTING COSTS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
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	XXXXXXXXXXXXXXXXXXXXXXXXX			
L. Administrative TESTING costs*	24,463.00	XXXXXXXXXXXXXXXXXXXXXXXXX			
m. Total costs (items a–L)	26,626.75	XXXXXXXXXXXXXXXXXXXXXXXXX			

**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			
OTHER COSTS (Please specify below):			
viii.			
ix.			
x.			
xi. TOTAL OTHER DIRECT COSTS (sum i–x):Here and item 5K			

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		XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX
OTHER COSTS (Please specify below):			
vii.			
viii.			
ix.			
x. TOTAL ADMINISTRATIVE COSTS (sum i–ix)	50,000	XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX
xi. DRUG TESTING ADMINISTRATIVE COSTS:Here and item	XXXXXXXXXXXX	XXXXXXXXXXXX	24,463

PROCEED TO PAGE 5 Question 6

AGENCY OSD/WHS

SEMIANNUAL REPORT: April 1, 1993 – September 30, 1993

Part V. Testing Results	NUMBER OF PERSONS BY THE BASIS FOR ADMINISTERING TESTS						APPLICANT TESTING		
	TOTAL	REASONABLE SUSPICION	ACCIDENT OR UNSAFE PRACTICE	RANDOM SELECTION	VOLUNTEER	FOLLOW-UP	OUTSIDE APPLICANT	INSIDE APPLICANT	Reported as COMBINED
TOTAL TESTED	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	
Detailed 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 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 99 (7-90)
FAX TRANSMITTAL # of pages ▶ 10
To John Heaphy Dept./Agency
From Ave' Papan Phone # 696-5891

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,

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. Autry III, M.D.
Director, Division of Workplace Programs
SAMHSA
5600 Fishers Lane, Rm 8-A-53
Rockville, Maryland 20857
[illegible]

Part I. General Information

PRIMARY LIAISON

Name: Aye' C. Pagan
Title: Employee Relations Specialist
Agency: Department of the Navy
Address: 800 North Quincy Street
Arlington, VA
City: _____ State: ___ Zip: 22203-1998
Telephone (703) 696-5880 FAX (703) 696-5338
Report prepared by: Aye' Cannady Pagan
Telephone ( ) - FAX ( ) -
Date Prepared 3 / 1 / 94

PRIMARY AGENCY MISSION (SELECT ONE)

Law Enforcement/Drug Interdiction	
National Security/Defense	X
Public Health/Safety	
Other _____	

DOROTHY M. MELETZKE
Signature of Agency Head or Senior Policy Official

Deputy Assistant Secretary of the Navy
(Civilian Personnel Policy/EEO)
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)*
X 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)..

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

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

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

b. Are any prerequisites to testing missing? ___ Yes X 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? X 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))					
		ENJOINED		LABOR		
	Fully implemented	partial	full	partial	full	Other reasons not implemented *(PLEASE DESCRIBE)*
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. X 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 III Operations Profile

1. Please provide the following information relating to the total number of:
   a. Full-time equivalents (FTEs) 278,236 b. E.O. 12564 Sensitive positions 207,566 (Number of positions) c. TDPs 46,500 (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 N/A % b. Actual this reporting period 13 %

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 ___ All TDPs ___ Some TDPs X
   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)	191,815	15,222
2. Positions with access to classified information	12,822	12,822
3. Presidential Appointees	7	7
4. Law enforcement officers (5 USC 8331(20))(5 USC 8401(17))*	2,922	2,922
5. Other positions, as determined by the agency head:	XXXXXXXXXXXXXXXX	
a. Law enforcement	4,753	2,500
b. National security	5,105	5,105
c. Protection of life and property	4,592	3,000
d. Public health or safety	54,902	14,597
e. Other (Please specify)	1,250	1,250

** 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? 200

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	160	40	200
Correct responses	160	40	200

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

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

AGENCY Dept. of the Navy 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:

	a. Collection	b. Laboratory	c. MRO	d. Blind quality control
1. Contract [illegible]	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
a. Private firm	Tracor Technology	Resources, Inc.	PHS	AFIP
b. Public agency				
2. Riding another agency				
3. Inhouse	Military Sealift Command	NDSL		

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 23,123 (2) Percent of total employees 8 %

c. Indicate the topics covered in the employee drug education program (check all that apply):
 X Agency's substance abuse policy, procedures and progam
 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 Group discussions and presentations
 X Audio or video programs
 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 2,964 (2) Percent of total supervisors 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 progam
 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 80 % (b) Percent of supervisors 80 %

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 ___

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Part IV Cost and Pricing Profile

1. Specify contract pricing for:
Laboratory services
__X__ 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?
__X__ Yes ____ No

b. Are there additional charges for confirmation tests if the specimen tests positive for more than one drug?
____ Yes __X__ 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?
__X__ Yes ____ No *(skip to Page 5)*

Please describe 'extraordinary' locations.
Cuba, Iceland, Guan, 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? __X__ 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

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)
TESTING COSTS	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
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. MRO (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	XXXXXXXX	XXXXXXXX	XXXXXXXX	
L. Administrative TESTING costs*	621,867	XXXXXXXX	XXXXXXXX	XXXXXXXX	
m. Total costs (items a–L)	729,546	XXXXXXXX	XXXXXXXX	XXXXXXXX	

**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. [illegible]	6,599		
iii. Bar coding of samples			
iv. [illegible]	100,122		
v. Handling costs for rejected specimens or cancellations			
vi. [illegible]			
vii. Applicant travel costs	144		
viii. OTHER COSTS (Please specify below):			
ix.	814		
x.			
xi. TOTAL OTHER DIRECT COSTS (Sum i–x) 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 training costs	8,028	78	6,279
iii. Staff travel costs	48,768	14	6,744
iv. [illegible]	5,000	100	5,000
v. Printing and mailing costs	6,840	28	1,911
vi. Education program costs Office of the Program Coordinator		XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
OTHER COSTS (Please specify below):			
vii. Misc. Consumables, Representation fee	9,691	60	5,875
viii. Appeals			
ix.			
x. TOTAL ADMINISTRATIVE COSTS (sum i–ix)	1,962,459	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
xi. DRUG TESTING ADMINISTRATIVE COSTS: Here and Item	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	621,867

PROCEED TO PAGE 6 Question 6

AGENCY Dept. of the Navy 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	6,116	15	0	5,425	29	102			545
Total refusing tests	3	0	0	3	0	0			0
Total verified positive	78	15	0	45	0	14			4
Verified positive for:									
COCAINE	30	10	0	15	0	5			4
MARIJUANA	33	2	0	22	0	5			
AMPHETAMINES	9	1	0	4	0	4			
OPIATES	3	1	0	2	0	0			
PCP	3	1	0	2	0	0			
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: 66

NONDISCIPLINARY ACTIONS	NUMBER	ADDITIONAL COMMENTS
Referred to EAP	53	
Required return to work followup tests	12	
Detailed from TDP to nonsensitive position	21	
Permanent Reassignment	3	
Retirement	0	
Resignation	19	
Other	5	

DISCIPLINARY ACTIONS	PROPOSED	TAKEN	ADDITIONAL COMMENTS
Written Reprimand	1	3	
Suspension less than 15 days	3	3	
Suspension 15 days or more	4	2	
Indefinite suspension	2	3	
Demotion	1		
Removal/separation	39	24	
Enforced Leave	0	0	

2. REASONS FOR DISCIPLINARY ACTIONS BY TYPE OF DISCIPLINARY ACTION

NUMBER OF EMPLOYEES: 58

REASONS	SEPARATIONS	OTHER ACTIONS	ADDITIONAL COMMENTS
Possession of drugs/selling at work	1	2	
Conviction for a drug offense			
Direct observation of drug use			
Refusing urinalysis	3		
Specimen tampering			
Tested positive for drug use: first finding	30	17	
Tested positive for drug use: second finding	2	1	
Refusal to cooperate	1		
Failure to successfully complete EAP		1	
Recommended counseling/treatment			
Other reasons			