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

X/g



# 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 BoD 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 postaccident 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 resignated 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

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.S.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) within 120 days. Dod Coercinator for Drug Enforcement Policy and Support

William H. Taft, IV

Deputy Secretary of Defense

Enclosures - 3

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- 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
- (1) Executive Order 10450, "Security Requirements for Government Employment," April 27, 1953
- (m) Executive Order 12356, "National Security Information," April 2, 1982

### DEFINITIONS

. Or nonappropriated

1. <u>DoD Civilian Employee</u>. A DoD employee paid from appropriated funds.

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- 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 (1)).
- 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.

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# DEPARTMENT OF DEFENSE DIRECTIVES SYSTEM TRANSMITTAL

16-jours

NUMBER

DATE

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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."



## 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)).

The <u>Secretary of the Army</u> 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:

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- a. Shall develop a plan and implementing documents for achieving the objective of a drug-free workplace with due consideration to the rights of the Government, the employee, and the general public. Prior to implementation, the plan and the implementing documents shall include the following:
- (1) A statement of policy on the DoD Component's expectations on drug use and the action to be anticipated in response to identified drug use.

  Employee Assistance Programs
- (2) (EAPs) emphasizing education and counseling, to include referral where applicable to rehabilitative treatment and programs in accordance with available community resources.
- (3) Supervisory training to assist in identifying and addressing illegal drug use by DoD Component employees.
- (4) Provision for self-referral and supervisory referral to treatment with maximum respect for individual confidentiality consistent with safety and security.
- (5) Provision for identifying users of illegal drugs, including testing on a controlled and carefully monitored basis in accordance with this Directive.
- (6) The positions designated for random drug testing along with the criteria and procedures applied in designating such positions for drug testing, including the justification for such criteria and procedures.
- b. Shall establish a program for random testing of employees in sensitive positions for the use of illegal drugs. Testing-designation positions are positions that have been designated for random testing. The extent to which such employees are tested and the criteria for such testing shall be determined by the Head of each DoD Component, based on the DoD Component's mission and its employees' duties, the efficient use of DoD Component resources, and the danger to public health and safety or to U.S. national security that might result from the failure of an employee to discharge his or her position adequately.
  - c. Shall establish a program for voluntary employee drug testing.
- d. Are authorized, in addition to the testing program established under paragraph E. 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

S600 Fishers Lane, Rm 9-A-53

Rockville, Maryland 20857

SAMHSADWP FAX (301) 443-2636

SAM-SAOWP FAX (301) 443-2638
Direct phose inquires (0.)
Kon Armstrong (301.) 443-6014

### Part I. General Information

Name Title Agency Address	PRIMARY LIAISON Terri Taylor Employee Relations Specialist Department of Defense Dependents School 2461 Eisenhower Ave.	ols	PRIMARY AGENCY MISSION (SELECT ONE) Law Enforcement/Drug Interdiction National Security/Defense Public Health/Safety Other	
Telephone	Alexandria. Va 22331-1100  City: Alexandria State: VA Zip: 22331-1100  (703 )325 - 8660 FAX (703 ) 325 -			
Telephone	pared by: Terri Taylor (703 )325 -8660 FAX (703 )325 - ared 6 / 30 93	- 805	4	

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

Chief, MER/Productivity
Official Title

CONTROL INFORMATION - FOR SAMI-19A USE ONLY

AGENCY - ID

DATE RECEIVED / /93 INITIALS \_\_\_\_\_

DATE ENTERED / /93 INITIALS \_\_\_\_\_

Date Plan Cartified / /

### Part II Status of Plan Implementation

.a Indicate the statement which best describes the status of your plan certification during this reporting period.  1. Plan has not been submitted to HHS for approval (attach explanatory note) 2. Plan has been 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 Yes (SKIP TO 3.a) X. No  Was plan fully implemented (including all testing and non-lesting components) during this reporting period?  Yes (SKIP TO 3.a) X. No  2. Average all non-testing components of your plan (e.g. EAPs, training etc.) fully implemented during this reporting period?  Yes (SKIP TO 3.a) X. No  b. Are any prerequisites to testing missing? X. Yes No If yes, check all that apply. 6-Octay notice X. Services of a certified laboratory. Source for quality control specimens Other (Please specify)  C. Are there restrictions or holds on one or more types of testing? Yes X. No (Skip to 3a)  4. For each type of testing, indicate the status of implementation during the reporting period. Check the appropriate columns under "status of testing" for each type of testing included in your agency plan.  Solute of testing (Check apprehend poliments)  Solute of testing (Check apprehend poliments)  Fully parties MI parties for Experiments MI parties for Constitution, and processing the Experiments MI parties for Constitution, and processing to specimens; for constitution, and processing to specimens; for constitution, and processing to specimens; for chain of custody of all specimens; for constitution, an	.a Indicate the statement whi	ich best describes the st	tatus of your plan cert	ification during this	reporting period.
2. Plan has been submitted to HHS and reviews are in progress 3. 9. 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. Pleasonable 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 (SKP 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 Yes Yes Yes No D. Are any prerequisities to testing missing? X Yes No If yes, check all that apply.  Source for quality control specimens Other (Please specify)  C. Are there restrictions or holds on one or more types of testing?  A Services of a certified laboratory, X Services of a entire of the discretion of the period of testing included in your agency plan.  Status of testing (Check applicable obtained) or specty other reasons not implemented columns under "status of testing" for each type of testing included in your agency plan.  Status of testing (Check appropriate obtained) or specty other reasons not implemented imp					
X 1. Reasonable suspicion X 2. Accident or unsafe practice X 3. Random selection X 7. Inside applicant X 4. Volunteer X 5. Follow-up X 6. Cutside applicant X 7. Inside applicant X 7. Inside applicant X 4. Volunteer X 5. Follow-up X 6. Cutside applicant X 7. Inside applicant 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  2.a Were all non-testing components of your plan (e.g. EAPs, training etc.) fully implemented during this reporting period? Yes X No  2.a Were any prerequisites to testing missing? X Yes No  2.a Were any prerequisites to testing missing? X Yes No  2.a Were any prerequisites to testing missing? X Yes No  2.a Were any prerequisites to testing missing? X Yes No  2.a Were any prerequisites to testing missing? X Yes No  2.a Were any prerequisites to testing missing? X Yes No  2.a Were any prerequisites to testing missing? X Yes No  2.a Were any prerequisites to testing missing? X Yes No  3.a Mass provided that apply.  4. A Yes X No  4. Collection services  4. Collection services  4. Collection services  4. Collection services  5. Services of a Medical Review Officer  5. A Yes X No  6. Skip to 3.a  6. 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.  5. Status of testing included in your agency plan.  5. Status of testing included in your agency plan.  6. Fully partial full partial full partial full Cher reasons not implemented implemented implemented in partial full full partial full full partial full full partial full full full full full full full fu	2. Plan has been su X 3. Plan has been ce	ibmitted to HHS and rev intified or agency is a Tie	news are in progress		
X. 4. Volunteer X. 5. Follow-up X. 6. Cutside applicant X. 7. Inside applicant X. 4. Volunteer X. 5. Follow-up X. 6. Cutside 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 A any presquisites to testing missing? X. Yes No If yes, check all that apply.  Solves of a certified laboratory, X. Collection services Solves of a certified laboratory, X. Solves of quality control specimens X. Services of a Medical Review Officer Other (Please specify)  C. Are there restrictions or holds on one or more types of testing?  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 columns) to the parisal full parisal full parisal full Cher reasons not implemented impl	b. Indicate the types of testing	ng included in your plan	(check all that apply).		
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.  50-day notice  Services of a certified laboratory,  Services of a certified laboratory,  Solve for quality control specimens  Other (Please specify)  c. Are there restrictions or holds on one or more types of testing?  4. Source for quality control specimens  Other (Please specify)  c. Are there restrictions or holds on one or more types of testing?  4. For each type of testing, indicate the status of implementation during the reporting period. Check the appropriate columns under "status of testing" for each type of testing included in your agency plan.  Status of testing for each type of testing included in your agency plan.  Fully partial full partial full Cher reasons not implemented inplemented i	X 1. Reasonable susp X 4. Volunteer	picion $\frac{X}{X}$ 2. Accider 5. Follow	nt or unsafe practice	X 3. Random X 6. Outside	selection applicant $X$ 7. Inside applicant
	c. Was plan fully implement Yes {SKIP TO 3.a}	ed (including all testing X No	and non-testing comp	onents) during this	reporting period?
If yes, check all that apply. Solice of a ynotice Services of a certified laboratory, Solice for quality control specimens Other (Please specify)  C. Are there restrictions or holds on one or more types of testing?  C. Are there restrictions or holds on one or more types of testing?  C. Are there restrictions or holds on one or more types of testing?  C. Are there restrictions or holds on one or more types of testing?  C. Are there restrictions or holds on one or more types of testing?  C. Are there restrictions or holds on one or more types of testing?  C. Are there restrictions or holds on one or more types of testing?  C. Are there restrictions or holds on one or more types of testing?  C. Are there restrictions or holds on one or more types of testing?  C. Are there restrictions or holds on one or more types of testing?  C. Are there restrictions or holds on one or more types of testing?  C. Are there restrictions or holds on one or more types of testing?  C. Are there restrictions or holds on one or more types of testing?  C. Are there restrictions or holds on one or more types of testing?  C. Are there restrictions or holds on one or more types of testing?  C. Are there restrictions or holds on one or more types of testing?  C. Are there restrictions or holds on one or more types of testing?  C. Are there restrictions or holds on one or more types of testing?  C. Are there restrictions or holds of all the restriction.  C. Are there restrictions of testing? included in your agency plan.  Status of testing? the appropriate column(s) or specify other reason(s)  C. Are there restricts of testing? the propriate column(s) or specify other reason(s)  C. Are there restricts of testing? the propriate column(s) or specify other reason(s)  C. Are there restricts of testing? the propriate column(s) or specify other reason(s)  C. Are there restricts of testing? the propriate column(s) or specify other reason(s)  C. Are there restricts of testing? the propriate column(s) or specify other reason(s)  C. Are there restric	2.a Were all non-testing comp	ponents of your plan (e.g	g. EAPs, training etc.)	fully implemented	during this reporting period?
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 wher reason(s))   ENJOINED   LABOR   Other reasons not implemented implemented   PLEASE DESCRIBE) See "e" below	If yes, check all that apply60-day noticeServices of a certifieSource for quality or	ed laboratory, ontrol specimens	30-day X Collecti	on services	ew Officer
Status of testing (Check appropriate column(s) or specify other reason(s))    ENJOINED   LABOR     Fully partial   Mill partia	c. Are there restrictions or	holds on one or more ty	pes of testing?	Yes	X No (Skip to 3a)
Status of leasing (Check appropriate column(s) or specify other reason(a))    ENJOINED   LABOR     Fully partial hull partial full part	d. For each type of testing,	indicate the status of in	nplementation during	the reporting period	d. Check the appropriate
Reasonable suspicion  Accident or unsafe practice Random selection Volunteer Follow-up Outside applicant Inside applicant Ins	columns under status o				5))
Reasonable suspicion  Accident or unsafe practice Random selection  Volunteer  Follow-up  Outside applicant Inside applicant Inside 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 or DDDDS of test results. Supervisor and employee training/education inculdes types and effects of drugs; symptoms of drug user treatment/rehabilitation programs; and distribution of written materials of drug user treatment/rehabilitation programs; and distribution of written materials of drug user treatment/rehabilitation programs; and distribution of written materials of the programs of the delay is cause.  **No Approximately 85 position of the programs of the program of the p					· · · · · · · · · · · · · · · · · · ·
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Reasonable suspicion  Accident or unsafe practice Random selection  Volunteer  Follow-up  Outside 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 inculdes types and effects of drugs; symptoms of drug use: treatment/rehabilitation programs; and distribution of written materials Video Bresentations.  Jes (skip to Part      X No Approximately 85 pour affected.  b. If no, what were the reasons?  XX Reason stated in questions 2b and/or 2d above No situation arose which called for tesang		E. Ilia partial	full pa		er reasons not implemented
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Random selection  Volunteer  Follow-up  Outside 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 inculdes types and effects of drugs; symptoms of drug use; treatment/rehabilitation programs; and distribution of written materials Video Bresentations.  Yes (skip to Part III)  X No Approximately 85 por 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	Page 1		i full pa	rtial full Oth	•
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Outside 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 inculdes types and effects of drugs; symptoms of drug use; treatment/rehabilitation programs; and distribution of written materials video Bresentations.  3.a Was any testing conducted during this period.  Yes (skip to Partill)  X No Approximately 85 possible for the stream of the programs of the partilly of the provided 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	Accident or unsafe practice Random selection	implemented	ı full pa	rtial full Oth	•
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 inculdes types and effects of drugs; symptoms of drug use: treatment/rehabilitation programs; and distribution of written materials Video Bresentations.  Yes (skip to Part III) X No Approximately 85 por affected.  b. If no, what were the reasons?  XX Reason stated in questions 2b and/or 2d above No situation arose which called for tessing	Accident or unsafe practice Random selection Volunteer	implemented	j full pa	rtial full Oth	•
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b. If no, what were the reasons?  XX Reason stated in questions 2b and/or 2d above  No situation arose which called for testing	Accident or unsafe practice Random selection Volunteer Follow-up Outside applicant Inside applicant	implemented		rial full Oth (PLE	ASE DESCRIBE) See "e" below
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No situation arose which called for testing	Accident or unsafe practice Random selection Volunteer Follow-up Outside applicant Inside applicant e. If you indicated that testinie, litigation (enjoined) of how many employees are We are current1 their employee of specimens; for medical review employee trainiof drug use; training conducte	implemented  ing under your agency's relabor negotiation, brief impacted, and the property working agreemassistance proger chain of cus and notification in reatment/rehabilions.  indication this period.	plan was on hold or refly describe below the jected date for the rements with Arm rams; collection of all spon of body of	estricted for an extended nature of the delay noval of the restrictly, Navy, and on, transported for the street results	ernal cause  in its cause, tion.  Air Force to use tation, and processing contidentiality,  Supervisor and f drugs; symptoms ribution of written materials  X No Approximately 85 po
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### Part III Operations Profile

Please provide the following information relating to the total num.	Sensitive positions 85		c. TDPs <u>85</u>
a. Full-time equivalents (FTEs) b. E.O. 12564	(Number of po		(Number of positions)
	0.4 11 not go to gue	etion 6	
f your agency tested this period, answer questions	24, II not, go to que	311011 3.	
. Percent of TDPs tested			,
a. Per year according to your plan%	b. Actual this reportin	g period 7	
. According to your plan, what is the number of times per year yo		amples?	
a If your plan includes inside applicant testing, which positions a	are subject to that testing? Some TDPs		
All Positions All TDPS  b. If your plan includes outside applicant testing, which positions		<del>?</del>	
All Positions All TDPs	Some TDPs	-	
i. Enter the number of positions defined as sensitive by section 7	(d) of E.O. 12564 and the f	number of	
positions designated as TDPs.			٦
	Number in	Number	j
CATEGORIES of Sensitive Positions Defined by E.O. 12564	Sensitive	Selected as	
	Positions	TDPs	-
1. Designated by agency head as Special Sensitive,	:		
Critical-Sensitive, or Noncritical-Sensitive	85	85	
(FPM Chapter 731 or in accordance with E.O. 10450)			
2. Positions with access to classified information	85	85	+
3. Presidential Appointees			_
4. Law enforcement officers (5 USC 8331(20))(5 USC 8401(17)	)* ::::::::::::::::::::::::::::::::::::		a
5. Other positions, as determined by the agency head:	XXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	<u>S</u>
a. Law enforcement			-
b. National security			-
c. Protection of life and property	:	<del></del>	-
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 question	is 6-7, if not, go to qu	estion 8.	
6. Indicate the types of drugs to be tested in accordance with you  (a) Cocaine (b) Marijuana (c) Amphetamine	es (d) Opiates	_(e) PCP	•
Please specify others: (f) (g)	(h)		,
Trease speen, entered to	(OCs) was submitted to t	he laboratory?	
7.a During this period how many blind quality control specimens	QCs) were submitted to	corract responses	reported to the MRO
Please indicate the composition (negative and positive) of the Number of:     Negative Positive T	Total :	Confectiospensos	,
Specimens Correct responses			
c. If there were unacceptable blind QC results, would the MRI	O investigate and documer	nt all the results?	
Always Sometimes Never			•
d. If "always" or "sometimes", who is responsible for maintain	ing these documents?		ja <sup>*</sup>
Agency MROAgency Pnmary Liaison	-		

Part III Operations Profile  8. Has your agency adopted		nidaybacked another plai	n) so that the plans are adn	ninistered
together (this does not inclu X No	ade riding another agent	cy's contract or if another specify which Agency pla	agency performs the servi	ices)?
NO	1 e3 (pida3c	Specify milant iganey pr		
9. Specify the names of the o	contractors (1a) or the na	ames 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 ispecify!	XXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	000000000000000000000000000000000000000	<u>xxxxxxxxxxxxxxxxxxxxxxx</u>
g. Private firm				
b. Public agency				
2. Riding another agency				
3. Inhouse				
X Types and effects X Symptoms of drug X Relationship of the Relevant treatmen d. Check all the forms of e X Distribution of writing	e abuse policy, procedured to drugs use and effects on performance to the drug-testing t, rehabilitation, confider ducation that apply:	ormance and conduct program ntiality issues  X Audio or video		
11.a Has your agency development and address illegal drug b. During this reporting polyage workplace p  (1) Number of supe	g use by employees: eriod how many supervis rogram? rvisors _200 (2	X Yes No sors received training on Percent of total supervi	the Agency's	
c. Indicate the topics cove	red in the supervisory e ce abuse policy, procedu of drugs	ducational and training pures and progam	rogram (check all that appl	y):
X How to identify em X Role and operatio X Intervention and re X Return of employe d. Check all the forms of	eferral to the EAP se to workplace and folic education and training t	stance ow-up hat apply:	<u>X</u> Group discussion:	s and presentations
<ul> <li>X Distribution of writt</li> <li>12. Please provide the best reached with its drug ed</li> <li>(a) Percent of employee</li> </ul>	estimate of the percent lucation/training/awaren		d supervisors your agency lance of E.O. 12564.	
13. Does your agency provide	de an orientation packag	ge and/or training for new	r employees and new supe drug-free workplace plan?	rvisars

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

SENCY DODDS	SEMI - ANNUAL REPORT: October 1, 1992 - March 51, 1993
art IV Cost and Pricing Profile S	SEE ITEM 2E
Specify contract pricing for:	
l aboratory services	
Full-service - NO CEILING (C	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., individe	ual fees charged for initial and confirmation tests.
a. Indicate whether confirmation of all c	drugs which initially test positive within a single specimen is required?
Yes No	
o. Are there additional charges for conf	firmation tests if the specimen tests positive for more than one drug?
YesNo	
On average, how many days betweeCalendar days	en specimen collection and notification of testing results?
The term "extraordinary" is used her	d to identify extraordinary locations that are unique to your agency.  ire to denote those locations/situations where your agency must incurs additional costs to collect a specimen.
make special arrangements and/or	HIDAIA MARIAMANA IN CONTENT OF
a. Do any of your TDPs work at extrao	ordinary locations?
•	
Yes X No (skip u	y - 8c - 3/
Please describe "extraordinary" loc	cations.
Please provide the following	g information about TESTING at extraordinary sites:.
bTotal TDPs at extr	aordinary locations
c Total number of inc	dividuals tested at extraordinary sites
	The state of the s
d. Were additional costs associated	with specimen collection at these sites? Yes No
If yes, what was the total cost of c	collection at these extraordinary sites \$
e. Describe what methods are taken	n 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	RUG TESTING cost information or best estimates for this	reporung penoa.

				Free Gral totals	in the table below.)
(Use Worksheets on Page 6 for	other direct tes	ung and admin	ustranve cosis.	Exter final wills	in the name occurry
			Average	Unit of Costs	
	Total	Total	Cost per	(e.g., hours.	
	Costs	Units	Unit	years, per test)	Additional Comments (for this item only)
TESTING COSTS	xxxxxx	XXXXXXXX	XXXXXXXXXXX	XXXXXXXXX	00000000000000000000000000000000000000
a. Specimen collection				<del> </del>	
b. Laboratory Tests (flat fee)					
ç. Initial test				1	
d. Confirmation test (flat fee)				ļ	
e. Negative test				!	
f. Positive test				:	
g. Quality control samples					
h. MRO (flat fee)				<del> </del>	
i. Review of negatives	<u></u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
j. Review of positives					
k. Other direct TESTING costs*	;			XXXXXXXXXXXXXX	
L. Administrative TESTING costs*	:			XXXXXXXXXXXXXX	
m. Total costs (items a-L)		XXXXXX	000000000000000000000000000000000000000	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	

<sup>\*</sup> 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 S (b) EAP
	s (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.

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

AGENCY DODDS 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. ITEM REF Comments COSTS COST CATEGORIES i. Specimen kits and other miscellaneous collection materials # Shipping costs iii. Bar coding of samples iv. Electronic transfer of lest results Handling costs for rejected specimens or cancellations vi. Cost of adulteration testing panels vii. Applicant travel costs OTHER COSTS (Please specify below): **X** ... VIII. TOTAL OTHER DIRECT COSTS (sum l-x):Here and item 5K Item 5.1 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. (1) Drug-Testing % Total COST CATEGORIES **Administrative** Administrative Drug Costs Testing Costs 17,000 17,000\_ i. Staff costs (salaries and benefits) ii. Staff training costs iii. Staff travel costs fv. Legal costs 20,000 v. Printing and mailing costs vi. Education program costs: Office of the Program Coordinator OTHER COSTS (Please specify below): va Training for Supervisors employees and 190,000 viii students 190,000 TOTAL ADMINISTRATIVE COSTS (sum i-ix) 

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

eputy pirecto: (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. Auty III, M.D. Director, Division of Workplace Programs SAMHSA 5600 Fishers Lane, Rm 8-A-53 Rockville, Maryland 20857 SAMHSADWP FAX (201) 443-2636 Direct phone incurres to: Hon Americang (501) 443-8780

Part I. General Information

Name Tite	PRIMARY LIAISON BARBARA E. LUMIA DRUG PROGRAM COORDINATOR	PRIMARY AGENCY MISSION (SELECT ONE) Law Enforcement/Drug Interdiction	
Agency Address	DEFENSE INVESTIGATIVE SERVICE (DIS) 1340 BRADDOCK PLACE, RM. 508	National Security/Defense Public Health/Safety Other	X
	City: ALEXANDRIA State: VA Zip: 22314-1651		
	pered by D. RENTTA WATSON		
Telephone Date Prepai			

MICHAEL G. NÉWMAN Signature of Agency Head or Senior Policy Official

DEPUTY DIRECTOR (RESOURCES)

Official Title

CONTROLINFORM	ATION - FOR SAMHSA USE ONLY
AGENCY-ID	
DATE RECEIVED	/ /94 INITIALS
DATE ENTERED	/ /94 INITIALS
Date Plan Certified	

AGENCY	DIS		SEMI - /	ANNUAL R	EPORT /	April 1, 199	93 - September 30, 1993
Part II Statu	s of Plan Impl	ementation					
.a Indicate t	he statement wh	ich best descri	bes the state	us of your p	olan certi	fication di	uring this reporting period,
1. F 2. F 3. P	Han has not been Han has been sut Han has been cer Wher (Please atta	submitted to I mitted to HHS tified or spenc	HHS for app and review	roval (attac	oh expla	natory not	
	he types of testin						
X 1. R	easonable suspi olun <del>tae</del> r	2. X 2. X 5.	Accident or Follow-up	unsafe pra	ctice _	X 3. Ra	ndom selection rtside applicant <u>X</u> 7. Inside applicant
c. Was plan	fully implements {SKIP TO 3.a}	d (including al	I testing and	d non-test	ua cout	oonents) d	luring this reporting period?
		onents of you	r plan (e.g. l	EAPs, traini	ng etc.)	fully imple	mented during this reporting period?
			10				• • • • • • • • • • • • • • • • • • • •
II you, can	rerequisites to te of all that apply.	sting missing?	Yes	X No			
60-(	lay notice	4_4		30	- day no	otice .	
Sour	oes of a certified oe for quality con	leboratory	•	Cc	lection	Services	I Review Officer
Other	(Please specify)	e or specimens	•	50	rvices of	r a Madica	l Review Officer
			<del></del>				
o. Are there	restrictions or ho	de on one or	more types	of testing?			Yes X No (Skip to 3a)
							(321) 10 M
d. For each	two of teeting is	برغب مطف مغدماته					
	type of teening, n	nocale die stat	us of imple	nemation o	inting an	e rebound	period. Check the appropriate
OOIGI III \$	under 'status of t	panud tot eac	type or tes	and incind	d in you	ir agency	plan.
		State of tee	ting (Check ap	propriate colu	mn(s) or s	Deally other	remon(s))
	•		ENK	DINEO		BOR	
		Fully implemented	pertiel	Null	pertial	full	Other reasons not implemented (PLEASE DESCRIBE)
eldanossef	suspicion						(
vooldent or u	nsafe practice					†	
andom sele	otion						
/olunteer							
ollow-up							
Jutside appli				_,			
nside applica	ım						
I.V., NOGATO	ated that testing in (enjoined) or in employees are in	DOI NEGOTADO	n. briefiv de:	scribe belo	w the na	tura of the	delay, its cause, estriction.
Who amakes	<b>41</b>			▼ .			
WHS AITY tes	ting conducted o	luring this peri	od.	<u>X</u> Yes	{skip !	o Part III)	No No
					•	· <b>-</b> ,	
. If no, what	were the reasons	?					
	n stated in quest		2d above				
	lation arose whic						
Other	(Please describe)						
					-		

1 Decimated by a control of the cont	Positions	TDPs
1. Designated by agency head as Special Sensitive,		
Critical - Sensitive, or Noncritical - Sensitive		1
(FPM Chapter 731 or in accordance with E.O. 10450)	3320	3320
2. Positions with access to classified information		
3. Presidential Appointees		<del></del>
4. Law emorcement officers (5 USC 8331 (20)) (5 USC 8401 (17))*		
5. Other positions, as determined by the agency head:	(algentations of the	
a. Law enforcement	AAAAAAAAAA	XXXXXXXXX
b. National security		0.000
c. Protection of life and property	3320	3320
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) COCAMO X (b) MACINIANA X (c) Amphatamina X (d) and (	
(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 Mi	
Number of:   Negative   Positive     Table	RO,

Number or:	Negative	Positive	Total
Specimens	15	4	19
Correct responses	15	4	19
44			

	X Always Sometimes Never Never
d.	If 'always' or 'sometimes', who is responsible for maintaining these documents? Agency MROX Agency Primary Liaison

EMPLOYEE-RELATIONS TEL:703-325-6184

AGENCY	DIS	SEM	I - ANNUAL REPORT AP	ril 1, 1993 — September	30, 1993
Part III C	perations Profile	CONTINUED			
8. Has yo togethe	r (this does not include	riding another agen	piggybacked another pla cy's contract or if anothe pecify which Agency plai	ragency performs the se	administered ervices)?
9. Specify	the names of the cont		imes of the agencies (1 b	,2,3) that provide the dru	g testing services:
90000000000000000000000000000000000000	· · · · · · · · · · · · · · · · · · ·	a Collection	b. Laboratory	a. MRO	d. Blind quality contro
	with (quadly)	XXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX
a Priva					
b. Public				PHS	
	nother agency	DOI	DOI		DOI
3. Inhouse	<u> </u>	<u></u>			
X	Agency's substance ab Types and effects of dri Symptoms of drug use Relationship of the EAP Relevant treatment, rehilds all the forms of educibistion of written in Scroup discussions and	use policy, procedurings and effects on perform to the drug—testing abilitation, confidentiation that apply: naterial	rmance and conduct program	ograms	
and a b. Durk drug (1 c. IndiceX1X1X5	iddress illegal drug use ng this reporting period j—free workplace prog ) Number of superviso	by employees:	ors received training on to ercent of total supervisors ucational and training pro es and progam mance and conduct	he Agency's	·
X 4 X F d. Chec	ntervention and referral leturn of employee to v ok all the forms of educ	ito the EAP workplace and follow ation and training tha		X Group discussions	and présentations
reach	ed with its drug educati	on/vaining/awarene	ourrent employees and see efforts since the issuar	ice of E.O. 12564.	has EVER
(#) P <b>\$</b>	rcent of employees <u>1</u>	<u>.UU</u> 76	(b) Percent of superviso	rs <u>78</u> %	
on the	rour agency provide an effects of lilegal drugs sployees: Yes <u>X</u>	and and/or other as	and/or training for new epocts of the Agency's dru (b) Supervisors: Yes	g-free workplace plan?	ervisors >

AGENCY	DIS	SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993
Part IV (	Cost and Pr	icing Profile
Labor 3	Fullservic	▼
X_	_ Yes	
b. Are th	here additions	d charges for confirmation tests if the specimen tests positive for more than one drug?  No
	verage, how m 7 Calend	nany days between specimen collection and notification of testing results? ar days
The to	lerm 'extraord s special arrar ny of your TDI	tions are lintuided to identify extraordinary locations that are unique to your agency.  Inary' is used here to denote those locations/situations where your agency must  Igements and/or incurs additional costs to collect a specimen.  Ps work at extraordinary locations?  No {skip to Page 5}
		extraordinary locations.  PES IN FOREIGN COUNTRIES
b		the following information about TESTING at extraordinary sites:.  All TOPs at extraordinary locations  In number of individuals tested at extraordinary sites
		osts associated with specimen collection at these sites? <u>N/A</u> Yes No he total cost of collection at these extraordinary sites \$
		ethods are taken to minimize additional costs at extraordinary sites.
ĺ		PROCEED TO PAGE 5

AGENCY	DIS	SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993
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### Part IV Cost and Pricing Profile CONTINUED

### 5. DAUG TESTING COSTS

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

(Use Worksheets on Page 6.					2 10 1000 00000)
			Average	Unit of Costs	
	Total	Total	Cost per	(e.g., hours,	
	Costs	Units	Unit	years, per test)	Additional Comments (for this item only)
CICIAL COMP	XXXXXXXXXXX	XXXXXXXX	KXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ACCULATION CONTRACTOR OF THE STATE OF THE ST
L Specimen collection	\$13,197.00	290	<b>\$34.98</b>	Unit	
o, Laboratory Teets (flat fee)	\$6,000.00	290	\$9.68	Unit	
. Initial test	_				
. Confirmation test (flat fee)	_			<del></del>	
Negative test	_				
Positive test	_				
Quality control samples	\$676.40	19	\$47.78	Unit	QC PLUS LAB FEE
MRO (fiat lee)	\$1,000.00	)			LESS THAN 300 DRUG TESTS
Review of negatives		271	\$2.75	Unit	
Review of positives	_		\$150.00		
Other direct TESTING costs*	\$14.320.22	XXXXXXXXX			
Administrative TESTING costs*	\$90,069.11				
n. Total costs (items a - L)	\$125,263.39				

S. If there is any office in your agency other than th	at 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.

May 06'94

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

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

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

	(7) (2)				
COST CATEGORIES	COSTS	ITEM REF	Comments		
i. Specimen kits and other miscellaneous collection materials	\$13,197.66				
Shipping force	¥13,137.00		JSA/EHRT COSTS		
≝. Ber coding of samples					
A 1/2 Deleter Spin Color					
V. Handling costs for rejected specimens or cancellations					
Carrier of activations and the patient					
VII. Applicant travel costs					
THER COSTS PLANS SOCIETINGS					
VW. OHALITY CONTROL SPECIMENS	4676 40				
	\$446.16				
X		· · · · · · · · · · · · · · · · · · ·			
The condition in the second for the same is a second from the	\$14.320.22				
		90 o 90 o 11 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )			

### Num 5.1 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.

· · · · · · · · · · · · · · · · · · ·	and the state of t		
	(1)	(2)	(3)
COST CATEGORIES	Total	%	Drug-Testing
·	Administrative	Drug	Administrative
	Costs	Testing	Costs
Staff costs (salaries and benefits)	\$4,745.61	100	\$4.745.61
AND THE DESCRIPTION OF THE PERSON OF THE PER	\$38,510/00	100	\$38,510.00
I. Staff travel costs (V4200)	\$2,688.00	100	\$2,688.00
A State Grant Control of the Control			1-1000
. Printing and mailing costs	\$176,00	100	\$176.00
Calcution stockin bosts: Office of the Program Coordinator		XXXXXXXXX	NO CONTRACTOR OF THE PROPERTY
OTHER COSTS (Please specify below):			
2 (2 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	\$19,257.00	100	\$19,257.00
. OTHER VIDEOS/BOOKS/AV EQUIPMENT	\$21,192.50	100	\$21,192.50
	\$3,500.00	100	\$3,500.00
TOTAL ADMINISTRATIVE COSTS (sum i-ix)	\$90.069.11	XXXXXXXXXXXX	***************
id. DRUG TESTING ADMINISTRATIVE COSTS: Here and it	ANNON XXXXXXXX In a	XXXXXXXXXXX	\$90,069,11

PROCEED TO PAGE 5 Question 6

AGENCY DIS		SEMIANN	UAL REPO	AT: April 1	, 1993 – Ber	rtember 30,	1993				
Part V. Testing Results		NUMBER OF PERSONS BY THE BASIS FOR ADMINISTERING TESTS									
	TOTAL	REASONABLE	ACCIDENT	RANDOM	VOLUNTEER	FOLLOW-UP	APPLICANT TESTING				
		SUSPICION	OR UNSAFE PRACTICE	SELECTION			OUTSIDE APPLICANT	INSIDE APPLICANT	Reported		
MIAL IBSTED	271	0	0	271	0	0	0	0	0		
Notal refusing tests	0										
Notal verified positive	0										
Perified positive form	3 3 5 5 6 6 6	************	9, 9, 9, <b>9</b> , <b>9</b> , <b>9</b> , <b>9</b> , <b>9</b> ,	XXXXXXXXX		(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			* , ***		
MARULIANA	N/A								<b></b>		
AMPHETAMINES		<u> </u>		<del> </del>	<del> </del>	ļ	<del> </del>	<del></del>	<del> </del>		
OPIATES	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>	<u> </u>		<del>                                     </del>	<del>                                     </del>			+		
PCP OTHERS		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<del>                                     </del>		<del>                                     </del>	-	<u> </u>	1		
								].	GENERAL SECTION		
There used, possessed or sold ill DISCIPLINARY AND NONDISCIF NUMBER OF EMPLOYEES: N/A	logal drugs. Che PLINARY ACTION	nck all that apply NB PROPOSED I	d with the spec	imens, refuse IN BY TYPE OF	d lesting or to a		he reporting p ere otherwise		**********		
b have used, possessed or sold ill DISCIPLINARY AND NONDISCIP NUMBER OF EMPLOYEES: N/A SOLOSICIPLINARY ACTIONS	logal drugs. Che PLINARY ACTION	nck all that apply NB PROPOSED I	d with the spec	cimens, refuse	d lesting or to a						
D have used, possessed or sold ill DISCIPLINARY AND NONDISCIP AMBER OF EMPLOYEES: N/A SECTIONS INVARIANCE ON SERVINGE TO SERVI	logal drugs. Che PLINARY ACTION	nck all that apply NB PROPOSED I	d with the spec	imens, refuse IN BY TYPE OF	d lesting or to a						
D have used, possessed or sold ill DISCIPLINARY AND NONDISCIP AMBER OF EMPLOYEES: N/A  SOLIDICAL IDARY & CITICAL Behaved to EAP Required return to work followup tests	legal druga. Che R.INARY ACTION	nck all that apply NB PROPOSED I	d with the spec	imens, refuse IN BY TYPE OF	d lesting or to a						
D have used, possessed or sold ill DISCIPLINARY AND NONDISCIP AMBER OF EMPLOYEES: N/A CONSCIPLINARY AND NONDISCIP AMBER OF EMPLOYEES: N/A Industrial to EAP Industrial return to work followup tests Intelled from TDP to nonsensilve positi	legal druga. Che R.INARY ACTION	nck all that apply NB PROPOSED I	d with the spec	imens, refuse IN BY TYPE OF	d lesting or to a						
D have used, possessed or sold ill DISCIPLINARY AND NONDISCIP ALMBER OF EMPLOYEES: N/A LONG DISCIPLINARY ACTIONS Returned to EAP Required return to work billowup tests Cetalled from TDP to nonsensive positionment Ressignment	legal druga. Che R.INARY ACTION	nck all that apply NB PROPOSED I	d with the spec	imens, refuse IN BY TYPE OF	d lesting or to a						
D have used, possessed or sold ill DISCIPLINARY AND NONDISCIP AMBER OF EMPLOYEES: N/A BENERO OF EMPLOYEES: N/A BENERO TO EMPLOYEES: N/A Benero to EAP Bequired return to work followup tests betalled from TDP to nonsensive positi formanent Resasignment beforent	legal druga. Che R.INARY ACTION	nck all that apply NB PROPOSED I	d with the spec	imens, refuse IN BY TYPE OF	d lesting or to a						
D have used, possessed or sold ill DISCIPLINARY AND NONDISCIP AMBER OF EMPLOYEES: N/A SOLDER TRUBER ACTIONS Intered to EAP Inquired return to work followup tests Intered from TDP to nonsensive positiferment Resisignment Indignation Discrepancy	legal druge. Che	ock all that apply 18 PROPOSED A	MID/OR TAKE	IN BY TYPE OF	ACTION  COMMENTS	ooperale, or m	ore of herwise	lound			
to have used, possessed or sold ill  DISCIPLINARY AND NONDISCIP  JUMBER OF EMPLOYEES: N/A  JUMBER OF EMPLOYEES: N/A  Jumper of DISCIPLINARY ACTIONS	legal druge. Che	nck all that apply NB PROPOSED I	d with the spec	IN BY TYPE OF	d lesting or to a	ooperale, or m	ore of herwise	lound			
D have used, possessed or sold ill DISCIPLINARY AND NONDISCIP AMBER OF EMPLOYEES: N/A SOLDISCES THARTY ACTIONS Intered to EAP Inquired return to work followup tests Detailed from TOP to nonsensilve positi formaner! Ressignment Indiament Nedgraston Other Witten Reprire and Ruspension less than 15 days	legal druge. Che	ock all that apply 18 PROPOSED A	MID/OR TAKE	IN BY TYPE OF	ACTION  COMMENTS	ooperale, or m	ore of herwise	lound			
D have used, possessed or sold ill DISCIPLINARY AND NONDISCIP ALMBER OF EMPLOYEES: N/A  Industrial DISCIPLINARY ACTIONS Industrial Total DISCIPLINARY ACTIONS Industrial Total Disciplinary Industrial Possession Disciplinary Reseasing Transport Industrial Disciplinary Disciplinary Witten Reprinary Responsion less than 15 days Responsion 16 days or more	legal druge. Che	ock all that apply 18 PROPOSED A	MID/OR TAKE	IN BY TYPE OF	ACTION  COMMENTS	ooperale, or m	ore of herwise	lound			
D have used, possessed or sold ill DISCIPLINARY AND NONDISCIP JUMBER OF EMPLOYEES: N/A  Jumper of DEAP  Jump	legal druge. Che	ock all that apply 18 PROPOSED A	MID/OR TAKE	IN BY TYPE OF	ACTION  COMMENTS	ooperale, or m	ore of herwise	lound			
DISCIPLINARY AND NONDISCIP  LMBER OF EMPLOYEES: N/A  Selection to work followup tests  etailed from TOP to nonsensive positive testerent	legal druge. Che	ock all that apply 18 PROPOSED A	MID/OR TAKE	IN BY TYPE OF	ACTION  COMMENTS	ooperale, or m	ore of herwise	lound			
D have used, possessed or sold ill DISCIPLINARY AND NONDISCIP AMBER OF EMPLOYEES: N/A  Selection To HARL ACTIONS  Detailed from TOP to nonsensive postil formaner! Resasignment ledrament ledgration  Other  JESS HARLY ACTIONS  Witten Reprimend  Respection 16 days or more indefinite suspension  Demotion  Removel/separation	legal druge. Che	ock all that apply 18 PROPOSED A	MID/OR TAKE	IN BY TYPE OF	ACTION  COMMENTS	ooperale, or m	ore of herwise	lound			
Disciplinary and noncisciplinary and nonciscip	ACTIONS BY TY	PROPOSED  PROPOSED  PROPOSED  PROPOSED	TAKEN	N BY TYPE OF	COMMENTS	ooperale, or m	ore otherwise	lound			
Disciplinary and noncisciplinary and nonciscip	ACTIONS BY TY	PROPOSED  PROPOSED  PROPOSED  PROPOSED	TAKEN  NARY ACTION	N BY TYPE OF	ACTION  COMMENTS	ooperale, or m	ore otherwise	lound			
D have used, possessed or sold ill DISCIPLINARY AND NONDISCIP ALMBER OF EMPLOYEES: N/A  Refured to EAP  Required return to work bllowup tests Detailed from TOP to nonsensive position Democratical Description Descrip	ACTIONS BY TY	PROPOSED  PROPOSED  PROPOSED  PROPOSED	TAKEN  NARY ACTION	N BY TYPE OF	COMMENTS	ooperale, or m	ore otherwise	lound			
DISCIPLINARY AND NONDISCIPLINARY AND NONDISCIPLINARY AND NONDISCIPLINARY AND NONDISCIPLINARY ACTIONS Description to work followup tests description to work followup tests description to more testing posts description description Disciplinary ACTIONS Witten Repriment description Disciplinary ACTIONS Witten Repriment description Demotion Demotio	ACTIONS BY TY	PROPOSED  PROPOSED  PROPOSED  PROPOSED	TAKEN  NARY ACTION	N BY TYPE OF	COMMENTS	ooperale, or m	ore otherwise	lound			
Disciplinary AND NONDISCIPLINARY AND NONDISCIP ALMBER OF EMPLOYEES: N/A  John Disciplinary ACTIONS  John Disciplinary ACTIONS  John Disciplinary ACTIONS  John Disciplinary ACTIONS  Witten Reprinand  John Disciplinary  John Disciplin	ACTIONS BY TY	PROPOSED  PROPOSED  PROPOSED  PROPOSED	TAKEN  NARY ACTION	N BY TYPE OF	COMMENTS	ooperale, or m	ore otherwise	lound			
DISCIPLINARY AND NONDISCIPLINARY AND NONDISCIPLINARY AND NONDISCIPLINARY ACTIONS selected to EMPLOYEES: N/A selected return to work followup tests setaled from TDP to nonsensive positive selected from	ACTIONS BY TY	PROPOSED  PROPOSED  PROPOSED  PROPOSED	TAKEN  NARY ACTION	N BY TYPE OF	COMMENTS	ooperale, or m	ore otherwise	lound			
DISCIPLINARY AND NONDISCIPLINARY AND NONDISCIPLINARY AND NONDISCIPLINARY AND NONDISCIPLINARY ACTIONS Description to work followup tests detailed from TDP to nonsensive positive maneral Resessignment description Differ Annual Actions Demotion less than 15 days Demotion Is days or more additints suspension Demotion Demoti	ACTIONS BY TY	PROPOSED  PROPOSED  PROPOSED  PROPOSED	TAKEN  NARY ACTION	N BY TYPE OF	COMMENTS	ooperale, or m	ore otherwise	lound			
D have used, possessed or sold iff DISCIPLINARY AND NONDISCIP AMBER OF EMPLOYEES: N/A DISCIPLINARY AND NONDISCIP AMBER OF EMPLOYEES: N/A DISCIPLINARY ACTIONS Determed to EAP Inquired return to work followup tests Detailed from TDP to nonsensive positive manners Resssignment Determent D	ACTIONS BY TY	PROPOSED  PROPOSED  PROPOSED  PROPOSED	TAKEN  NARY ACTION	N BY TYPE OF	COMMENTS	ooperale, or m	ore otherwise	lound			
DISCIPLINARY AND NONDISCIP  AMBER OF EMPLOYEES: N/A  SECRET THAT'S ACTIONS  Intered to EAP  Inquired return to work followup tests  Intered from TDP to nonsensive positive po	ACTIONS BY TY	PROPOSED  PROPOSED  PROPOSED  PROPOSED	TAKEN  NARY ACTION	N BY TYPE OF	COMMENTS	ooperale, or m	ore otherwise	lound			
to have used, possessed or sold ill  1. DISCIPLINARY AND NONDISCIP NUMBER OF EMPLOYEES: N/A  Returned to EAP Required return to work followup tasts Detailed from TOP to nonsensitive positive Permanent Resseignment Retirement Retirement Differ  Witten Reprimend Suspension lose than 15 days Suspension lose than 15 days Suspension 16 days or more indefinite suspension Demotion Remove/repersion Enforced Leave 2. REASONS FOR DISCIPLINARY A  NUMBER OF EMPLOYEES:	ACTIONS BY TY	PROPOSED  PROPOSED  PROPOSED  PROPOSED	TAKEN  NARY ACTION	N BY TYPE OF	COMMENTS	ooperale, or m	ore otherwise	lound			

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

REPRIOR JULY 2, 1983

Return signed and completed form to:
Joseph H. Autry III, M.D.
Director, Division of Workplace Programs
SAMHSA
9800 Fishers Lane, Rm 9-A-S3
Rockville, Maryland 20657
SAMHSAOWP FAX (301) 443-2636
Direct phone languages to:
Kos. Armstrong (301) 44 1-867 Mills

#### Part I. General Information

Name Title Agency Address	Gayr Staff Defo	ing ense	& Et	orrell mploye istics	ee Relation Agency Room 3D224		g≥ iali	ist	PRIMARY AGENCY MISSION (SELECT ONE) Law Enforcement/Drug Interdiction National Security/Defense Public Health/Safety Other	X
Telephone Report pre	(70:	3)2	74 -	<u>ia</u> <b>S</b> 6030	tate: <u>va</u> Zip FAX ( <sub>703</sub>					
Telephone Date Prepe	(	)	1		FAX (	)	-			

Signature	of	Agency	Head	or Senior	<b>Policy</b>	Official

Official Title

CONTEGE INFORMAT	ION -	POR	SAMESA USE OF VICE
AGENCY-ID			_/*
DATE RECEIVED	1	/93	INITIALS
DATE ENTERED	1	/93	INITIALS
Date Plan Certified	1	1	

IGENCY	DLA		SEMI	- ANNUAL	REPOR	iT: Octob	er 1, 1992 - March 31, 1993	
art II Stai	tus of Plan Imple	ementation						
a Indicate	the statement which	ch best describ	es the status	s of your pla	an certifi	cation du	ing this reporting period.	
2 3	. Plan has not been . Plan has been sut . Plan has been cer . Other (Piease atta	omitted to HHS tified or agency	and reviews is a Tier II	s are in prog	gress	•	a) {Survey completed} {Survey completed}	
b. Indicate	the types of testing	included in yo	ur plan (che	ck all that a	ppiy).			
<u>x</u> 1	. Reasonable suspi . Volunteer	cion <u>X</u> 2. <u>X</u> 5	Accident or . Follow-up	unsafe pra	ctice .	X 3. R. X 6. O	andom selection utside applicant <u>X</u> 7. Inside a	pplican
c. Was plant	an fully implemented (SKIP TO 3.a)	d (including all	testing and I No	non-testing	compon	ents) duri	ing this reporting period?	
a. Were ai	I non-testing compo es	nents of your p	olan (e.g. EA No	VPs, training	etc.) fui	ily implem	nented during this reporting period?	
<i>If yes, ch</i> Se So	<ul> <li>prerequisites to terect all that apply.</li> <li>day notice</li> <li>crvices of a certified ource for quality conher (Please specify)</li> </ul>	laboratory trol specimens		30 Co	-day not illection : rvices o	services	al Review Officer	
	re restrictions or ho		nore types o	of testing?			YesX No (Skip to 3a)	
d Forea	ch type of testing in	udicate the state	is of implem	sentation du	ring the	maatina	period. Check the appropriate	
column	s under "status of t	esting" for each	type of test	ting include	d in your	gency to second	period. Check the appropriate plan.	
		Status of tes	ling (Check ap)					
				MED		1	net.	
		Fully implemented	partial	full	partial	Tuli	Other reasons not implemented (PLEASE DESCRIBE)	
	e suspicion				:	<del> </del>	The second secon	
	unsafe practice							
Random se Volunteer	election		!	<del></del>	<del>-</del>			
ollow-up			<del>-</del>			<del> </del>		
Outside ap	plicant	<del> </del>	<del></del>			+	<del>                                     </del>	
nside appl	icant		i		<del> </del>	<del> </del>		
i.e., litiga	licated that testing ( tion (enjoined) or la ny employees are in	bor negotiation	ı, briefly des	cribe below	the nati	ire of the	delay its cause	
			<del></del>	<del></del> .				
144		<del></del>						
was any	testing conducted d	uring this perio	d.	X Yes	{skip u	Part III}	No	
Rea	at were the reasons ason stated in ques situation arose which	tions 2b and/or						
Oth	er (Please describe	)					_	<i>‡</i>
	æ .				-		ur.	

If your agency tested this period, answer questions 2-4, to Percent of TDPs tested	tive positions28,0 (Number of posi- If not, go to ques Actual this reporting ncy takes random sar ect to that testing? Some TDPs bject to that testing?	00_stions) stion 5.	c. TDPs 3,339 (Number of positions
I. Please provide the following information relating to the total number of:  a. Full-time equivalents (FTEs) 65,000 b. E.O. 12564 Sensitive for the sequence of the sensitive forms and the sequence of the s	(Number of position)  Actual this reporting ancy takes random sare ect to that testing?  Some TDPs	tions) stion 5.	. (Number of positions
Please provide the following information relating to the total number of:  a. Full-time equivalents (FTEs) 65,000 b. E.O. 12564 Sensitive by section 2-4, 10  b. E.O. 12564 Sensitive by section 2-4, 10  Percent of TDPs tested  a. Per year according to your plan 20 % b.  According to your plan, what is the number of times per year your agent all your plan includes inside applicant testing, which positions are subject to the positions are subject to	(Number of position)  Actual this reporting ancy takes random sare ect to that testing?  Some TDPs	tions) stion 5.	. (Number of positions
a. Full-time equivalents (FTEs) 65,000 b. E.O. 12564 Sensitive Mayour agency tested this period, answer questions 2-4, in the period of TDPs tested a. Per year according to your plan	(Number of position)  Actual this reporting ancy takes random sare ect to that testing?  Some TDPs	tions) stion 5.	. (Number of positions
Percent of TDPs tested  a. Per year according to your plan	(Number of position)  Actual this reporting ancy takes random sare ect to that testing?  Some TDPs	tions) stion 5.	. (Number of positions
Percent of TDPs tested  a. Per year according to your plan	Actual this reporting ncy takes random sarect to that testing? Some TDPsbject to that testing?	period 10	
Percent of TDPs tested  a. Per year according to your plan	Actual this reporting ncy takes random sar ect to that testing?  Some TDPsbject to that testing?	period <u>10</u>	%
a. Per year according to your plan	ect to that testing? Some TDPs bject to that testing?		<b>%</b>
a. Per year according to your plan	ect to that testing? Some TDPs bject to that testing?		<b>%</b>
H.a. If your plan includes inside applicant testing, which positions are subject to the following and the subject testing and the subject testing are subject to the following are subject to	ect to that testing?  Some TDPs bject to that testing?  Some TDPs	nples? 4	
All Positions All TDPs _v_  b. If your plan includes outside applicant testing, which positions are su  All Positions All TDPs _x_  ii. Enter the number of positions defined as sensitive by section 7(d) of E	Some TDPs bject to that testing? Some TDPs		
All Positions All TDPs _v_ b. If your plan includes outside applicant testing, which positions are su All Positions All TDPs _x_  5. Enter the number of positions defined as sensitive by section 7(d) of E	Some TDPs bject to that testing? Some TDPs		
b. If your plan includes outside applicant testing, which positions are su  All Positions All TDPs X  5. Enter the number of positions defined as sensitive by section 7(d) of E	bject to that testing? Some TDPs		
All Positions All TDPs _X	Some TDPs		
i. Enter the number of positions defined as sensitive by section 7(d) of E			
	.O. 12564 and the nu		
	.O. 12564 and the nu		
positions designated as TDPs.		mber of	
	T.:		<del>-</del> -
	Number in	Number	
CATEGORIES of Sensitive Positions Defined by E.O. 12564	Sensitive	Selected as	
	Positions	TDPs	
1. Designated by agency head as Special Sensitive,	1		
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:	XXXXXXXXX	XXXXXXXXX	3
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)			7
The second citation is not included in E.O. 12564.			<b>_</b>
If your agency tested this period, answer questions 6-7,	if not. ao to aues	tion 8.	
ii you agony totta uno porton, and a que	, 3		
i. Indicate the types of drugs to be tested in accordance with your Agency	v 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)	wro submitted to the	laboratomia (	60
.a. During this period now many during quality control specimens (QCS).	rere submitted to the	aboratory?	
b. Please indicate the composition (negative and positive)of the QCs a	and the number of cor	rect responses	reported to the MRC
Number of: Negative Positive Total Specimens 48 12 60			
Correct responses 48 12 60			
70 12 100			
c. If there were unacceptable blind QC results, would the MRO investig	gate and document al	the results?	
X Always Sometimes Never			
d. If "always" or "sometimes", who is responsible for maintaining these			•

AGE	NCY	DLA	SEMI	- ANNUAL REPORT: Oct	ober 1, 1992 - March 31	1, 1993
Pari	tiii Oper	ations Profile	CONTINUED			
to	as your ag gether (thi: No	jency adopted a s does not inclu	another agency's plan (piggy de riding another agency's o Yes (please spec	backed another plan) so the contract or if another agence ify which Agency plan)	y performs the services)	stered )? 
9. S	pecify the	names of the c	ontractors (1a) or the names	of the agencies (1b,2,3) th	at provide the drug testi	ing services:
			a. Collection	b. Laboratory	c. MRO	d. Blind quality control
4:C	oniract with (	pecty)	***************************************	000000000000000000000000000000000000000	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	******
-	Private firm	,			JSA	
Ь	Public ager	ıcy				
·	Riding anothe		Interior	Interior		Interior
3.	nhouse					
d 11.a	(1) N Indicate the X Age X Typ X Syn X Relic X Check al X Dist X Gro  Has your and addr During the drug-free (1) N Indicate X Typ X Syn X Relic X Gro  A Has your And Addr  Typ X Syn X Roli	umber of employers to identify a substance and effects on the standard of the topics covered of the substandard of the standard of the standar	use and effects on performa EAP to the drug-testing pro- c, rehabilitation, confidentialit ducation that apply: en material and presentations  use by employees: X eriod how many supervisors ogram? visors (2) Per red in the supervisory educa- e abuse policy, procedures a of drugs use and effects on performa- ployees in need of assistance	recent of total employees	ms ss promotions spervisors to help them in ency's	
	I. Check a  X Distr  Please pro reached v	all the forms of e ribution of writte ovide the best e	e to workplace and follow-up education and training that a en material X Audio estimate of the percent of curucation/training/awareness es 99 %	pply: or video programs X rrent employees and supen	visors your agency has l FE.O. 12564.	
13.	on the eff	lects of illegal d	e an orientation package an rugs and and/or other aspec		e workplace plan?	810

V Cost and Pricing Profile		
pecify contract pricing for:		
horatory 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.		
X Full-service WITH CEILING (Combo), i.e., har les charged for initial and confirmation tests.  Separate pricing, i.e., individual fees charged for initial and confirmation tests.		
Separate pricing, i.e., individual teo site grant		
ndicate whether confirmation of all drugs which initially test positive within a single specimen is required?		
ndicate whether confirmation of all drugs which introduction posterior		
x YesNo		
re there additional charges for confirmation tests if the specimen tests positive for more than one drug?		•
re there additional charges for confirmation tests if the spectrum to the confirmation tests if the confirmation tests if the confirmation tests if the confirmation tests is the confirmation tests in the confirmation tests is the confirmation test.	,	
Yes X No		
On average, how many days between specimen collection and notification of testing results?		
In average, how many days between specimen conscious and		
3.6 Calendar days		
The following questions are intended to identify extraordinary locations that are unique to your agency.  The following questions are intended to identify extraordinary locations that are unique to your agency must		
The following questions are intended to identify extraordinary instituations where your agency must		
The term 'extraordinary' is used nere to deriots and	( <sub>2</sub> %)	*.
make special arrangements and/or incurs additional costs to obtain	Tales	
make special arrangements and/or incurs additional costs to collect a speciment make special arrangements and/or incurs additional costs to collect a speciment make special arrangements and/or incurs additional costs to collect a speciment.  Do any of your TDPs work at extraordinary locations?  YesX No (skip to Page 5)		11 10 15 15 15 15 15 15 15 15 15 15 15 15 15
Do any of your TDPs work at extraordinary locations	3. D. See.	, h
Yes X No (skip to Page 5)		
Please describe "extraordinary" locations.	<del>-</del>	. 5
Please describe "extraordinary" locations.	<del>-</del>	. 5
Please describe 'extraordinary' locations.	<del>-</del>	)
Please describe "extraordinary" locations.  Please provide the following information about TESTING at extraordinary sites:	<del>-</del>	ja Ja
Please describe "extraordinary" locations.  Please provide the following information about TESTING at extraordinary sites:  Total TDPs at extraordinary locations  Total number of individuals tested at extraordinary sites	<del>-</del>	ja Ja
Please describe "extraordinary" locations.  Please provide the following information about TESTING at extraordinary sites:  Total TDPs at extraordinary locations  Total number of individuals tested at extraordinary sites	<del>-</del>	ja Ja
Please describe "extraordinary" locations.  Please provide the following information about TESTING at extraordinary sites:  D Total TDPs at extraordinary locations  C Total number of individuals tested at extraordinary sites  Total number of individuals tested at extraordinary sites	<del>-</del>	ja Ja
Please describe "extraordinary" locations.  Please provide the following information about TESTING at extraordinary sites:  D Total TDPs at extraordinary locations  C Total number of individuals tested at extraordinary sites  Total number of individuals tested at extraordinary sites	<del>-</del>	ja Jagar
Please describe "extraordinary" locations.  Please provide the following information about TESTING at extraordinary sites:  DTotal TDPs at extraordinary locations  DTotal number of individuals tested at extraordinary sites  DTotal number of individuals tested at extraordinary sites  DTotal number of individuals tested at extraordinary sites  DYesNo lives, what was the total cost of collection at these extraordinary sites \$	<del>-</del>	ja Ja
Please describe "extraordinary" locations.  Please provide the following information about TESTING at extraordinary sites:  D Total TDPs at extraordinary locations  C Total number of individuals tested at extraordinary sites  Total number of individuals tested at extraordinary sites	<del>-</del>	ja Ja
Please describe "extraordinary" locations.  Please provide the following information about TESTING at extraordinary sites:  DTotal TDPs at extraordinary locations  DTotal number of individuals tested at extraordinary sites  DTotal number of individuals tested at extraordinary sites  DTotal number of individuals tested at extraordinary sites  DYesNo lives, what was the total cost of collection at these extraordinary sites \$	<del>-</del>	ja Ja
Please describe "extraordinary" locations.  Please provide the following information about TESTING at extraordinary sites:  DTotal TDPs at extraordinary locations  DTotal number of individuals tested at extraordinary sites  DTotal number of individuals tested at extraordinary sites  DTotal number of individuals tested at extraordinary sites  DYesNo lives, what was the total cost of collection at these extraordinary sites \$	<del>-</del>	ja Ja
Please describe "extraordinary" locations.  Please provide the following information about TESTING at extraordinary sites:  DTotal TDPs at extraordinary locations  DTotal number of individuals tested at extraordinary sites  DTotal number of individuals tested at extraordinary sites  DTotal number of individuals tested at extraordinary sites  DYesNo lives, what was the total cost of collection at these extraordinary sites \$	<del>-</del>	ja Ja
Please describe "extraordinary" locations.  Please provide the following information about TESTING at extraordinary sites:  DTotal TDPs at extraordinary locations  DTotal number of individuals tested at extraordinary sites  DTotal number of individuals tested at extraordinary sites  DTotal number of individuals tested at extraordinary sites  DYesNo lives, what was the total cost of collection at these extraordinary sites \$	<del>-</del>	ja Ja
Please describe "extraordinary" locations.  Please provide the following information about TESTING at extraordinary sites:  DTotal TDPs at extraordinary locations  DTotal number of individuals tested at extraordinary sites  DTotal number of individuals tested at extraordinary sites  DTotal number of individuals tested at extraordinary sites  DYesNo lives, what was the total cost of collection at these extraordinary sites \$	<del>-</del>	ja Ja
Please describe "extraordinary" locations.  Please provide the following information about TESTING at extraordinary sites:  DTotal TDPs at extraordinary locations  DTotal number of individuals tested at extraordinary sites  DTotal number of individuals tested at extraordinary sites  DTotal number of individuals tested at extraordinary sites  DYesNo lives, what was the total cost of collection at these extraordinary sites \$	<del>-</del>	ja Jagar
Please describe "extraordinary" locations.  Please provide the following information about TESTING at extraordinary sites:  DTotal TDPs at extraordinary locations  DTotal number of individuals tested at extraordinary sites  DTotal number of individuals tested at extraordinary sites  DTotal number of individuals tested at extraordinary sites  DYesNo lives, what was the total cost of collection at these extraordinary sites \$	<del>-</del>	ja Jagar
Please describe "extraordinary" locations.  Please provide the following information about TESTING at extraordinary sites:  DTotal TDPs at extraordinary locations  DTotal number of individuals tested at extraordinary sites  DTotal number of individuals tested at extraordinary sites  DTotal number of individuals tested at extraordinary sites  DYesNo lives, what was the total cost of collection at these extraordinary sites \$	<del>-</del>	. 5

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AGENCY DLA

	TOT A	
AGENCY	DLA	 

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# 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.)							
(Use Worksheets on Page 6 for o	other direct lesang	ana eaministri	TRVE COSTS.	Enier Jinai Wiais ii	THE BURE DELOW.		
	A STATE OF THE PROPERTY OF THE	CANAL SE PROGRAMMA SE CONTROL	***************************************				
	1		Average	Unit of Costs			
	Total	Total	Cost per	(e.g., hours.			
	Costs	Units	Unit	years, per test)	Additional Comments (for this item only)		
TETHICOUSTS		XXXXXXXX	CCCCCCX	XXXXXXXXXXXXX			
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			<u> </u>				
f. Positive test			<u> </u>				
g. Quality control samples	2,063,39	60	34.39	sample			
h. MRO (flat fee)			ļ				
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*		XXXXXXXX	XXXXXX	XXXXXXXXXXXX			
L. Administrative TESTING costs*	43,250.00	***********	$\infty \infty \infty$				
m. Total costs (items a-L)	80,676.81	<i>,</i> 00000000	$\infty$	CXXXXXXXXX			

<sup>\*</sup> Propare estimates on the worksheets provided on page 6 and enter final totals in the section above.

б.	If there	is any office in ye	our agency other th	an that of	the Prop	gram Coordin	ator that provides GENI	ERAL
	AGENC	Y-WIDE Drug E	ducation, indicate t	ihe actual	educatio	on costs or bes	t estimates by the sourc	e of that education.
		114	/-\ D	46	•	NT A	/L\ CAD	

\$	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.

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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.

	(1)	(2)	
COST CATEGORIES	COSTS	ITEM REF	Comments
i. Specimen kits and other miscellaneous collection materials		b	
a. Šiugping Oxess		a	
iii. Bar coding of samples			
N. EBOTONE Yardin of interesting			
v. Handling costs for rejected specimens or cancellations	1.054.56		No shows
Vi. Cost of adulteration testing partial#			
vii. Applicant travel costs			
OTHER COSTS (Cleake specify below):			
Viii	ł		
х.			
VIII TOTAL OTHER DIRECT COSTS (sum:-)):Ners and Item 5K	1,054.56		
	A' A' AAV A' AAV AY AAAAAAAAAAAAA		

#### Item 5.1 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.

-	(1)	(2)	(3)
COST CATEGORIES	Total Administrative Costs	% Drug Testing	Drug-Testing Administrative Costs
i. Staff costs (salaries and benefits)	40,000.00	100%	40,000.00
A. Staff Valued costs			
iii. Staff travel costs	1.500.00	100%	1,500.00
N. Least Coats			
v. Printing and mailing costs			
Name of the Program Coordinates		XXXXXXXXXXXX	********
OTHER COSTS (Please specify below):			
viii DoI Administrative Fee:	1.750.00	100%	1,750.00
X. TOTAL ADMINISTRATIVE COSTS (Sum i-ix)		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
xi. DRUG TESTING ADMINISTRATIVE COSTS: Here and Hem 51	VVVVVVVVV	*************	<b>43.250.00</b>

PROCEED TO PAGE 5 Question 6

GENCY DLA	SEMIANNUAL REPORT:	October 1, 19	92 - March 31,	1993
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AGENCY DLA		SEMIA	NNUAL RE	PORT: Oc	tober 1, 199	2 - March 31	1, 1993		
							800		
Part V. Testing Results	}		NU	MBER OF PE	rsons by the	2			
			BA	SIS FOR ADM	INISTERING T	ESTS			
	TOTAL	REASONABLE	ACCIDENT	PANDOM	VOLUNTEER	FOLLOW-UP	APPL	ICANT TESTIN	3
		SUSPICION	OR UNSAFE	SELECTION			OUTSIDE	INSIDE	Reported as
	1		PRACTICE				APPLICANT	APPLICANT	COMBINED
	**********	**********	***************************************	**************************************				MILEONA I	COMB 12
	1				_	AND THE PROPERTY OF STREET	Service Control of the Control of th		
TOTAL TESTED	632		1	305	2	5.5	67	203	<u> </u>
Total refusing tests									
Total verified positive	13			11		2			
Verified positive for:	XXXXX	**********		XXXX	00000000	XXXXXXXX	XXXXXXX	XXXXXXXX	000000000
COCAINE	8			7		1			
MARIJUANA	6		<del> </del>	-5		1			
AMPHETAMINES			ļ		ļ	ļ			
OPIATES			<del> </del>	<u> </u>	1	1	ļ	ļ	<del> </del>
PCP	<b></b>		<u> </u>	<del></del>		<del>-</del>		<del></del>	<del> </del>
OTHERS_	<del>-</del>		<del></del>	<del></del>				<del>-</del>	<del> </del>
			<del>!</del>	-	1	+	<u> </u>		
	***************************************	***************************************				~~~~~~~~~~	2700 PEX 2:000 PEX 2000 00	1	***
Part VI. FOLLOWUP ACTIO	ONS	Please provide							
for employees whose urinalysis was	s VERIFIED PO	OSITIVĒ, tampere	d with the spec	imens, reluse	d lesting or to a	coperate, or we	ere otherwise :	found	
to have used, possessed or sold life	igal drugs. Ch	eck all that apply.							
1. DISCIPLINARY AND NONDISCI	PLINARY ACT	IONS PROPOSEI	AND/OR TA	KEN BY TYPE	OF ACTION			1	<u></u>
NUMBER OF EMPLOYEES:									
NON DISCIPLINARY ACTIONS	A SERVICION DE MANAGE	MARKER	***********	ADDITIONAL:		CHARLES NO CONTRACTOR			
Referred to EAP		13	A Marie Andreas Antreas Antrea			>>			
Required return to work followup tests		4					····		
		4	1	~~~					
Detailed from TDP to nonsenstive position Permanent Reassignment	H1	<del></del>	:						
Retirement			<del></del>						
Resignation		7	<del> </del>	<del>-</del>		····			
Other									
DISCIPLINARY ACTIONS	************	PROPOSED	TAKEN	ACCITIONAL	COLUMN	ádo na oxigidad xod	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
Written Reprimand		11	9	1					
				·	·				

NON DISCIPLINARY ACTIONS:	MAMBER	****	Act Control Not See	ADDITIONA	K-COMMENT	Design x x x cook	00 000 POSTON X 00000 POST	***************************************			
Referred to EAP	13										
Required return to work followup tests	4										
Detailed from TDP to nonsenstive position	4								*********************************	****	
Permanent Reassignment											
Retirement	İ										
Resignation	2										
Other .											
DISCIPLINARY ACTIONS	PROPOSEL	): <u>0</u> 2.3	TAKEN	ACCITION	L COMMEN	75	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	70000 X M M O C C X Y	00000000000000000000000000000000000000	******	WWW.X
Written Reprimand	11		9	I				******	••••		
Suspension less than 15 days	1			I.							
Suspension 15 days or more							·	<del></del>			
Indefinite suspension				ļ.							
Demotion		j		1						· · · · · · · · · · · · · · · · · · ·	
Removal/separation	4							*****			
Enforced Leave											
- PEACONS FOR PLACE IN A TO A COTTON OF THE		A . A .									مصيب

# 2. REASONS FOR DISCIPLINARY ACTIONS BY TYPE OF DISCIPLINARY ACTION NAMER OF EMPLOYEES:

COMMANDA ROM CANADA CONTRACTOR CO	CONTRACTOR OF THE ACTION	O. Per	Supplies the state of the state
	SEPARATIONS:	ACTIONS:	ACSTRONAL COMMENTS
Possession of drugs/settling at work			
Corwidtion for a drug offense			
Direct observation of drug use			
Refusing urinalysis		1	
Specimen tempening			· · · · · · · · · · · · · · · · · · ·
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			

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

REPORT DIRE JANUARY 14, 1984

61/24/94 15:16

Return aigned and completed form to :

.C.M ,III y MAA H HOBBOL

Director, Division of Workplace Programs

SAMHSA

5800 Flahera Lane, Rm 9-A-53

Rockville, Maryland 20867

SAMISAOWP FAX (301) 443-2638 Creet phone inculties to: Hort Armstrong (301) 443-26780

# Part I. General Information

Name	PRIMARY LIAISON Dr. George P. (			PRIMARY AGENCY MISSION (SELECT ONE) Law Enforcement/Drug Interdiction	
Title Agency Address	Director U.S. Army Drug 4501 Ford Avenu Alexandria, Vir	ie. Suite 320	Opera Agend	National Security/Defense	X
	City:	State: 23p:	22302-146	60	
Telephone	( 703 )756 -2453				
Report prep	pered by: Mr. Tere	nce M. Braud	, , , , , ,	2073	
achi ioi ia	( 703)756 -2453 red 01 /13/94	FAX ( 70:	756 -	1575	

Date Plan ( brillian

Signature of Agency Head or Senior Policy Official

Director, USADACA

Official Title

CONTROL INFORMATION - FOR SAMPISA USE ONLY, AGENCY-ID DATE RECEIVED 194 INTITIALS DATE ENTERED 194 INITIALS

ubmitted to HHS nitted to HHS an ied or agency is n description) included in you	S for appro- nd reviews a a Tier II (o	val (attac	h explan		1
			i not requ	uired)	{Survey complesed}
	r plan (chec	ck all that	apply).		
)n <u>x</u> 2. Acc <u>x</u> 5. Fo	cident or ur llow – up	nsafe prac	etice _	X_ 3. Rand X_ 6. Out	tiom selection side applicant
(Including all te	sting and n	ion—testir			
nents of your pl	lan (e.g. EA	Ps, trainir	ng etc.) fi	ully implen	nented during this reporting period?
-		<del></del>	-day not	ica	
ol specimens		5 <b>e</b>	llection s rvices of	ervic <b>es</b> A Medical	Review Officer
is on one or mo	ore types of	testing?	uring the	A Medical	res No {Skip to 3a}
ts on one or mo licate the status sting' for each ty	ore types of of impleme	testing?	uring the	reporting	/es No {Skip to 3a} period. Check the appropriate
is on one or mo licate the status sting' for each ty Status of lealing	ore types of of impleme ype of testing Children	testing?  Intation did include ophale ocluri	uring the	reporting	/es No {Skip to 3a} period. Check the appropriate
is on one or mo licate the status sting for each to Stebus of teating	ore types of of impleme ype of testing (Childk appro	testing?  antation ding include optime octur NED	uring the	reporting ragency peoply other ra	res No {Skip to 3a} period. Check the appropriate lan.  won(a))
is on one or mo licate the status sting' for each ty Status of teating	ore types of of impleme ype of testing Children	testing?  Intation did include ophale ocluri	uring the	reporting ragency peoply other ra	Period. Check the appropriate lan.    Skip to 3e}
is on one or mo licate the status sting' for each ty Status of leating	ore types of of impleme ype of testing (Childk appro	testing?  antation ding include optime octur NED	uring the	reporting ragency peoply other ra	res No {Skip to 3a} period. Check the appropriate lan.  won(a))
is on one or mo licate the status sting' for each ty Status of leating	ore types of of impleme ype of testing (Childk appro	testing?  antation ding include optime octur NED	uring the	reporting ragency peoply other ra	Period. Check the appropriate lan.    Skip to 3e}
is on one or mo licate the status sting' for each ty Status of leating	ore types of of impleme ype of testing (Childk appro	testing?  antation ding include optime octur NED	uring the	reporting ragency peoply other ra	Period. Check the appropriate lan.    Skip to 3e}
is on one or mo licate the status sting' for each ty Status of leating	ore types of of impleme ype of testing (Childk appro	testing?  antation ding include optime octur NED	uring the	reporting ragency peoply other ra	Period. Check the appropriate lan.    Skip to 3e}
is on one or mo licate the status sting' for each ty Status of leating	ore types of of impleme ype of testing (Chick appro	testing?  antation ding include optime octur NED	uring the	reporting ragency peoply other ra	Period. Check the appropriate lan.    Skip to 3e}
is on one or mo licate the status sting' for each ty Status of leating	ore types of of impleme ype of testing (Chick appro	testing?  antation ding include optime octur NED	uring the	reporting ragency peoply other ra	Period. Check the appropriate lan.    Skip to 3e}
j	(Including all te No No nents of your pi No ing missing?	(including all testing and r ——— No nemts of your plan (e.g. EA ——— No	nents of your plan (e.g. EAPs, training No No No No No	(Including all testing and non—testing composition No	(including all testing and non-testing components) du No nents of your plan (e.g. EAPs, training etc.) fully implen No ng missing? Yes 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)

3.a Was any testing conducted during this period.

y Yes {skip to Part III}

# 05/05/94 14:36 **②**703 756 1575 USADAOA →→→ POLICY MARKET U.S. ARMY DRUG & ALCOHOL SEMI - ANNUAL SEPORT April 1, 1993 - September 30, 1893 OPERATIONS AGENCY

### Part III Operations Profile

a. Full-time equivalents (FTEs) 331,150	L D. E.O. 12564 Se	nsitive positions 29	717	o. TDPs 9,380
		(Number of p	•	(Number of position
your agency tested this period,	ans wer questions	2-4 if not on to	mination E	
		- 1, 11 1104, 90 10	question 5.	
Percent of TDPs tested				
a. Per year according to your plan 100	%	b. Actual this reporting	a period 38	42
		•		70
require a specific number of	of times per year your	agency takes random:	samples? Dent	OF Avenu does -
According to your plan, what is the number equire a specific number of the following the specific applicant the	random tests per	year, however,	it is gener	ally performed
#Your plan includes inside applicant test     All Positions	and another beautiful and i	subject to that misting?	each year.	, ,
b. If your plan includes outside applicant to All Positions	sting, which positions ar	subject to that testing	g?	
All Fublious	All TOPs _X_	Some TDPs		
Fotor the recolor of positions dated to a				•
Enter the number of positions define I as a positions designated as TDPs.	sensitive by section 7(d) c	of E.O. 12564 and the	number of	
posterio designated as TDFS.				
ATEGORIES of Sansitive Positions Defined	hu E A 10cm	Number in	Number	7
The state of the s	Dy E.O. 12304	Sensitive	Selected as	
Designated by agency head as Special S	Lancifica.	Positions	TDP\$	
ritical – Sensitive, or Noncritical – Sensitive				
PM Chapter 731 or in accordance with E.	C) 10450) Ammanay			
Positions with access to classified inform			9,380	
Presidential Appointees	ation Approximat	elv 29.717	9.380	
Law emorpement officers (5 USC 8331 20	0))/5 USC 8401/17\)*		<b></b>	_
Other positions, as determined by the ag	ency head	( Calesta Margina and a share		
• • • • • • • • • • • • • • • • • • •	s & Police	AAAAAAAAA	CXXXXXXXXXX	
e. Natonal security parac.	nnol Daldaldia		2,427	_
o. Protection of life and property Aviar	ion Porconnel	Prog	1,209	_
d. Public health or safety Alcoho	ol & Drug Treatmen		1.673	1
RATITY	had Parconnal	Staff	709	
he second citation is not included in E.O. 1	2564		3,362	_
				_
ndicate the types of drugs to be tested in a	coordance with your Age	ncy plan.		
X (B) COCHING Y (D) Marisiane V	(A) A man b a fee and a second		PĆP	
lease specify others : (f)	(g)	(b)	. 57	
During this period how many blind quality	rontrol ennelmana (no.			/ <b>^ ^ ^</b>
	course shackingus (CIC2	) were submitted to th	e laboratory?	431
. Please indicate the composition (negative	re and positive) of the QC:	and the number of co	Orrect reconneces	
mber of: Negative			aracti eshouses	reported to the MAO.
ecimens 355	Positive Total	4		
rectresponses 355	76 431	┥		
		ا		
. If there were unacceptable blind QC resu X Always Sometimes				

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

Part III Operations Profile CONTINUED	Part III	Operations	Profile	CONTINUED
---------------------------------------	----------	------------	---------	-----------

_X No	Yes (ple	agency's contact or if another a ese specify which Agency plan)		
. Specify the names of the	contractors (1a) or t	he names of the agencies (1 b,2,	2) that are a second as	
**************************************				
(Contract with (epocity)	KXXXXXXXXXXXXX	OCCUPATION OF THE PROPERTY OF	6. MRO	d. Blind quality control
a. Private frm		Northwest To:	CHICK COOK COX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
b. Public agency		Not thiwest To:	X	
2. Alking enother agency				
3. Inhouse	X			
			X	Armed Forces Inst
i.a. Has your agency devek	Ded a continuing a	rug education program for emplo		of Pathology (AFT
	iivu iivw menv eme	NOVARE REM BARR SEASON AS A STATE OF STATE		
received training on the	effects of illegal dru	gs and/or other aspects of your /	educational materia	l or
(1) Number of emple	Wase 17 020	ON Personal stantal	ygency's drug—free	workplace program?
				, , ,
The second of the second cover.	ed in the employee	drug education program (check	all that apply:	
TO WANT STORES	annza bosch' bloc	edures and progam		
X Types and effects o		_		
X Symptoms of drug	use and effects on p	performance and conduct		
X Heistionship of the	EAP to the drug $\sim$ te:	sting program		
Relevant treatment,	rehabilitation, confident	dentiality issues		
i. Check all the forms of a	ducation that apply			
X Distribution of writte	n material			
Y Group discussions		X Audio or video progra	ams	
	Properties (01)2	Special drug awaren	■SS promotions	
a Mag voic against demin				
And address Heart days	hea trecumund At	uning and education program for	supervisors to help	them identity
	AND MY ALLENDANCE.	X TES NO		
p. Drawid ans rebound be	riod how many sup-	ervisors received training on the	Agency's	
rand — see Moskbritce D	rodram? .	•		
(1) Number of super-	risors <u>7466</u>	(2) Percent of total supervisors	Qu.	
c. Indicate the topics cover	ed in the supervisor	y educational and training progra	not ave	ailable
X Agency's substance	Abuse policy pro-	adines and money	nu (cueck all that sh	iply):
X Types and effects of	drugs	age and brodate		
_X_ Symptoms of drug t				
Y May to identify and	ise and enects on p	errormance and conduct		
How to identify emp	idyees in need of as	isistance		
X Role and operation				
x intervention and refe				
X Return of employee	to workplace and to	llow-up		
d. Check all the forms of e	ducation and tainin	g that spoly:		
Distribution of writter	material x	A at	Grann dianundan	
•			_ Group discussions	and presentations
. Please provide the best ea	timate of the percent	nt of current employees and supe		
reached with its drup adu	cation/training/awar	eness efforts since the Issuance	SVISORS your agency	has EVER
(a) Percent of employees	100 %	AN Berney of a	of E.O. 12564,	
4	· + OO 'A	(b) Percent of supervisors [	<u>00_</u> %	•
Dose your scancy areads	38 oriontal	40 mm 4 m 14 m 4 m 5 m		
the time affects of the and the	an Chenumon pac	cage and/or training for new emp	loyees and new sup	ervisors
And any dispersion of the Act of	RAP WING WIND OLD DILLS	or espects of the Agenty's drug-	tae workpiece nien	<del></del>
(a) Employees: Yes X		(b) Supervisors: Yes X		r

**2004/004** 

## 'AGENCY U.S. ARMY DRUG & ALCOHOLSEMIANNUAL REPORT: April 1, 1993 - September 30, 1993 OPERATIONS AGENCY

Part V. Testing Results			NU	MBER OF PER	ISONS BY THE			7 ·· 1 · · · · · · · · · · · · · · · · ·					
	BASIS FOR ADMINISTERING TESTS												
		REASONABLE		RANDOM	VOLUNTEER	FOLLOW-UP	APPLICANT TESTING						
		SUSPICION		SELECTION			OUTSIDE APPLICANT	NSDE APPLICANT	Reported as				
TOTAL TESTED	4.225	5	0	3.578	119	102	100	321					
Total refusing tests													
Total varified positive	17	111	Q	9	2	0	3	. 2					
Werified positive for:	XXXXXXX	(XXXXXXXXX	XXXXXXXX	XXXXXXXXX	(XXXXXXXXX)	XXXXXXX	XXXXXXX	<u>CKKKWWW</u>	CX.				
COCAINE	8-	<del></del>	<del></del>	4	<del> </del>	ļ	2	1					
MARILIANA AMPHETAMINES	9	<del> </del>	<del> </del>	5		<del> </del>		<del> 1</del>					
OPATES		<u> </u>	<del> </del>	<b>†</b>		+		<del>-}</del>	+				
PCP								<del> </del>	<del></del>				
OTHERS													

Part VI. FOLLOWUP ACTIONS Please provide the following information about follow-up actions during the reporting period for employees whose urinelysis was VERIFED POSITIVE, tempered with the specimens, relused 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

**☎**703 756 1575

NUMBER OF EMPLOYEES: 17

NUMBER OF EMPLOYEES: 17			
NON DISCHRUNARY ACTIONS	NUMBER	ADDITIONAL COMMENTS	
Referred to EAP	17		
Required return to work followup tests	7		
Detailed from TDP to normanstive position	7		
Permunant Resesignment	6		
Retir ament	0		
Resignation	3		
Other	.3		
DISCRIPTIONS COLONS	PROPOSED	TAKEN ADDITIONAL COMMENTS	
Witten Reprimend	7	/4	· -
Suspension less than 15 days	li		
Suspension 15 days or more	1 0	0	
indefnite ausperskn	L	0	
Demotion	0	0	
Removal/asperation •	4	2	
Enforced Leave	1	0	

# 2. REASONS FOR DISCIPLINARY ACTIONS BY TYPE OF DISCIPLINARY ACTION NUMBER OF EMPLOYEES: 12

NUMBER OF EMPLIFEED: 12				
EACAD	SEPARATIONS	OTHER	ADDITIONAL COMMENTS	, g. 477
	PROCESS BANGERS	ALL COLORS	SEASION COMMENTS	
Possession of drugated ing at work	2	0		
Conviction for a drug offeree	1			
Direct observation of drug use	0	0		
Relating urimityale	0	0		
Specimen tempering				
Tested positive for drug use: first (Inding	2	3		
Tested positive for drug use: eccord finding	2	2		
Refueel to cooperate	0	<u> </u>		
Failure to successfully complete EAP				
Recommended counseling/transment	2	0		
Other reasons	0	l. o		



#### SEIAI - ANNUAL REPORT April 1, 1993 - September 30, 1993 \* ENCYU.S. ARMY DRUG & ALCOHOL OPERATIONS AGENCY

## Fart IV Cost and Pricing Profile CONTINUED

#### 6. DRUG TESTING COSTS

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

(Use Worksbeets on Page 6 k					
			Average	Unit of Costs	
	Total	Total	Cost per	(e.g., hours,	
	Costs	Unite	Unit	years, per test)	Additional Comments (for this item only)
MINKS COURS	XXXXXXXXX	XXXXXXXXXXX	CXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
a. Specimen collection		  -	<u> </u>		
b. Laboratory Tesis (flat fee)					
a. Irvitled teet	37,180.0		8.80	per sample	(three tests per sample)
d. Confirmation test (fist les)	352.7	5 17	20.75	per test	
e. Negative test		1			
. Positive test		<u> </u>			
g. Quality control samples					
h. MFIO (flat fee)			ļ		
. Review of negatives					
. Review of positives					
k Other direct TESTING costs*	900.00	The second leaves the second	CONTRACTOR OF THE PARTY OF THE	XXXXXXXX	
. Administrative TESTING costs*				XXXXXXXXX	
Total costs (Items a-L)	38,432.7	XXXXXXXXXX	XXXXXXXX	XXXXXXXX	<b>*</b>

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

N/A (a) Personnel Office N/A (c) Other (please specify	\$ <u>N/A</u> (b) EAP
	was arrange to the part of the part V
oon completion of question 6: If yo	our agency tested this period, proceed to Page 7 Part V, I not, proceed to Page 7 Part VI.

(b) EAP

⇒⇒⇒ POLICY

01 24 94 15:20 2703 756 1575 USADAOA

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

		0.000,	CO ADM ("HEF")	e pricing of Hems 5a ) column.
COST CATEGORIES	(1)	TC	(2)	
Specimen kits and other miscellaneous collection materials		10	ITEM REF	Comments
Shipome gods			<del> </del>	Not applica
Ber coding of samples	******		<del> </del>	Not applica
Entropic Ventro visuali conta			<del></del>	Not applica
Handling costs for rejected specimens or cancellations			<del>                                     </del>	Not applica
Store of active ration leading pariets	747	00	4.50	166 rejected
Applicant travel costs		<del></del> -	ļ <u>.</u>	Not applica
OTHER COSTS (Please specify below):		1404723.5erasar		Not applica
		<del></del>		
			<del> </del>	<del></del>
PIGIAL OTHER DIRECT COSTS (Sum I-1x):Here and	tem SK		<del> </del>	
				#4037#1527##################################
5.1 ADMINISTRATIVE COSTS of the DRUG-FREE WORKPLA Column (1) — Provide total administrative custs in items i— Column (2) — Provide the percent that drug testing administration (3) — Multiply Column (1) by Column (2) and place Column (3) — Multiply Column (1) by Column (2) and place	ix *See Attac strative costs are of a in Column (3) for a	Column N line it	ems ('I-ix') ex	
Column (1) Provide total administrative custs in items i- Column (2) Provide the percent that drug testing adminis	ix. *See Attac strative costs are of a in Column (3) for a line items 'x' and 'a'	Column II line it 'respec	ems ('I-ix') ex	coept ("Vi").
Column (1) — Provide total administrative custs in items i— Column (2) — Provide the percent that drug testing administration (3) — Multiply Column (1) by Column (2) and place Sum line items (i—ix) for Columns (1) and (3) and place in items	ix *See Attac strative costs are of a in Column (3) for a line items 'x' and 'xi'	Column V line X ' respec (2)	ems ("Iix") ex ≍tively.	(3)
Column (1) — Provide total administrative custs in items i— Column (2) — Provide the percent that drug testing administration (3) — Multiply Column (1) by Column (2) and piace	ix *See Attac strative costs are of a in Column (3) for a line items 'x' and 'xi' (1) Total	Column N line it respec (2)	ems ('Iix') ex zively.	(3)   Drug-Testing
Column (1) — Provide total administrative custs in items i— Column (2) — Provide the percent that drug testing administration (3) — Multiply Column (1) by Column (2) and place Sum line items (i—ix) for Columns (1) and (3) and place in items.	ix *See Attac strative costs are of a in Column (3) for a line items 'x' and 'xi' (1) Total Administrative	Column V line it respec (2) Cru	ems ("I—ix") ex zively.	(3) Drug—Testing Administrative
Column (1) — Provide total administrative custs in items i— Column (2) — Provide the percent that drug testing adminis Column (3) — Multiply Column (1) by Column (2) and piace Sum line items (i—ix) for Columns (1) and (3) and place in i  DST CATEGORIES Staff costs (salaries and benefits)	ix *See Attac strative costs are of a in Column (3) for a line items 'x' and 'xi' (1) Total	Column N line it respec (2)	ems ("I—ix") ex zively.	(3)   Drug-Testing
Column (1) — Provide total administrative custs in items i— Column (2) — Provide the percent that drug testing administrative custs in items i— Column (3) — Multiply Column (1) by Column (2) and place Sum line items (i—ix) for Columns (1) and (3) and place in i  DST CATEGORIES  Staff costs (salaries and benefits)	ix *See Attac strative costs are of a in Column (3) for a line items 'x' and 'xi' (1) Total Administrative	Column V line it respec (2) Cru	ems ("I—ix") ex zively.	(3) Drug—Testing Administrative
Column (1) — Provide total administrative custs in items i— Column (2) — Provide the percent that drug testing administrative custs in items i— Column (3) — Multiply Column (1) by Column (2) and place Sum line items (i—ix) for Columns (1) and (3) and place in i  DBT CATEGORIES  Staff costs (salaries and benefits)  Staff training costs	ix *See Attac strative costs are of a in Column (3) for a line items 'x' and 'xi' (1) Total Administrative	Column V line it respec (2) Cru	ems ("I—ix") ex zively.	(3) Drug—Testing Administrative
Column (1) — Provide total administrative custs in items i— Column (2) — Provide the percent that drug testing administrative custs in items i— Column (3) — Multiply Column (1) by Column (2) and place Sum line items (i—ix) for Columns (1) and (3) and place in i  DBT CATEGORIES  Staff costs (salaries and benefits)  Staff training costs	ix *See Attac strative costs are of a in Column (3) for a line items 'x' and 'xi' (1) Total Administrative	Column V line it respec (2) Cru	ems ("I—ix") ex zively.	(3) Drug—Testing Administrative
Column (1) — Provide total administrative custs in items i— Column (2) — Provide the percent that drug testing administrative Custs in items i— Column (3) — Multiply Column (1) by Column (2) and place Sum line items (i—ix) for Columns (1) and (3) and place in it DST CATEGORIES  Staff costs (splaries and benefits)  Staff testining costs  Staff travel costs  Staff travel costs  Printing and mailing costs	ix *See Attac strative costs are of a in Column (3) for a line items 'x' and 'xi' (1) Total Administrative Costs	Column V line it respec (2) Cru	ems ("I—ix") ex zively.	(3) Drug—Testing Administrative
Column (1) — Provide total administrative custs in items i— Column (2) — Provide the percent that drug testing administrative Custs in items i— Column (3) — Multiply Column (1) by Column (2) and place Sum line items (i—ix) for Columns (1) and (3) and place in it DST CATEGORIES Staff costs (splaries and benefits) Staff travel costs Staff travel costs Staff travel costs Printing and mailing costs	ix *See Attac strative costs are of a in Column (3) for a line items 'x' and 'xi' (1) Total Administrative Costs	Column M line it I respec (2) Oru Testi	ems ("Iix") ex stively.	(3) Drug—Testing Administrative
Column (1) — Provide total administrative custs in items i— Column (2) — Provide the percent that drug testing administrative Custs in items i— Column (3) — Multiply Column (1) by Column (2) and place Sum line items (i—ix) for Columns (1) and (3) and place in it DST CATEGORIES  Staff costs (splaries and benefits)  Staff testining costs  Staff travel costs  Staff travel costs  Printing and mailing costs	ix *See Attac strative costs are of a in Column (3) for a line items 'x' and 'xi' (1) Total Administrative Costs	Column M line it I respec (2) Oru Testi	ems ("Iix") ex stively.	(3) Drug—Testing Administrative Costs
Column (1) — Provide total administrative custs in items i— Column (2) — Provide the percent that drug testing administrative custs in items i— Column (3) — Multiply Column (1) by Column (2) and place in it Sum line items (i—ix) for Columns (1) and (3) and place in it DBT CATEGORIES  Staff costs (salaries and benefits)  Refl. training costs  taff travel costs  Editoriting and mailing costs  Editoriting and mailing costs  Editoriting and mailing costs	ix *See Attac strative costs are of a in Column (3) for a line items 'x' and 'xi' (1) Total Administrative Costs	Column M line it I respec (2) Oru Testi	ems ("Iix") ex stively.	(3) Drug—Testing Administrative Costs
Column (1) — Provide total administrative custs in items i— Column (2) — Provide the percent that drug testing administrative custs in items i— Column (3) — Multiply Column (1) by Column (2) and place in it Sum line items (i—ix) for Columns (1) and (3) and place in it DBT CATEGORIES  Staff costs (salaries and benefits)  Refl. training costs  taff travel costs  Editoriting and mailing costs  Editoriting and mailing costs  Editoriting and mailing costs	ix *See Attac strative costs are of a in Column (3) for a line items 'x' and 'xi' (1) Total Administrative Costs	Column M line it I respec (2) Oru Testi	ems ("Iix") ex stively.	(3) Drug—Testing Administrative Costs
Column (1) — Provide total administrative custs in items i— Column (2) — Provide the percent that drug testing administrative custs in items i— Column (3) — Multiply Column (1) by Column (2) and place in it Sum line items (i—ix) for Columns (1) and (3) and place in it DST CATEGORIES  Staff costs (salaries and benefits)  Half training costs  Equil costs  Equil costs  Education program costs Office of the Program Coordinator	ix *See Attac strative costs are of a in Column (3) for a line items 'x' and 'xi' (1) Total Administrative Costs	Column M line it I respec (2) Oru Testi	ems ("Iix") ex stively.	(3) Drug—Testing Administrative Costs
Column (1) — Provide total administrative custs in items i— Column (2) — Provide the percent that drug testing administrative custs in items i— Column (3) — Multiply Column (1) by Column (2) and place in it Sum line items (i—ix) for Columns (1) and (3) and place in it DST CATEGORIES  Chaff costs (salaries and benefits)  Chaff valining costs  Staff travel costs  Lagal costs  Education program costs Office of the Program Coordinator	ix *See Attac strative costs are of a in Column (3) for a line items 'x' and 'xi' (1) Total Administrative Costs	Column II line it I respec (2) % Dru Testi	ems ("I ix") ex stively. g ng	(3) Drug—Testing Administrative Costs
Column (1) — Provide total administrative custs in items i— Column (2) — Provide the percent that drug testing administrative custs in items i— Column (3) — Multiply Column (1) by Column (2) and place in it Sum line items (i—ix) for Columns (1) and (3) and place in it DST CATEGORIES  Exist costs (salaries and benefits)  Exist value costs  Exist value costs  Exist value costs  Exist of the Program Coordinator OTHER COSTS (Please specify below):	ix *See Attac strative costs are of a in Column (3) for a line items 'x' and 'xi' (1)  Total Administrative Costs	Column II line it I respec (2) % Dru Testi	ems ("I—ix") ex stively.	(3) Drug—Testing Administrative Costs  XXXXXXXXXXXXXXXX

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". I'T 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.

→→→ POLICY

### AGENCY U.S. ARMY DRUG & ALCOHOLSEMIUNNUAL REPORT: April 1, 1993 - September 30, 1993 OPERATIONS AGENCY

Part V. Testing Results		NUMBER OF PERSONS BY THE									
	BASIS FOH ADMINISTERING TESTS										
	TOTAL		PEASONABLE	ACCIDENT	MCGMAT	VOLUNTEER	FOLLOW-UP	APPL	CANT TESTING		
			SUSPICION	OR UNSAFE	SELECTION		j	OUTSIDE	INSIDE	Reported as	
				PRACTICE				APPLICANT	APPLICANT.	COMBINED	
5). <b>(23)</b> (5)		6 c c									
TOTAL TESTED	4.22	5	5	0	3,578	119	102	100	321		
fotal refusing tests					<u> </u>						
Total varified positive	1	7	1	0	9	2	0	3	2		
Varified positive for:	XXXXX	XX	XXXXXXXX	XXXXXXX	<u> </u>	XXXXXXXXX	XXXXXXXX	XXXXXXXX	*****	X	
COCAINE		3		ļ	4_			2_	11_		
MANITHAN		<u> </u>	<u> </u>		5	ļ		ļ	1	ļ	
AMPHETAMINES			<u> </u>		ļ	ļ	<del>-</del>	ļ	ļ	<del> </del>	
OPATES			<del> </del>	<del></del>		<del>}</del>		<del> </del>	<del> </del>	<del> </del> -	
PCP	ļ			<del> </del>	<del> </del>	<del></del>	·	<del></del>	<del> </del>	<del></del>	
OTHERS	<del> </del>		<del> </del>	<del></del>	<del> </del>	<del> </del>	+	<del> </del>	<del> </del>	<del> </del>	
	<del></del>			<b>-</b>	<del> </del> -		<del> </del>	<del> </del>	<del> </del>	<del> </del>	
	1 2000 102 000 000 000 000 000 000 000 000	010000	] Orași de la completa			10000000000000000000000000000000000000			\$15.50 minutes	100000000000000000000000000000000000000	

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

JON DIDOFLINARY ACTIONS	NUMBER	ADOTTONAL	COMMENTS	
Referred to EAP	17			
Required return to work followup tests	7			
Detailed from TDP to nonsensive position	75	177		
Permanent Resimigrament	(6)			
Refrement	0			
Resignation	3			
Other	3			
DISCELIVARY ACTIONS	PROPOSED	TAKEN ADDITIONAL	COMMENTS	
Withen Reprimend		44		
Suspension less than 15 days		1 0 1		
COODER DICE INDEX REILLI 2 MAYO				
Suspension 15 days or more				
	O			
Sumpension 15 days or more	0 0	2		
Suspension 15 days or more Indefinite auspension	0 0 (4)	2		

NUMBER OF EMPLOYEES: 12			
PEASONII	SEPARATIONS	OTHER ACTIONS 3	DENTIONAL COMMENTS
Focusation of drugs/selling at work	$\mathcal{O}$	0	
Conviction for a drug offense	170	101	
Direct observesion of drug use		1 0 1	
Refusing urinalysis		1 0	
Spectmen tempering		<u></u>	
Tested positive for drug use: first finding			
nd positive for drug use: second finding		2	
y to cooperate		1	
in with to successfully complete EAP			A STATE OF THE STA
Remineration of the second sec	(2)	0	
Other (sosore)		<u></u>	

# US ARMY SEMI-ANNUAL REPORT DATA

## CORRECTED QUESTION 7, QUALITY CONTROL SPECIMENS (QC):

A. TOTAL BLIND QC SPECIMENS: 431

В.

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

762

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

REPORT DUE: JANUARY 14, 1994

Return algred and completed form to :

Joseph H. Autry III, M.D.

Director, Division of Workplace Programs

SAMHSA

5600 Fishers Lane, Rm 9-A-53

Rodeville, Maryland 20857

SAM-SAOWP FAX (301) 443-2638 Direct phone inquires to: Hon Amistrong (301) 443-6780

## Part I. General Information

Name Title Agency	PRIMARY LIAISON JULIE BIGLER DRUG PROGRAM COORD OFFICE OF THE INSPE	CTOR GENER	AL, DoD	PRIMARY AGENCY MISSION (SELEC Law Enforcement/Drug Interdiction National Security/Defense Public Health/Safety	TONE)
Address Telephone	400 ARMY NAVY DRIVE ARLINGTON, VA 22202 City: Star (703 )693 - 0257	te: Zip:	) 693 _	Other	
	pared by: MARY REYNOL	DS			
Telephone Date Prepai	1703 7 000 0207	FAX ( <sub>703</sub>	) 693 -	8593	

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 /94 INITIALS \_\_\_\_ DATE ENTERED Date Plan Certified

## Part II Status of Plan Implementation

1.2 HOCAG ON SECURITY WILL	ai Dest desa i	765 U16 3 LAW	is or your pr	all Coluis	راد المعادد	and any taborand belied.
1. Plan has not been 2. Plan has been sub X 3. Plan has been cert 4. Other (Please attack)	mitted to HHS ified or agency	and reviews y is Tier II (	s are in proc	ress		{Survey completed}   {Survey completed}
b. Indicate the types of testing	induded in v	our plan (ch	eck all that	apply).		
<del>-</del> -					X 3. Ran X 6. Out	dom selection side applicant $X_7$ 7. Inside applicant
c. Was plan fully implements Yes {SKIP TO 3.a}	d (including al X f	I testing and Vo	l non-testin	ig compe	onents) du	uring this reporting period?
_X_Yes	1	Vo		ng etc.) fi	ulty implen	mented during this reporting period?
b. Are any prerequisites to te	sting missing?	Yes	X No			
If yes, check all that apply. 60—day noticeServices of a certified  Source for quality comOther (Please specify)	rol specimens	<b>.</b>	Co	-day not llection s vices of	ervices	Review Officer
c. Are there restrictions or ho	lds on one or	more types	of testing?			Yes X No {Skip to 3a}
d. For each type of testing, in	dicate the sta	tus of impler	nentation d	uring the	reporting	period. Check the appropriate
columns under 'status of to	esting for eac	n type of tes	ting include	d in you	r agency p	olan.
	Status of les	ating (Check ap	propriate colu	mn(s) or sp	eaily other r	eason(s))
		ENX	DINED	LAE	SOR	
•	Fully	partial	fuil	partial	full	Other reasons not implemented
	Implemented					(PLEASE DESCRIBE)
Reasonable suspicion	X					
Accident or unsate practice	x *					* In plan, writing procedures
Random selection	\ ^				<u> </u>	
Volunteer	<del>                                     </del>	<del> </del>				
Follow-up	+ **	<del></del>				
Outside applicant Inside applicant	+					
e. If you indicated that testing i.e., litigation (enjoined) or k how many employees are in N/A	ibor negotiation	n, briefly de	scribe belo	w the nat	ture of the	delay, its cause,
3.a Was any testing conducted of b. If no, what were the reason		iod.	Yes	{skip ı	o Part III)	No
Reason stated in quest  No situation arose white  Other (Please describe	tions 2b and/o ch called for te	sting			····	

Part III	<b>Operations</b>	Profile
----------	-------------------	---------

Please provide the foll     a. Full—time equivalent	ts (FTEs)	b. E	.O. 12564 Sens	stive positions $\_{}^{1}$	488	1488 c. TDPs
				(Number of	-	(Number of positions)
If your agency test	ed this period	i, answer q	uestions 2-	-4. if not, go to	a duestion 5	
2. Percent of TDPs tested	-			7	y question 5.	
a. Per year according t						
ar ran yaan according t	b your plan	_%	b	. Actual this reporti	ng period 7.5	%
3. According to your plan	. uhat is the sussi	h = = = <b>4 4</b> * = :				
3. According to your plan	i, what is the num	per of times po	er year your ag	ency takes random	samples? Mthl	L <b>y</b>
La If your plan includes i	nside applicant to	stina which n	acitiana ese ess	<b></b>		'
All Position	s	Surg, writer p	osiuons are suc Ps <u>X</u>	elect to that testing	?	
b. If your plan includes	 outside applicant:	tacting which	Positions are a	Some TDPs		
All Position:	s	OT NA	Positions are s Ps	nitset tatt of that testin	g?	
		~# 1D		Some TDPs		
. Enter the number of po	sitions defined as	agaitie be				
<ul> <li>Enter the number of po positions designated as</li> </ul>	sitoris delitied 82	sensitive by s	ection 7(d) of E	O. 12564 and the	number of	
, alou a.	-					_
CATEGORIES of Sensitive	Positions Define	1 hv E O 1256	<b>:</b> 4	Number in	Number	7
	· · · · · · · · · · · · · · · · · · ·	1 by E.O. 1230	94	Sensitive	Selected as	
1. Designated by agency	head as Special	Sancitiva		Positions	TDPs	
Critical-Sensitive, or No	notitical – Sensitive	3 <del>0</del> 113187 <del>0</del> ,				1
(FPM Chapter 731 or in a	ccordance with F	O 10450\		1540	1488	
2. Positions with access t	o classified Inform	lation				
3. Presidential Appointee:	s			1488	1488	
4. Law enforcement office	rs (5 USC 8331 (2	01) (5 USC 840	1(17))*	1 225	1	
5. Other positions, as det	emined by the ag	ency head:	.(17))	335	335	
a. Law enforcement					******	
b. National security				0	0	
c. Protection of life and p	roperty		····		0	
d. Public health or safety			<del></del>		0	
e. Other (Please specify)	Drug Progra	m Coordina	ator	0	0	
The second citation is not	included in E.O. 1	2564. Employ	vee Relatio	ns Specialis	4	Assistance Program Co
		Fmplos	ree Relatio	ns Specialist	t, Employee I	Assistance Program Co
Indicate the types of drug	s to be tested in a	ccordance wit	t vous Assess	ale CICIA		
$\Lambda$ (a) Cocaine $\Lambda$ (b)	) Marijuana X	(c) Amnhetan	tines Y	pian.		
Please specify others: (	)	(g)_	(a)		PCP	
				(h)		
During this period how r	many blind quality	control specir	mens (QCs) we	ere submitted to the	laboratory? 1	15
D. Please indicate the con	nposition (negative	e and positive	of the OCs ser	d the must see a		<u> </u>
mber of:			, or the QCS and	a me number of co	rrect responses re	ported to the MRO.
ecimens	Negative 10	Positive	Total			
	1 11/	1 5	15			
rect responses	10	5	15			•••

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

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

(b) Supervisors: Yes X No

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

## Part IV Cost and Pricing Profile

oecity c	contract pricing for:
•	y services
	III-service - NO CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
	III-service WITH CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
s	parate pricing, i.e., individual fees charged for initial and confirmation tests.
indicate t	whether confirmation of all drugs which initially test positive within a single specimen is required?
X_Ye	No
Are there	additional charges for confirmation tests if the specimen tests positive for more than one drug?
Ye	<u>X</u> No
	ge, how many days between specimen collection and notification of testing results?
5-10	_ Calendar days
	ring questions are intended to identify extraordinary locations that are unique to your agency.
	'extraordinary' is used here to denote those locations/situations where your agency must
nake spo	ocial arrangements and/or incurs additional costs to collect a specimen.
_	
	your TDPs work at extraordinary locations?
Ye	s No {skip to Page 5}
	5 employees in Germany
lesse pi	rovide the following information about TESTING at extraordinary sites:.
	Total TDPs at extraordinary locations
	Total number of individuals tested at extraordinary sites
Were ac	ditional costs associated with specimen collection at these sites? YesX_ No
If yes, w	that was the total cost of collection at these extraordinary sites \$
Describ	e what methods are taken to minimize additional costs at extra admary sites.
	•
	PROCEED TO PAGE 5

#### Part IV Cost and Pricing Profile CONTINUED

#### 5. DRUG TESTING COSTS

it. Other direct TESTING costs\*
L. Administrative TESTING costs\*

m. Total costs (items a-L)

Ó.

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

			***********		
(Use Worksheets on Page 6 for	other direct tes	ting and admir	nist rative o	osts. Enter final t	otals in the table below.)
			Average	Unit of Costs	
	Total	Total	Cost per	(e.g., hours,	
	Costs	Unite	Unit	years, per test)	Additional Comments (for this Item only)
EUCCE COUR	*********	************	XXXXXXXX	*************	CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
a. Speakmen collection	4,576.20	145	31.56	Collection	
b. Laboratory Tests (flat fee)					
o. Initial test	1,364.45	145	9.41	Test	
d. Confirmation test (fixt fee)					
e. Negative test					
I. Positive test					
g. Quality control samples	513.45	15	34.23	Specimen	
h. MRO (fint fee)					
. Review of negatives	2,900.00	145	20.00	Specimen	
Bardom of positions	150.00	0	150.00	Specimen	

If there is any office in your agency other than that of the Program Coordinator that provides GENERAL										
AGENCY-WIDE	Drug Education, indicate th	e acti	ual education cos	ts or best e	esimates by the	sourc	e of t	hat edu	cation.	
\$	<i>Drug Education, indicate tl</i> (a) Personnel Office	\$	0	(b) EAP	(Included	in	the	Drug	Program	Office)
\$	(c) Other (please specif	λ) _								

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.

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

Other reasons

Part V. Testing Results			NU	MBER OF PER	ASONS BY THE				
			BA	SIS FOR ADM	INISTERING TE	STS			_
	TOTAL	REASONABLE	ACCIDENT	RANDOM	VOLUNTEER	FOLLOW-UP	APPL	ICANT TESTING	
		SUSPICION	ORUNSAFE	SELECTION			OUTSIDE	INSIDE	Reported as
			PRACTICE		77-		APPLICANT	APPLICANT.	COMBINED
TOTAL TESTED	145			112			32	1	
Total refusing tests	0			1					
Total verified positive	0	_			<del> </del>	<del>                                     </del>		<del> </del>	
Verified positive for:	XXXXXXXX	OXXXXXXXXXX	(XXXXXXXXXXXX	XXXXXXXXXX	0.00.00.00.00.00.00.00.00.00.00.00.00.0	(KXXXXXXXXXXX	) 0Y0Y0Y0Y0Y0Y0Y	*********	` <b>`</b>
COCAINE						T			
MARUUANA									
AMPHETAMINES									
OPIATES			<del> </del>						
PCP			<del> </del>	ļ					
OTHERS			<del> </del>	<del> </del>	<del> </del>				
			-				<u> </u>		
	_ I	l	I	L		1			***************************************
for employees whose urinalysis wa to have used, possessed or sold ill				mens, relused	l lesting or to a	coperate, or he	re otherwise l	lound	
1. DISCIPLINARY AND NONDISCIF	LINARY ACTIC	NS PROPOSED A	AND/OR TAKE	N BY TYPE OF	ACTION				
NON DISCPLINARY ACTIONS		NUMBER		ADDITIONALO	CALICATE				
Referred to EAP		0		**************************************	Callicate.				
		+ -						<del></del>	
Required return to work followup tests									
Detailed from TDP to nonsenstive position	xn								
Permanent Reassignment	<del></del>	<del> </del>	<del> </del>						
Retrement					·				
Realgnation									
Calcus .			<u> </u>						
Other  DISCEPT ENARY ACTIONS		PROPOSED	TAKEN	ACHOFFICANAL C	YALIGMES -				
DISCIPLINARY ACTIONS		PROPOSED 0 -	TAKEN	ADDITIONAL (	XOMMENTS				
		<del></del>	TAKEN	ADDITIONAL (	COMMENTS				
DISCIPLINARY ACTIONS Written Reprimend		<del></del>	TAKEN	ADDITIONAL (	OMMENTS				
DISCIPLINARY ACTIONS Written Reprimend Suspension less than 15 days Suspension 15 days or more indefinite suspension		<del></del>	TAKEN	ADDITIONAL (	XMMENTS				
DISCIPLINARY ACTIONS Written Reprimend Suspension less than 15 days Suspension 15 days or more indefinite suspension Demotion		<del></del>	TAKEN	ADDITIONAL (	COMMENTS				
DISCRUNARY ACTIONS Written Reprimary Suspension less than 15 days Suspension 15 days or more indefinite suspension Demotion Removal/separation		<del></del>	TAKEN	ADDITIONAL (	XXIMENTS				
Witten Reprimend Suspension less than 15 days Suspension 15 days or more indefinite suspension Demotion Removal/separation Enforced Leave 2. REASONS FOR DISCIPLINARY A	CTIONS BY TY	0-		ADDITIONAL C	CMMENTS				
Witten Reprimany ACTIONS Written Reprimany Suspension less than 15 days Suspension 15 days or more indefinite suspension Demotion Removal/separation Enforced Leave	CTIONS BY TY	0-	IARY ACTION	ADDITIONAL C	CAMENTS				
DISCIPLINARY ACTIONS Militen Reprimand Suspension less than 15 days Suspension 15 days or more indefinite suspension Demotion Removal/separation Enforced Leave 2. REASONS FOR DISCIPLINARY A NUMBER OF EMPLOYEES:	CTIONS BY TY	0-	ARY ACTION	ADDITIONAL C					
DISCIPLINARY ACTIONS Written Reprimend Suspension less than 15 days Suspension 15 days or more indefinite suspension Demotion Removal/separation Enforced Leave 2. REASONS FOR DISCIPLINARY A MUMBER OF EMPLOYEES: Possession of drugs/selling at work	CTIONS BY TY	PE OF DISCIPLIN	ARY ACTION						
DISCIPLINARY ACTIONS  Militen Reprimend Suspension less than 15 days Suspension 15 days or more Indefinite suspension Demotion Removal/separation - Enforced Leave 2. REASONS FOR DISCIPLINARY A NUMBER OF EMPLOYEES: POSSESSION of drugs/selling at work Conviction for a drug offense	CTIONS BY TY	PE OF DISCIPLIN	ARY ACTION						
DISCIPLINARY ACTIONS  Militen Reprimend Suspension less than 15 days Suspension 15 days or more indefinite suspension Demotion Removal/separation Enforced Leave 2. REASONS FOR DISCIPLINARY A NUMBER OF EMPLOYEES: Possession of drugs/selling at work Conviction for a drug offense Direct observation of drug use	CTIONS BY TY	PE OF DISCIPLIN	ARY ACTION						
DISCPLINARY ACTIONS  Militen Reprimend  Suspension less than 15 days  Suspension 15 days or more indefinite suspension  Demotion  Removel/separation =  Enforced Leave  2. REASONS FOR DISCIPLINARY A  MUMBER OF EMPLOYEES:  POSSESSIONS  Conviction for a drug offense  Direct observation of drug use  Relating urinalysis	CTIONS BY TY	PE OF DISCIPLIN	ARY ACTION						
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DISCIPLINARY ACTIONS  Mitten Reprimend Suspension less than 15 days Suspension 15 days or more indefinite suspension Demotion Removel/separation - Enforced Leave 2. REASONS FOR DISCIPLINARY A NUMBER OF EMPLOYEES:  Possession of drugs/selling at work Conviction for a drug offense Direct observation of drug use Refusing urinalysis Epecimen tampering ested positive for drug use: first finding		PE OF DISCIPLIN	ARY ACTION						

96937588

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	
Rodrville, Maryland 20857	
SAMHSAOWP FAX (201) 447-2828	

## Part I. General Information

Name	PRIMARY LIAISON Christine Darago		PRIMARY AGENCY MISSION (SELECT ( Law Enforcement/Drug Interdiction	DNE)
Title Agency Address	Employee Relations Defense Mapping Age 8613 Lee Highway		National Security/Defense Public Health/Safety Other	Х
-	City: Fairfax State (703)285-9441  pared by: Nancy Ferral	, ,	65	
Telephone	(703)285-9441. red 3/25/94		465	

Fred Foltz

Signature of Agency Head or Senior Policy Official

Chief, Work Force Management Division
Official Title

CONTROL INFORMATION - ROR SAMHSA USE ONLY.

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

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

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

Date Plan Certified / /

a indicate the statement	which hast dage	ribae tha stat	ue of voice ele					
			•			ig mis reporting	period.	
1. Plan has not be 2. Plan has been y 3. Plan has been 4. Other (Please a	submitted to HH	S and review cv is a Ti <b>er</b> II	s are in prod	1856	•	(Survey og (Survey og		
b. Indicate the types of te	sting included in	your plan (cl	neck all that s	pply).				
X 1. Reasonable su	epidion <u>x</u> 2	. Accident or . Follow—up	unsale pract	<u>x</u> •oi	_ 3, Rando _ 6, Outsid	om selection de applicant	_x_7. Inside appli	ioen:
c. Was plan fully implement Yes (5KIP TO 3.6	ented (including a	all testing and No	non— <del>testi</del> nç	compo	nents) duri	ng this reporting	g period?	
Were all non-testing or	-		EAPs. training	a etc.) ful	ilv impleme	ented during this	e fanodina naciosis	
Y=8		No	<b>— - •</b> , «•«»»,	,, ,	y ampierne	mod dainig un	s rehorand barlod)	
b. Are any prerequisites to	n testina mieeina	? Van	X No					
<i>7, 7</i>	a monita iliborila	:						
If yes, check all that appl	iv.							
If yes, check all that appl 60 – day notice	b.		30-	dav notic	:0			
If yes, check all that app. 60 – day notice Services of a certifi	ly. iad leboratory		30	day notic	:0 rvices			
If yes, check all that apple 60—day notice Services of a certification for quality.	ly. iad laboratory		30 Colle Serv	day notic ection ser ices of a	:e rvices Medical Re	wiew Officer		
If yes, check all that apple 60—day notice 60—day notice 6 certifications of a certification for quality 6 certifications of 6. Are there restrictions of 6. For each type of testing	ind leboratory control specimen city) r holds on one or	more types	of testing?	ing the re	X_Ye	sh ariod. Check th	No <i>{Skip to 3a}</i> se appropriate	
If yes, check all that apple 60—day notice Services of a certification for quality control (Please spectral).  Are there restrictions of	ied leboratory control specimen city) r holds on one or g, indicate the sta of testing for eac	more types atus of implar th type of tes eting (Check so	of testing? mentation dur ting included propriate column	ing the re in your a	X Ye eporting pe	s h ariod. Check th n.	•	
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Part I	pera	tions	Profi	le

a. Full – time equivalent	III - Time equivalents (FTEs) 7,963 b. E.O. 12564 Sensiti		eitive positions 7 , 69 (Number of		c. TDPs7,692 (Number of positions	
If your agency test	ed this period,	answer que	stions 2	-4, if not, go to	question 5.	
2. Percent of TDPs tested a. Per year according to	your plan 14	%	1	o. Actual this reportin	g period 7 9	<b>%</b>
3. According to your plan	, what is the numbe	r of times per <u>y</u>	es your s	jency takes random :	samples?	
4.a. If your plan includes in All Positions		ing, which post		bject to that testing? Some TDPs		
b. If your plan includes of All Positions		All TDPs	X ——	Some TDPs	<b>]</b> ?	
5. Enter the number of po- positions designated as		ensitive by sect	tion 7(d) of	E.O. 12564 and the I	number of	
CATEGORIES of Sensitive		by E.O. 12564		Number in Sensitive Positions	Number Selected as TDPs	
1. Designated by agency Critical—Sensitive, or No.	noritical—Sensitive					
(FPM Chapter 731 or in a				7,692	7,692	
2. Positions with access t		rtion				
3. Presidential Appointse						
4. Law enforcement office			17))*			
5. Other positions, as det	ermined by the age	ncy head:		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	
a. Law enforcement		· · · · · · · · · · · · · · · · · · ·				
b. National security						
c. Protection of life and						
d. Public health or safety						
e. Other (Please specify)						
The second citation is not indicate the types of drug $\frac{X}{A}$ (a) Cocaine $\frac{X}{A}$ (b) Please specify others :	pt to be tested in ad b) Marijuana (f)	cordance with (c) Amphetamir	10S <u>X</u> (	d) Opiates X (e)		
<ul> <li>During this period how</li> <li>b. Please indicate the co</li> </ul>			•		-	
lumber of:	Negative	Positive	Total		·	
pecimens	42	II	53			
correct responses	42	11	53			
c. If there were unaccept	able blind QC resu Sometimes	ts, would the M	IRO investi	gate and document a	ii the results?	
d. If 'always' or 'sometim <u>X</u> Agency MF		sible for mainta Primary Liaison		documents?		

## Part III Operations Profile CONTINUED

No  9. Specify the names of the		specify Which Aganc	•	provide the drug to	
The state of the s	e. Collection	b. Laboratory		o. MACO	
		COCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC			d. Blind quality o
a. Private irm	JSA Occu-Reso			Occu-Health	Occu-Heal
b. Public agency	DON OCCU REDU	BIRT BIRT			7000 11002
2. Riding snother agency	Dept of Inte	rior Dept of	Interior	Dept of Inte	rior
3. Irhause	.,0,00 02 200		<b></b>		
(1) Number of emptions cover cover with the topics of the with th	e abuse policy, procedu of drugs use and effects on perfo EAP to the drug—testing rehabilitation, confident ducation that apply:	g education program ires and progam irmance and conduct g program bality issues  X Audio or vide	(check all that	арріу):	
c. Indicate the topics cover Agency's substance Types and effects of Symptoms of drug to How to identify emp Role and operation Intervention and refe Return of employee d. Check all the forms of e	riod how many supervisite or some 110 (2) For each of the supervisory each or search of the supervisory each of the supervisor	Percent of total super- ducational and training res and progam rmance and conduct ance r—up at apply:	risors 6 %	6 eck all that apply): p discussions and p	
<ol> <li>Please provide the best ex reached with its drug edu</li> <li>(a) Percent of employees</li> </ol>	cation/training/awarene		suance of E.O	. 12564.	-ven
3. Does your agency provide on the effects of illegal dri (a) Employees: Yes	ugs and and/or other as	pacts of the Agency's	s drug —free w	orkpiace plan?	rs

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

Part IV	Cost	and	Pric	ing i	Prot	lle
---------	------	-----	------	-------	------	-----

1.	Specify contract pricing for:  Laboratory services
	Y 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.
2.4	Indicate whether co <del>nfirmation of all drugs</del> which initially test positive within a single specimen is required?
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.
	. Do any of your TDPs work at extraordinary locations?
	Yes X No (skip to Page 5)
	Please describe 'extraordinary' locations.
F	lease provide the following information about TESTING at extraordinary sites:
t	Total TDPs at extraordinary locations Total number of individuals tested at extraordinary sites
C	(OM (MILES OF MIGRICALIS MENT MENT MENT MENT MENT MENT MENT MENT
d	. Were additional costs associated with specimen collection at these sites?YesNo
	If yes, what was the total cost of collection at these extraordinary sites \$
•	. Describe what methods are taken to minimize additional costs at extraordinary sites.
	•
	PROCEED TO PAGE 5

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P.07

AGENCY Defense Mapping

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

## Part IV Cost and Pricing Profile CONTINUED

noi ia	TESTING	CORTE
	16011114	

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

Place provide the colouring to	******			**********	
(Upe Worksheets on Page 6 for	other direct tes	ting and admir	istrative o	osts. Enter inal t	otals in the table below.)
		_	Average	Unit of Costs	
	Total	Total	Cost per	(e.g., hours,	
	Costs	Unite	Unit	years, per test)	Additional Comments (for this item only)
	XXXXXXXXXXX			www.comerco	
a. Specimen collection	\$22.442.0	683	\$32.82	Per Test	
b. Laboratory Teets (fini fee)	\$ 7.137.4	7.37	\$ 9.68	Per Test	
o. Initial test					
d. Confirmation test (list ice)					
e. Negative test					
f. Positive test					
g. Quality control earnpies					
h. MRO (fist fee)	\$119.25	53	\$2.25	Per Result	
I. Review of negatives					
j. Review of positives					
k. Other direct TESTING costs*	\$250.00	XXXXXXXXXX			
L. Administrative TESTING costs" \$1.		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
m. Total costs (items a-L) \$16	3,143.81	******	XXXXXXXX	CXXXXXXX	

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

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 \$ 1.100 (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.

Q

Worksheets: Other Direct	Tacting Coots	Hom 51A	and A	Administrative costs	item 5	n
Worksheets: Other Direct	lesting Costs	(ルロコ ハゾ	a lu lu r	ANITH HOUGETC GOOLG	,100111-0	ı

#### 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 6s - j.

Only 100 - Mindustry in items 6s - j. indicate the item (s - ), under the cost reference item ('REF') column.

Column (2) — If included in items 52 —), includes the liem (2 — ) under t	IR COST LAND A	NO REIT ( TIES )	COMMINT.
	(1)	(2)	
OST CATEGORIES	COSTS	ITEM REF	Comments
Specimen kits and other miscellaneous collection materials			

W. Bar coding of samples

W. Excurring a large of satisfication

V. Handling costs for rejected specimens or cancellations

Social of adultmention testing panels

\$2.50.00

yii, Applicant travel costs

OTHER GOSTS Plates apacif below):

Viii.

TOTAL OTHER DIRECT COSTS (SUM) 1-19 Here and them Sk. \$2.50.00

# Item 6.1 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 (1-ix') except (41).

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

	(1)	(2)	(3)
COST CATEGORIES	Total Administrative	% Drug	Drug - Testing Administrative
	Costs	Testing	Costs
i. Staff costs (salaries and benefits)	\$128,000		
SHAT YAIRING SORTS	\$ 1,220		
III Chaff travel onch	\$ 675		
V. Lical costs	<b>\$</b> 3,050		
u Printing and mailing COSIS	\$ 120		
M. Education gragiam coals: Office of the Program Coordinator	<b>\$</b> 130	XXXXXXXXXXXXXX	TO THE PROPERTY OF THE PROPERT
OTHER COSTS (Please specify below):			
VIII.	,,,		
			* **** * * * * * * * * * * * * * * * *
X TOTAL ADMINISTRATIVE COSTS (sum i – ix)	\$133,195.00	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
x. TOTAL ADMINISTRATIVE COSTS (SUM 1-1A) xi. DRUG TESTING ADMINISTRATIVE COSTS:Here and ite	m XXXXXXXXXXXX	XXXXXXXXXXX	12133,123.00
	100 To		A TO THE RESIDENCE OF THE SECOND SECOND

PROCEED TO PAGE 5 Question 6

Other resistons

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

Part V. Testing Results			NU	MBER OF PER	SONS BY THE			-	
			BA	SIS FOR ADMI	NISTERING TES	STS			
	TOTAL	REASONABLE	ACCIDENT	RANDOM	VOLUNTEER	FOLLOW-LP	APPLI	CANT TESTING	
		SPICION	ORUNSAFE	SELECTION			CUTSIDE	NSIDE	Reported 64
			PRACTICE			ļ	APPLICANT	APPLICANT	COMBINED
			THORE					THE CONTRACTOR	W. 70 W. W. W.
	730			641	I			Hiristop (NOTAL)	89
TOTAL TESTED	7.30		-	041		<u> </u>			
Total refusing tests		<del> </del>	<b> </b>	ļ	ļ <u> </u>				
Total verified positive	5	1	<u> </u>	5					
Perified positive for:	XXXXXXX	CXXXXXXXXX	XXXXXXX	KKKXXXXX	XXXX	XXXXXXXXX	XXXXX	00000	A Programme
COCAINE	3		ļ	ļ	<u> </u>	<del> </del>			
MARILLANA AMPHETAMINES		-		<del> </del>		ļ			
OPIATES									
PCP									
OTHERS									
					Accessor (001000 000000000000000000000000000000	00 000000000000000000000000000000000000	22000022020000000000000000000000000000	93555633565	(**)**********************************
Part VI. FOLLOWUP ACTIONS	<u> </u>	Please provide	the lationing i	niomation abo	out fallow-up a	cions durina s			
lar employees whose urinalysis was V									
to have used, possessed or sold illega				•	•	,			
1. DISCIPLINARY AND NONDISCIPLIN				N EV TVDE AC	ACTION		****		
1. DISCIPLINARY AND NONDISCIPLIN NUMBER OF EMPLOYEES:	MAT ACIDON	B PHOPUSEU A	WU/UN IANE	NDI LIFE OF	~ ION				
NON DISCFLINARY ACTIONS		NAMES		ATOMETINE C	OMETS:	4.77.78.7	X247 (1999)	wan in a sangaran	and the same
	Salada (n. 1916).	5			<i>9999 ئىلىدى</i>			istoria de la composición del composición de la	SECTION CONTRACTOR
Referred to EAP	<del></del>	ļ					<del>-</del>		
Required return to work followup tests		5			<del></del>	•••			
Detailed from TDP to nonsensitive position		5						<del></del>	
Permanere Reassignment									
Retirement									
Resignation Other					·				
SECFLEWARY ACTIONS	and the second	PROPOSED	TAKEN	ADDITIONAL L	CAMENTS	god having som			
Willen Asprirend	<u></u>								
Suspension less than 16 days									
Suspension 15 days or more		15							<del></del>
Indelinite expersion				·					
Cernotion Removal/superation -									
Enlarged Lame									
2. REASONS FOR DISCIPLINARY ACT	IONS BY TYP	e of disciplin	IARY ACTION						
NORTH ENGLISHED		SEPARATIONS:	CHEN:	ADDITIONAL C	TABLE NEW	11.0			
Procession of drugefeeling at work					A				
Conviction for a drug offense									
Direct observation of drug use									. • * *
Returing urneryals									*· ···
Specimen sumpering			_						
Tested poetine for drug use: first finding		i	- 5						
Tested possine for drug use: second finding									
Relumi to accourage Fellure to suspendiully complete EAP					**************************************				

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

REPORT DUE: JANUARY 14, 1894

Return signed and completed form to :

Joseph H. Autry III, M.D.

Director, Division of Workplace Programs

SAMHSA

5600 Fishers Laine, Rm 9-A-53

Rockville, Maryland 20857

SAMHSAOWP FAX (201) 443-2636 Direct phone inquires to Ren Americans (201) 443-8780

#### Part I. General Information

	PRIMARY LIAISON	-		PRIMARY AGENCY MISSION (SELECT ONE)	_
Name	George R. Kelle	r, P.D. M.Sc	(M43)	Law Enforcement/Drug Interdiction	_
Tite	Drug Program Co	ordinator		National Security/Defense	
Agency	National Securi	ty Agency		Public Health/Safety	
Address	9800 Savage Roa	•		Other	_
	Fort George G.	Meade, MD 20	755-600	<u> </u>	
	City:	State: Zp:			
Telephone	( 301 ) 688 <del>-</del> 8913	FAX (301	)688	<del>-</del> 5487	
Report prep	ared by:	·			
Telephone	( ) –	FAX (	)	<del></del>	
Date Prepar	red 12/28/93	·	-		

Stephen a dopo

Stephen A. Lopez

Signature of Agency Head or Senior Policy Official

Director of Health Services Official Title

CONTROLINFORMA	TIC	ON - FOR SAMHSA USE	ONLY
AGENCY-ID			*
DATE RECEIVED	1	/94 INITIALS	îs. A.
DATE ENTERED	1	/94 INITIALS	
Date Plan Certified		1 1	

1. Plan has not been 2. Plan has been sub X 3. Plan has been cert 4. Other (Please attack	submitted to I mitted to HHS ified or agenc	HHS for appr and reviews y is a Tier II (	oval (attac are in prog	h explan gress	atory note	). {Survey	completed} completed}
b. Indicate the types of testing	g induded in y	our plan (ch	eck all that	apply).			
1. Reasonable suspic	sion $\frac{X}{X}$ 2.	Accident or a Follow—up	insafe prac	nice _	3. Ran X 6. Out	dom selection side applicant	X 7. Inside applicant
c. Was plan fully implemente X Yes {SKIP TO 3.a}	d (including a	II testing and No	non-testir	ig comp	onents) di	ing this report	ing period?
Were all non-testing comp	onents of you	r plan (e.g. E No	APs, trainir	ng etc.) fi	ully impler	nented during t	his reporting period?
If yes, check all that apply.			30	-day not	tice		
Services of a certified Source for quality com Other (Please specify)  Are there restrictions or ho  To each type of testing, in	troi speciment	more types of	Co Ser of testing?	vices of	ervices a Medical	period. Check	No {Skip to 3a} the appropriate
Services of a certified Source for quality com Other (Please specify)  Are there restrictions or ho	olds on one or adicate the sta esting for eac	more types of tus of implen th type of tes	CoSer of testing? nentation diting include	vices of uring the	ervices a Medical reporting	Yes	, , ,
Services of a certified Source for quality com Other (Please specify)  Are there restrictions or ho  For each type of testing, in	olds on one or adicate the sta esting for eac	more types of tus of type of test	CoSer of testing? nentation diting include	uring the	ervices a Medical ereporting ragency	Yes	, , ,
Services of a certified Source for quality com Other (Please specify)  Are there restrictions or ho  For each type of testing, in	olds on one or adicate the sta esting for eac	more types of tus of type of test	Co Ser of testing? nentation d ting include properties colu	uring the	ervices a Medical ereporting areagency	Yes  period. Check plan. escon(s;)	the appropriate
Services of a certified Source for quality com Other (Please specify)  Are there restrictions or ho For each type of testing, in columns under 'status of testing and the columns are testing at the columns	olds on one or adicate the statesting for each states of tell	more types of tus of implen th type of test sting (Check app	Co Ser of testing? nentation d ting include processe colu	uring the	ervices a Medical ereporting areagency	Yes  period. Check plan. escon(s))  Other reasons	the appropriate
Services of a certified Source for quality com Other (Please specify)  Are there restrictions or ho I, For each type of testing, ir columns under 'status of testing and the columns are columns of the columns are practices.	olds on one or adicate the statesting for each states of tell	more types of tus of implen th type of test sting (Check app	Co Ser of testing? nentation d ting include processe colu	uring the	ervices a Medical ereporting areagency	Yes  period. Check plan. escon(s))  Other reasons	the appropriate
Services of a certified Source for quality com Other (Please specify)  Are there restrictions or ho  For each type of testing, in columns under 'status of the  Reasonable suspicion coident or unsafe practice landom selection	olds on one or adicate the statesting for each states of tell	more types of tus of implen th type of test sting (Check app	Co Ser of testing? nentation d ting include processe colu	uring the	ervices a Medical ereporting areagency	Yes  period. Check plan. escon(s))  Other reasons	the appropriate
Services of a certified Source for quality com Other (Please specify)  Are there restrictions or ho  For each type of testing, in columns under 'status of the Reasonable suspicion Recident or unsafe practice Random selection Columns	olds on one or adicate the statesting for each states of tell	more types of tus of implen th type of test sting (Check app	Co Ser of testing? nentation d ting include processe colu	uring the	ervices a Medical ereporting areagency	Yes  period. Check plan. escon(s))  Other reasons	the appropriate
Services of a certified Source for quality com Other (Please specify)  Are there restrictions or ho  The for each type of testing, in columns under 'status of the columns under 'status of th	olds on one or adicate the statesting for each states of tell	more types of tus of implen th type of test sting (Check app	Co Ser of testing? nentation d ting include processe colu	uring the	ervices a Medical ereporting areagency	Yes  period. Check plan. escon(s))  Other reasons	the appropriate
Services of a certified Source for quality com Other (Please specify)  Are there restrictions or ho  To each type of testing, in	olds on one or adicate the statesting for each Status of tell Fully implemented	tus of implement type of test string (Check sportial	CoSer of testing? nentation ding include property columns NNED	uring the d in you mn(s) or so LAB partial	e reporting ragency	Yes  period. Check plan. eacon(s))  Other reasons (FLEASE DESAN	the appropriate

Ö	a #	111	On	erations	Profile
~	BIT.	111	w	er auchs	Prone

a. Full—time equivalents (FTEs) <u>Classified</u> b. E.O. 12564 Sensitive positions <u>All</u> (Number of positions)						c. TDPs All (Number of position	
f your agency tested	d this period,	answer qu	estions 2-	4, if not, go to d	uestion 5.		
Percent of TDPs tested	22./4				CTAC	CTETER	
a. Per year according to y	our plan N/A	%	Þ	. Actual this reporting	period	311 150	
According to your plan, v	what is the numbe	r of times per	year your age	ency takes random sa	imples?		
a If your plan includes ins All Positions				ject to that testing? Some TDPs $N/A$			
<ul> <li>b. If your plan includes or All Positions</li> </ul>				ubject to that testing? Some TDPs $\frac{N/A}{N}$	•		
Enter the number of posi-		ensitive by se	ction 7(d) of E	i.O. 12564 and the nu	imber of		
positions designated as	IDPs.			1	1	_	
ATEGORIES of Sensitive F	Positions Defined	by E.O. 12564	<b>\$</b>	Number in Sensitive	Number Selected as		
				Positions	TDPs		
. Designated by agency h	•	ensitive,					
ritical-Sensitive, or Nonc					ł	•	
PM Chapter 731 or in ac				Classified			
Positions with access to		tion					
Presidential Appointees						1	
Law enforcement officer			1(17))*			ļ	
Other positions, as deter	mined by the age	ncy head:		XXXXXXXXXXX	XXXXXXXX		
L Law enforcement							
b. National security						_	
c. Protection of life and pr	орепу		<del></del>				
d. Public health or safety		<del></del>					
e. Other (Please specify) he second citation is not i						_	
ndicate the types of drugs $\underline{x}\underline{x}$ (a) Cocaine $\underline{x}\underline{x}$ (b) lease specify others : (f	to be tested in ac Marijuana XX	cordance wit		• •	CP		
During this period how m Dease indicate the com						reported to the MR	
mber of:	Negative	Positive	Total		,	,	
ecimens	10	10	20				
rect responses	10	10	20				
If there were unaccepta		ts, would the Never	MRO investig	ate and document all	the results?		

PAGE 2

AGENCY NATIONAL SECURITY AGENCY SEMI - ANNUAL REPORT April 1, 19-4 - September 30, 1993

Part III Operations Profile	CONTINUED			
Has your agency adopted a together (this does not included to the property of the propert	de riding another agen	(piggybacked another plan) ncy's contract or if another a specify which Agency plan):	so that the plans are a gency performs the se	dministered rvices)?
9. Specify the names of the co	ntractors (1a) or the n	ames of the agencies (1b,2,	3) that provide the drug	g testing services:
	a Collection	b. Laboratory	jo. MAQ	d. Slind quality control
Contractively (Comp)	*** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	**************	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X4CX00XX0XX0XX
a Private frm				
b. Public agency				
2. Riding another agency				
3. Inhouse	XX	COMPUCHEM LA		ARMED FORCES
10.a Has your agency develop	ed a continuing drug	Triangle Par education program for empl	oyees? XX Yes	
b. During this reporting period	od how many employe	ees have been provided with	educational material o	ж
received training on the e	ffects of illegal drugs a	and/or other aspects of your	Agency's drug-free w	orkplace program?
(1) Number of employ	ees <u>CLASSI</u> FIE(2)	Percent of total employees	<u>N/A</u> %	
c. Indicate the topics covered	in the employee drug	g education program (check	: all that apply):	
XX Agency's substance		ires and progam		
XX Types and effects of	drugs			
XX Symptoms of drug us	se and effects on perio	ormance and conduct		
N/A Relationship of the E	AP to the drug—testing	g program		
N/A Relevant treatment, re		uality issues .		
d. Check all the forms of edit		N/A Audio or video prog	romô	
XX Distribution of written		XX Special drug aware		
XX Group discussions ar	io presentations	AX OPECEI GUY AND O	ness premidents	•
11.a Has your agency develop	ed a continuing trainir	ng and education program fo	or supervisors to help t	hem identity
and address illegal drug t		XXYes No		
b. During this reporting peri	iod how many supervi	sors received training on the	Agency's	
drug-tree workplace pro	ogram?		,	
(1) Number of supervi	sors CLASSIFIED	Percent of total supervisors	N/A_%	
c. Indicate the topics covere	d in the supervisory e	ducational and training prog	ram (check all that app	oly):
XX Agency's substance	abuse policy, procedu	ires and progam		
XX Types and effects of	drugs			
XX Symptoms of drug us	se and effects on perfo	ormance and conduct		
YY How to identify emplo	oyees in need of assist	tance		
N/A Role and operation o	f the EAP		•	
N/A Intervention and refer		•	•	
N/A Return of employee t				
d. Check all the forms of ed		hat apply:		
XX Distribution of written	material <u>N/A</u> Auc	dio or video programs <u>x</u>	Y Group discussions	and presentations
12. Please provide the best es	timate of the percent of	of current employees and su	pervisors your agency	has EVER
resched with its drug educ	cation/training/awaren	ess efforts since the issuanc	e of E.O. 12564.	
(a) Percent of employees		(b) Percent of supervisors		- <b></b>
(4) 1 41 22111 41 4111 41 41 41 41 41 41 41 41 41 4				- Comment

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, 1983 - 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? No	
b. Are there additional charges for confirmation tests if the specimen tests positive for more than one drug?  Yes XX No	
<ol> <li>On average, how many days between specimen collection and notification of testing results?</li> <li>5 Calendar days</li> </ol>	
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 TOPs 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 AGENC SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

## Part IV Cost and Pricing Profile CONTINUED

5. DRUG TESTING COSTS

,		
	i yectilic aast information of hest estimates to! this (800min) defici.	
- Disease provide the TOILOWING UKU	TESTING cost information or best estimates for this reporting period.	

	ALK NO DOLUMENT AND AND AND	S. C. S.	AND THE PROPERTY OF THE PROPER	
************		12	××××××××××××××××××××××××××××××××××××××	
	•	Average	Unit of Costs	
Total	Total	Cost per	(e.g., hours,	
Costs	Units	Unit	years, per test)	Additional Comments (for this item only)
XXXXXXXX	XXXXXXXXXX	CXXXXXXX	XXXXXXXXXXXX	**************************************
N/A		<u> </u>		
N/A			1	
930.00	62	15.00		
0	<u> </u>			
	<del> </del>			
1		-	· · ·	DOTE NOT THE COST OF TESTING
450.00		22.50		DOES NOT INCLUDE COST OF TESTING
<u> </u>	-			
0		<del></del>		
0		************	V4 (14 )	COST OF TROPING OF
0				
0				
1380.00				
	Total Costs  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Total Total Costs Units    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Total Total Cost per Units Unit	Total Coets Units Unit years, per test)  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

If the	here is any office in ; ENCY-WIDE Dru	your agency other than tha ig Education, indicate the .	t of the Program setual education	n Coordinator n costs or best (	that providestimates b	es GENERAL y the source of	i. Libat education.
\$_		(a) Personnel Office	·	(b) EAP			

. •	·	
Upon completion of ques	tion 6: If your agency tested this period, proceed to Page 7 Pa	ırt V,
	if not, proceed to Page 7 Part VI.	

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

## tem 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.

	(1)	(3)	
ADDI CATE CODIES	COSTS	ITEM REF	Comments
COST CATEGORIES  i. Specimen kits and other miscellaneous collection materials	0	N/A	
i. Specimen kris and other miscellaneous collection materials.  Shapping Coels	0	N/A	
TO the section of post biod	0	N/A	
iii. Bar coding of samples  W. Electronic's Ensier of Bett results	0	N/A	
the still a seek day as increase experiment of Cancellations	0	N/A	
V. Handling costs for rejected spectries.	0	N/A	
Applies of travel each	0	N/A	-
vi. Applicant travel costs OTHER COSTS (Please specify below);		Property of the second	Produktivi i i i i i i i i i i i i i i i i i i
4,213			
		N/A	<del></del>
X TOTAL OTHER DIRECT COSTS (sum I=x):Here and item 5K	Constitution of the Section		

## item 5.1 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 (i) and (3) and place in line items 'x' and 'xi' respectively.

, , , , , , , , , , , , , , , , , , ,	(1)	(2)	(3)
COST CATEGORIES	Total Administrative Costs	% Drug Testing	Drug-Testing Administrative Costs
i. Staff costs (salaries and benefits)	0	0	0
Staff training costs	0	0	0
III Chall travel north	1 {}	0	0
W. Legal costs	0	0	0
Briefing and mailing costs	1 0	0	0
Vi Education program costs: Office of the Program Coordinator	0		************
ATUED CASTS (Places specify helow):	The contract of the contract o		
A STATE OF THE STA			
		-	
x. TOTAL ADMINISTRATIVE COSTS (sum (-ix)	1 0		**************************************
xi. DRUG TESTING ADMINISTRATIVE COSTS:Here and item	i XXXXXXXXXXX	φxxxxxxxxxx	0

りりつくさぎり	TO	DAGE	5 00	action f	₹

Other reasons

# AGENCY NATIONAL SECURITY AGENC SEMIANNUAL REPORT: April 1, 1993 - Sept Jer 30, 1993

Part V. Testing Results		NUMBER OF PERSONS BY THE BASIS FOR ADMINISTERING TESTS							
			ACCIDENT	RANDOM	VOLUNTEER	FOLLOW-UP	APPL	ICANT TESTING	
·	TOTAL	REASONABLE SUSPICION	OR UNSAFE	SELECTION			OUTSIDE APPLICANT	INSIDE	Reported as
			PRACTICE	55552000000000000000000000000000000000	 	***************************************	1	APPUCANT	
						1	1 _		35,22,000
MIAL ISSIED	62	0	0	0	N/A	62	0	N/A	0
· <del></del>				1					
otal refusing tests									İ
total verified positive	2222000	XXXXXXXXX	XXXXXXXX	XXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	CCCCCCCC	XXXXXXXXX	
Perified positive for:		<u> </u>							
COCANE	0								
MAULANA	0								<del></del>
AMPHETAMINE'S	0						<u> </u>		
OPIATES	0				1				<del> </del>
PCP	<del></del>						<u> </u>	<u> </u>	
OTHERS						1	<u> </u>		ļ
					1	<u> </u>			
······································		Place provide	hermonist per property and the last						***************************************
to have used, possessed or sold like.  DISCIPLINARY AND NONDISCIP	LINARY ACTIC	NS PROPOSED	AND/OR TAKE	N BY TYPE O	FACTION			,	
NUMBER OF EMPLOYEES:	arte nou pour la la la la la la la la la la la la la	NUMBER		ADOCTORAL	COMMENTS	The first description of the second section of the section		and the second	
NON DESCRIBINARY ACTIONS	produced by the second		1		CANING TO S	S. Of the proposition and a second	and the control of th		
Referred to EAP		N/A							
Required return to work followup tests		N/A							
Detailed from TDP to nonsensitive positive	ón	N/A	<u> </u>					<u> </u>	
Permanent Resussignment		N/A							
Retrament		N/A							
Resignation		N/A							
Other					99-90-00-00-00-00-00-00-00-00-00-00-00-0				*****************
DISCIPLINARY ACTIONS		PPOPOSED	TAKEN	ADC:TIONAL	COMMENTS	- Anna distribution (1)	Control of the Contro	A CONTRACTOR OF THE PARTY OF TH	***************************************
Written Reprimend		N/A				·	<del> </del>		
Suspension less than 15 days		N/A		-					
Suspension 15 days or more		N/A	+	+					
indelinite auspension		N/A N/A	+						
Oemotion		N/A N/A	<del>                                     </del>						
Removal/separation		N/A							
Enforced Leave	A CONTROL OF T		NARY ACTION	J					
2 REASONS FOR DISCIPLINARY A NUMBER OF EMPLOYEES:						The state of the s	**************************************	**************************************	
RENCONS:	000 (000 000 000 000 000 000 000 000 00	SEPARATIONS	ACTIONS	ADDITIONAL	COMMENTS			Control of the contro	
Possession of drugs/selling at work		N/A		1					
Conviction for a drug offense		N/A							
Direct observation of drug use		N/A						<del></del>	
Refusing urinalyels		N/A	ļ	<del> </del>					
Specimen tempising		N/A		+					
Tested positive for drug use: first finding	9	N/A	1	<del></del>					
Tested positive for drug use: second fir	nding	N/A	<del> </del>	+					
Refusal to cooperate		N/A		<del> </del>					
Failure to successfully complete EAP							·		
Recommended counseling/treatment		N/A							
		<del></del>						*	

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

EPORIDUE JANUARY 14, 1994

Return signed and completed form to :
Liceoph H. Aury III, M.D.
Director, Division of Workplace Programs
SAM-ISA
S600 Fishers Lane, Rm 9-A-53
Rodinitie, Maryland 2087
Rodinitie, Maryland 2087
SAM-ISADWP FAX (301) 443-2838
Division principle in contrast to:
Red. Americano (301) 1442-8780

## Part I. General Information

Name	Joyce B. Turne		- nc		PRIMARY AGENCY MISSION (SELECT)	
Tite	Personnel Mana	gement Specia	ie BC	-	CAM CITICI CEMENTURY INTENDICTION	)
Agency	Detense Inform	ation Systems	Agency	-	National Security/Defense	X
Address	701 S. Courtho	use Road		_	Public Health/Safety Other	~
	Arlington, VA			_		
		State: Zip:		_		
embuane	(703) 692-3990	FAX (703	)692 -	. 1812		
Report prep	pered by:loyce_B.	Turner	,		•	
elephane	( 703 ) 692-3990	FAX (703	)692	1012		
Date Prepar	red 02 /34/94		1072 -	1012		

MICHAEL F. SLAWSON

Signature of Agency Head or Senior Policy Official

Director, Center for Agency Services
Official Title

CONTERO ENTERNA	ATION - FOR SAMHSA USE ONLY
AGENCY-ID	TOW THRU TH CITE ONE A
DATE RECEIVED	/ /94 INITIALS
DATE ENTERED	/ /94 INITIALS
Date Plan Certified	/ / MITIALS

indicate the statement wh	lich best descr	ribes the stat	us of your	plan cert	ification o	turing this reporting period
1. Plan has not been 2. Plan has been su	r submitted to	HHS for app	oroval (att	ach expla	natory no	
X 3. Plan has been cet 4. Other (Please atta	ich description	n) ny isa merit	(certificati	on not re	quired)	· · · · · · · · · · · · · · · · · · ·
Indicate the types of testin	ng included in	your plan (ct	reck all the	at apply).		
1. Reasonable suspi	cion <u>X</u> 2	. Accident or . Follow—up	unsafe pr	actice _	X 3. Ra X 6. O	andom selection utside applicant <u>X</u> 7. Inside applicant
Was plan fully implementsX_Yes {SKIP TO 3.a}	ed (including a	W testing and	d non-test	ting comp	onents)	during this reporting period?
Were all non—testing comp Yes	ponents of you	ur plan (e.g. l No	EAPs, train	ning etc.)	fully impl	emented during this reporting period?
Are any prerequisites to te	sting missing	? Yes	_X No	_		
60 – day notice				0-day no	<del>ti</del> a.	
Services of a certified Source for quality con	laboratory	_	_, _C	ollection :	Services	•
Other (Please specify)	soi specimen:	5	s	ervices of	a Medica	≅ Review Officer
For each type of testing, in	ndicate the sta	tus of implem	nentation /	divina the	reportin	Yes X No {Skip to 3a}  g period. Check the appropriate
For each type of testing, in	ndicate the sta esting for eac	itus of implen	nentation ( ling includ	during the	f Agency	g period. Check the appropriate
For each type of testing, in	ndicate the sta esting for eac	tus of implent type of test	nentation ( ling includer propriete colu	during the	r agency	g period. Check the appropriate
For each type of testing, in columns under "status of t	ndicate the sta esting for eac	itus of implen	nentation ( ling includer propriete colu	during the	edy one OR	g period. Check the appropriate plan. remon(s))  Other reasons not implemented
For each type of testing, in columns under "status of the columns under "s	Status of ter	tus of implement type of testing Check app	nentation ( ling includer propriete column INE D	during the led in you -mn(s) or s	edy one OR	g period. Check the appropriate plan.
For each type of testing, in columns under "status of t columns under "status of t columns under "status of t columns under "status of testing in the columns of the column	Status of ter	tus of implement type of testing Check app	nentation ( ling includer propriete column INE D	during the led in you -mn(s) or s	edy one OR	g period. Check the appropriate plan. remon(s))  Other reasons not implemented
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sonable suspicion ident or unsale practice dom selection maer SW – up side applicant le applicant	Statue of ter	tus of implent type of testing Check application	nentation ( ting includ propriet ook INED	during the	r agency seatly other SOR	g period. Check the appropriate plan. remon(#))  Other reasons not implemented (PLBASE DESCRIBE)
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Systems Agency

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Systems Agency SEMI - ANNUAL REPORT April 1, 1983 - September 30, 1993

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Pe	Art IV Cost and Pricing Profile
1.	Specify contract pricing for: Laboratory services
	Y Full-service - NO CEILING (Combo), i.e. first the charged for initial and pand
	Separate pricing, i.e., individual fees charged for initial and confirmation tests.
2.8	Indicate whether confirmation of all drugs which initially test positive within a single specimen is required?  YesNo
b.	Are there additional charges for confirmation tests if the specimen tests positive for more than one drug? YesX 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.
4.	Do any of your TDPs work at extraordinary locations?
	Yes X No (skip to Page 5)
	Please describe 'extraordinary' locations.
Pi	Asse provide the fellowing information
	lease provide the following information about TESTING at extraordinary sites:. 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 \$
●.	Describe what methods are taken to minimize additional costs at extraordinary sites.
	PROCEED TO PAGE 5

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

Systems Agency

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## 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 Washington on Page 6	6				
(Use Worksbeets on Page 6)	or other aires	esnoy and adj	minist sative o	osts. Enter final	totals in the table below.)
					totals in the table belose.)
	1	•	Average	Unit of Costs	
	Total	Total	Cost per	(e.g., house,	
	Costs	Unite	Unit	years, per seet)	Additional Comments (for this item only)
	<u> </u>	COCCOCCOCC	000000000	*************	Additional Comments (for this term only)  CONCOSCIONATION
a. Specimen collection	34.14		34.14		
b. Laboratory Tests (flat 100)					
a. Initial test	9.68		9,68		
d. Cardimetion test (field fee)	76_		76		
<ul> <li>Negative test</li> </ul>			70		
1. Positive test					
g. Quality control samples	35.60		35.60		
h. MFIO (list too)	500		123.00		
I. Review of negatives			1		1,000 per year
J. Review of positives			<del>                                     </del>		
k. Other cireat TESTING costs*		200000000	**************************************	:X:X:X:X:X:X	
L. Administrative TESTING costs*	20,580	Maria Const	0.0000000000000000000000000000000000000	XXXXXXX	
m. Total costs (flams a-L)	21,160.1	COCCOCC		****	
Propers estimates on the north	beets provided	a page 6 and	coter final to	tals in the service	

If there is any office in your spency other than the AGENCY-WIDE Drug Education, indicate the	et of the Program Coordinator that provides GENERAL.
\$ (a) Personnel Office :  (c) Other (please specify)	(b) EAP

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.

5.k OTHER DIRECT TESTING COSTS				
Column (1) - Provide costs for those items directly re Column (2) - If included in items Se - i. indicate the items	elated to the testin	a proce	RR ADD BOT DOOR OF	
Column (2) - If included in items \$6-j, indicate the it	bm (a-j under th	e cast n	derence iem car	The pricing of terms 5
		(1)	(2)	or ) committee.
OST CATEGORIES		COST	S ITEM REF	0000
Specimen kits and other miscellaneous collection main	riets		TI EM ILE	Comments
Bar coding of samples				
Hendling costs for rejected specimens or cancellations				
Applicant tavel costs				
	£			
	marken st			
		77.7	?\$	TTLL-8 0404 PCTTTLL-6004047878CDB-604048BBBB
ADMINISTRATIVE COSTS of the DRUG - FREE WORK Column (1) - Provide total administrative costs in item Column (2) - Provide the percent that drug testing a de-	S j—iz, Miniminatèn asatı a		okuma (1) adminis	Fative costs.
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PROCEED TO PAGE 5 Question 6

AGENCY DESENSE INFORMATION SEMIANNUAL REPORT: April 1, 1993 - September 30, 1993

SYSTEMS AGENCY

Part V. Testing Results				•	ISONS BY THE	ere	_		
	TOTAL	REASONABLE	ACCIDENT	RANDOM	VOLUNTEER	FOLLOW-UP	APPLI	CANT TESTING	
	IOIAL	SUSPICION	ORUNSAFE	SELECTION			OUTSIDE	NSIDE	Recorted as
	1	Joseph November 1	PRACTICE				APPLICANT	APPLICANT	COMBINED
	7	The company of the co	**************************************	CONTRACTOR OF THE PROPERTY OF			**************************************		
TOTAL TESTED									
Sotal refusing tests									
Total verified positive									
Perified positive for:	XXXXXXXX	XXXXXXXXX	O O O O O O O O O O O O O O O O O O O	CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**********	20000000	XXXXXXXXX	
COCAINE									
MARLEJANA								<u> </u>	
AMPLETAMINES OPIATES						<del>                                     </del>			
PCP									
OTHERS									
				 	************	1	***************	L	
Part VI. FOLLOWUP ACTION		Plerse provide	the following i	information ab	aut idlow-up e	ctions (turing t	he reporting p	eriod	
for employees whose urinalysis was	VERFED POS	TNE, impered	with the spec	imons, roksoc	d lesting or to a	coperate, or we	ne otherwise i	bund	
to have used, possessed or sold ille.	gel drugs. The	ok <b>all theil apply</b> .							
1. DISCIPLINARY AND NONDISCIFL NUMBER OF EMPLOYEES:	INARY ACTION	S PROPOSED A	NO/OR TAKE	N BY TYPE OF	ACTION				
		N. BARR		ALOHOMA	OMENS	00000000000000000000000000000000000000	**************************************		
Referred to EAP		NONE			······································		- Control of Control o	<del>%0x0x0x0x0</del> x4xxx4xx	<b>6 % **</b>
Required return to work followup tests		INDITE				·	<del></del>		
Detailed from TOP to nonservative position								-	
Permanent Reconfigurate						<del></del>	<del></del>		
Refrement	•								
Resignation Other	······································	<b></b>				<del></del> .			
		PRYPOSED	TAKEN	ACCORTICINAL	COMENTS				
Written Repristend		MONE							***************************************
Suspension less than 15 days									
Suspension 15 days or more									
Indefinite suspension Demotion					· · · · · · · · · · · · · · · · · · ·				
Remonal/separation -									
Enforced Lame									
2. REASONS FOR DISCIPLINARY AS NUMBER OF EMPLOYEES:	CTIONS BY TYP	E OF DISCIPLIN							
	***************************************	eran-	OTHER	#7000 Y			***************************************		
Possession of drugoteding at work	6:6xx.x0:0x.x0	NONE	AL ILANO	- ACTURAGE	COMPLE	6006036333333444444443433434 	***************************************		
Comutation for a drug offenses						· · · · · · · · · · · · · · · · · · ·			
Direct observation of drug use									
Refusing uninelysis									
Specimen tempering									
Tested positive for drug use: first finding Tested positive for drug use: second finding	ne	-			<del></del>				
Refund to cooperate								-	
Fallure to auccessfully 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 SLEET JANUARY 16 1994

Return signed and completed form to :

JOSEPH H. AUSTY III, M.D.

Director, Division of Workplace Programs

SALEHSA

5600 Fighers Lane, Rm 9-A-53

Rockville, Marytand 20857

SAM-SADWP FAX (201) 443-2638 Object phismile incrures to: Roll Administring (201) 843-8780

#### Part I. General Information

Name Tite Agency Address	Paul P. Wolstenholme Personnel Management Specialist National  Defense Contract Audit Agency Public He	AGENCY MISSION (SELECT ONE) Cement/Drug Interdiction Security/Defense Delth/Safety Contract Audit and XXXX
ľ		nancial Advisory Services
•	(703) 274-5798 <b>FAX</b> (703) 617 -0877	·

Signature of Agency Head or Senior Policy Official

Director, Agency Drug-Free Workplace Program Official Title

CONTROL INFORMATION - FOR SAMESA USB ON AU AGENCY-ID DATE RECEIVED / /94 INTTIALS \_\_\_ / /94 INITIALS DATE ENTERED

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

						·
Il Status of Plan Implement indicate the statement which be	tation			udan i Ad	a durina t	his reporting period.
		ne status of y	our plan cer		. <del> </del>	(aanmleted)
indicate the statement which be	or charce and a.		(attach expl	anatory	note)	{Survey completed} {Survey completed}
with the set hear subfi	nitted to HHS f	or approval	in blockess		_	(am set of the
1. P(3n has not been submitte 2. Plan has been submitte 3. Plan has been certified	d to HHS and	Tion II (CONT)	acation not n	ednited	)	
2 Plan has been certified	or agency is a	I lim is for-				
3. Plan has been carshout 4. Other (Please attach de						
4. Other (Please attack) of the types of testing inc	udad in your	pian (check	all mat abb.)	· ·		n selection applicant 7. Inside applicant this reporting period?
indicate the types of testing inc	,			x_:	3. Randon	n selection 7. Inside applicant
	17 2. ACC	Mail: a. a	•		6. Outside	appacant
X 1. Resonable suspicion	<u>x</u> 5. For	0M - reb		A	durin	a this reporting period?
-X-4, VOIDI	alites	sting and no	u-pesqua co	MAPONIA	110, 00	•
X 1. Reasonable suspicion  X 4. Volumeer  Was plan fully implemented (if	No No					wis sensiting period?
Yes (SKIP TO 3.4)	,		a. Amaining G	c.) fully	Impleme	nted during this reporting parties
	ants of your pl	an (e.g. EAF	s2' Astraid a	<b>.</b> ,,	• •	
Were all non-wound company	No					nted during this reporting period?
Yes		Yes	No			
to testing	id wesnig			، حضح	_	
				y notice tion ser		
60- day nouse lat	ocatory		Sarvio	es of a	Medical R	eview Officer
						•
					v	es No {Skip to 3e}
c. Are there restrictions or hold		ore types of	testing?			
a Are there restrictions or hold	R OU GUA OL	1010 177				Chack the appropriate
				ng the	reporting	penda. Check the spirit
d. For each type of testing, inc	ticate the statu	12 Of Milhori	المحاد المحاد المحاد	in YOUR	agency P	lan.
Q. FOLOMENI ALA AL SEL						
turne under 'status of te	sting for each					
d. For each type of testing, incocurring under 'status of te	Status of Heat					
columns under 'status of te	Status of Heat		NED.	LAB	CR S	Other reasons not implemented
columns under 'status of to	Status of Heat				CR S	
columns under 'status of to	Status of test	EN.J.C	NED.	LAB	CR S	Other reasons not implemented
columns under succession	Status of test	EN.J.C	NED.	LAB	CR S	Other reasons not implemented
Columns under status	Status of test	EN.J.C	NED.	LAB	CR S	Other reasons not implemented
Reasonable suspicion Accident or unsate practice	Status of test	EN.J.C	NED.	LAB	CR S	Other reasons not implemented
Recsonable suspicion Accident or unsafe practice Random selection	Status of test	EN.J.C	NED.	LAB	CR S	Other reasons not implemented
Reasonable suspicion Accident or unsafe practice Random selection Volunteer	Status of test	EN.J.C	NED.	LAB	CR S	Other reasons not implemented
Reasonable suspicion Accident or unsafe practice Random selection Volunteer Follow—up	Status of test	ENUC partial	INED	AS	OR U	Other reasons not implemented (PLEASE DESCRIBE)
Reesonable suspicion Accident or unsafe practice Random selection Volunteer Follow—up Outside applicant	Status of test	Partial	INEO	AS	OR U	Other reasons not implemented (PLEASE DESCRIBE)
Reasonable suspicion Accident or unsafe practice Random selection Volunteer Follow—up Cutside applicant Inside applicant	Status of test	partial	INED	partial partial or rest	OR	Other reasons not implemented (PLEASE DESCRIBE)  an external cause
Reasonable suspicion Accident or unsafe practice Random selection Volunteer Follow—up Cutside applicant Inside applicant	Status of test	partial	INED	partial partial or rest	OR	Other reasons not implemented (PLEASE DESCRIBE)  an external cause
Reasonable suspicion Accident or unsafe practice Random selection Volunteer Follow—up Cutside applicant Inside applicant	Status of test	partial	INED	partial partial or rest	OR	Other reasons not implemented (PLEASE DESCRIBE)  an external cause
Reesonable suspicion Accident or unsafe practice Random selection Volunteer Follow—up Outside applicant	Status of test	partial	INED	partial partial or rest	OR	Other reasons not implemented (PLEASE DESCRIBE)  an external cause
Reasonable suspicion Accident or unsafe practice Random selection Volunteer Follow—up Cutside applicant Inside applicant	Status of test	partial	INED	partial partial or rest	OR	Other reasons not implemented (PLEASE DESCRIBE)  an external cause
Reasonable suspicion Accident or unsafe practice Random selection Volunteer Follow—up Cutside applicant Inside applicant	Status of test	partial	INED	partial partial or rest	OR	Other reasons not implemented (PLEASE DESCRIBE)  an external cause
Reasonable suspicion Accident or unsafe practice Random selection Volunteer Follow—up Cutside applicant Inside applicant	Status of test	partial	INED	partial partial or rest	OR	Other reasons not implemented (PLEASE DESCRIBE)  an external cause
Reasonable suspicion Accident or unsafe practice Random selection Volunteer Follow—up Cutside applicant Inside applicant	Status of test	partial	was on hold escribe belo	pertial pertia	ricted for ature of the	Other reasons not implemented (PLEASE DESCRIBE)  an external cause le delay, its cause, restriction.
Reasonable suspicion Accident or unsafe practice Random selection Volunteer Follow-up Outside applicant Inside applicant  e. If you indicated that testing i.e., litigation (enjoined) or how many employees are	Fully implemented under your agabor negotiatismpacted, and	partial partial gency's plant on, briefly of the project	was on hold escribe belo	pertial pertia	ricted for ature of the	Other reasons not implemented (PLEASE DESCRIBE)  an external cause le delay, its cause, restriction.
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Reasonable suspicion Accident or unsafe practice Random selection Volunteer Follow—up Cutside applicant Inside applicant	Fully implemented under your agabor negotiatismpacted, and	partial partial gency's plant on, briefly of the project	was on hold escribe belo	pertial pertia	ricted for ature of the	Other reasons not implemented (PLEASE DESCRIBE)  an external cause le delay, its cause, restriction.
Reasonable suspicion  Aocident or unsafe practice Random selection  Volumeer Follow—up Outside applicant Inside applicant  e. If you indicated that testing i.e., litigation (enjoined) or how many employees are	Fully implemented under your against negotiation pacted, and during this p	period.	was on hold escribe belowed date for the	pertial pertia	ricted for ature of the	Other reasons not implemented (PLEASE DESCRIBE)  an external cause le delay, its cause, restriction.
Reasonable suspicion  Aocident or unsafe practice Random selection  Volumeer Follow—up Outside applicant Inside applicant  e. If you indicated that testing i.e., litigation (enjoined) or how many employees are	Fully implemented under your against negotiation pacted, and during this p	period.	was on hold escribe belowed date for the	pertial pertia	ricted for ature of the	Other reasons not implemented (PLEASE DESCRIBE)  an external cause le delay, its cause, restriction.
Reasonable suspicion Accident or unsate practice Random selection Volunteer Follow-up Outside applicant Inside applicant  e. If you indicated that testing i.e., litigation (enjoined) or how many employees are  3.a Was any testing conducted b. If no, what were the reas	Fully Implemented  under your again abor negotiatisimpacted, and during this pons?	period.	was on hold escribe belowed date for the	pertial pertia	ricted for ature of the	Other reasons not implemented (PLEASE DESCRIBE)  an external cause le delay, its cause, restriction.
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Reasonable suspicion Accident or unsate practice Random selection Volunteer Follow-up Outside applicant Inside applicant  e. If you indicated that testing i.e., litigation (enjoined) or how many employees are  3.a Was any testing conducted b. If no, what were the reas	Fully Implemented  under your agabor negotiatisimpacted, and during this pons?  estions 2b and which called to	partial partial  gency's plan on, briefly of the project deriod.	was on hold escribe beloted date for the	pertial pertia	ricted for ature of the	Other reasons not implemented (PLEASE DESCRIBE)  an external cause le delay, its cause, restriction.
Reasonable suspicion Accident or unsafe practice Random selection Volunteer Follow-up Outside applicant Inside applicant  e. If you indicated that testing i.e., litigation (enjoined) or how many employees are  b. If no, what were the reas Reason stated in qu	Fully Implemented  under your agabor negotiatisimpacted, and during this pons?  estions 2b and which called to	partial partial  gency's plan on, briefly of the project deriod.	was on hold escribe beloned date for the	pertial pertia	ricted for ature of the	Other reasons not implemented (PLEASE DESCRIBE)  an external cause le delay, its cause, restriction.

## AGENCY Defense Contract Audit Agencysemi - ANNUAL REPORT April 1, 1903 - September 30, 1993

r. Full—time equivalent	s (FTES) <u>5638_2</u>	b. E.O	. 12564 Sensita	e positions 561 (Number of p		c. TDPs 2380 (Number of position
your agency teste	ed this period, a	answer qu	estions 2-4	, if not, go to	question 5.	
Percent of TDPs tested ii. Per year according to	yourplan 4.0 9	<b>%</b>	b. <i>A</i>	ctual this reportin	g period <u>4.0</u>	<b>%</b>
According to your plan	, what is the number	r of times per	year your agen	cy takes random :	samples? 2	
If your plan includes in All Positions It your plan includes of All Positions	s outside applicant te:	All TDP sting, which p	s lositions are sul	Some TDPs		
inter the number of po- positions designated as	sitions defined as s			D. 12564 and the		7
TEGORIES of Sensitive	Positions Defined	by E.O. 12564	•	Number in Sensitive Positions	Number Selected as TDPs	
Designated by agency	•	ensitive,				7
tical—Sensitive, or No	ncritical—Sensitive					
M Chapter 731 or in a				5610	2380	
Positions with access		ton		2380	2380	<b>↓</b>
Presidential Appointed			44516			4
aw enforcement office			1(17))*	0	KOLKKKKKKK	
Other positions, as def Law embroement	minused by ma age	ncy nead.			MARKALLA MARKANA	<b>8</b>
National security				<del></del>		-
Protection of life and	property			0		+
Public health or safet				0		1
Other (Please specify	· · · · · · · · · · · · · · · · · · ·			0		†
e second citation is no		2564.			······································	
dicate the types of dru $X$ , (a) Cocaine $X$ ease specify others:  During this period how Please indicate the c	(b) Marijuana X (f) X w many blind quality	(c) Amphetai (g) control spec	mines X_(d)	Opiates X (e) (h)	he laboratory?	
mber of:	Negative	Positive	Total	<b>-</b>		
cimens	4	2	6			
			6			

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 P	REPORT A	pril 1, 1	993 -	- September 38	), 1993
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X No	ude riding another ager : Yes (please )	(piggybacked another plan) ncy's confract or if another a specify which Agency plan)	gency performs the servi	ces)?
. Specify the names of the co	ontractors (1a) or the n	ames of the agencies (15.2.)	n that provide the drug t	acting services.
	a. Collection	b. Laborstory	g. MRO	
	XXXXXXXXXXXXXXXX	\$	****	d. Blind quality o
a. Private frm				· ·
b. Public agency			Public Health	. S.: a
2. Riding shother agency	Dept. of Inter	ior (DoI) DoI	CODIC MERICI	
3. Inhouse				DoI
(1) Number of employ	/ees <u>287</u> (2) (	ind/or other aspects of your / Percent of total employees geducation program (check	5.0 %	kplace program?
	abuse policy, procedu		m marappin);	
Types and effects of		and budgett		
X Symptoms of drug us	•	rmance and conduct	·	
X Relationship of the E				
	ehabilitation, confident			
I. Check all the forms of edu				
X Distribution of written		Audio or video progra	ame	
X Group discussions at		Special drug awaren		
a Has your agency develop	ed a continuing training	g and education program for	supervisors to help then	n identify
and address illegal drug u	ise by employees:	X_ Yes No	·	n identify
and address illegal drug u	ise by employees:	X_ Yes No	·	n identify
and address illegal drug u  b. During this reporting peri  drug—tree workplace pro	use by employees:  jod how many supervise pgram?	X Yes No or the $A$	Agency's	n iden <del>tify</del>
and address illegal drug u  b. During this reporting peri drug—tree workplace pro (1) Number of supervis	use by employees:iod how many supervisiogram? sors(2) P	X Yes No one the $A$ received training on the $A$ ercent of total supervisors $2$	Agency's	·
and address illegal drug u  b. During this reporting peri- drug—tree workplace pro (1) Number of supervis  indicate the topics covere	use by employees:iod how many supervise ogram?  sors _27 (2) Pool of the supervisory ed	XYes No ors received training on the a ercent of total supervisors 2 sucational and training progra	Agency's	·
and address illegal drug u  b. During this reporting peri- drug—tree workplace pro (1) Number of supervis  lindicate the topics covered  Agency's substance a	use by employees:iod how many supervisorgram? sors27	XYes No ors received training on the a ercent of total supervisors 2 sucational and training progra	Agency's	·
and address illegal drug u  b. During this reporting peri- drug—tree workplace pro (1) Number of supervis  c. Indicate the topics covere  X. Agency's substance a  Types and effects of c	use by employees:iod how many supervise ogram? sors27	$X$ Yes No ors received training on the $A$ ercent of total supervisors $\underline{2}$ sucational and training programs and programs	Agency's	·
and address illegal drug u  b. During this reporting periodrug—free workplace pro (1) Number of supervis  c. Indicate the topics covered  X Agency's substance a  Types and effects of c  X Symptoms of drug us	use by employees:iod how many supervise ogram? sors27	X Yes No ors received training on the A sercent of total supervisors 2 sucational and training programs and programs and programs.	Agency's	·
and address illegal drug up.  b. During this reporting periodrug—free workplace profits of supervise. Indicate the topics covered and address the topics covered and address of supervises.  Types and effects of supervises.  Symptoms of drug us.  How to identify emplo	use by employees:iod how many supervise ogram?  sors _27	X Yes No ors received training on the A sercent of total supervisors 2 sucational and training programs and programs and programs.	Agency's	·
and address illegal drug u  b. During this reporting periodrug—free workplace pro (1) Number of supervise. Indicate the topics covered  X Agency's substance at Types and effects of company to the supervise of drug us to the supervise of the sup	use by employees:iod how many supervise ogram? scors _27 (2) Point of the supervisory educations policy, proceduratings and effects on perforplyees in need of assistations.	X Yes No ors received training on the A sercent of total supervisors 2 sucational and training programs and programs and programs.	Agency's	·
and address illegal drug u  b. During this reporting periodrug—free workplace pro (1) Number of supervis  i. Indicate the topics covered  X. Agency's substance a  Types and effects of o  X. Symptoms of drug us  How to identify emplo  X. Inde and operation of  X. Intervention and refere	use by employees:iod how many supervisions gram? sors _27	X Yes No one received training on the received training on the received training on the recent of total supervisors 2 sucational and training programs and progam remance and conduct ance	Agency's	·
and address illegal drug up.  b. During this reporting periodrug—free workplace programmer.  (1) Number of supervisor. Indicate the topics covered and effects of control with the programmer.  Agency's substance and Types and effects of control with the programmer.  Symptoms of drug us.  How to identify employed and operation of antervention and reference.  Return of employee to	use by employees:iod how many supervise ogram? sors _27	X Yes No ors received training on the A sercent of total supervisors 2 succetional and training programs and programs and conduct ance	Agency's	·
and address illegal drug up.  b. During this reporting periodrug—free workplace profits of supervise. Indicate the topics covered a Types and effects of control and topics. You have to identify employed and operation of the Intervention and reference at the torms of education of educations.	use by employees:iod how many supervise ogram? sors _27	X Yes No one received training on the received training on the received training on the recent of total supervisors 2 succetional and training programs and programs and conduct ance — up at apply:	Agency's <u>. 6</u> % Im (check all that apply):	
and address illegal drug us.  b. During this reporting periodrug—free workplace profits of supervise. Indicate the topics covered a gency's substance a Types and effects of control and complete and operation of the intervention and reference.  Return of employee to the Check all the forms of educations.	use by employees:iod how many supervise ogram? sors _27	X Yes No ors received training on the A sercent of total supervisors 2 succetional and training programs and programs and conduct ance	Agency's <u>. 6</u> % Im (check all that apply):	
and address illegal drug up.  b. During this reporting periodrug—free workplace profits overeing the topics covered.  C. Indicate the topics covered to the topics covered to the topics covered to the topics covered to the topics covered to the topics covered to the topics covered to the topics covered to the topics covered topics and effects of the topics and effects of the topics and covered topics topics to the topics of the topic	use by employees:iod how many supervise of am? sors _27	X Yes No ors received training on the A ercent of total supervisors 2 sucational and training progra es and progam mance and conduct ance	Agency's  .6 %  who (check all that apply):  Group discussions and	presentations
and address illegal drug up.  b. During this reporting periodrug—free workplace profits of supervise. Indicate the topics covered a general and effects of control and effects of control and reference and effects of control and reference and effects of control and reference and effects of control and reference and effects at the forms of education of written reached with its drug educations.	use by employees:iod how many supervise or _27	X Yes No ors received training on the A ercent of total supervisors 2 lucational and training progra es and progam  mance and conduct ance  up at apply: o or video programs current employees and supe as efforts since the issuance	Agency's  .6 %  Im (check all that apply):  Group discussions and  rvisors your agency has of E.O. 12564.	presentations
b. During this reporting periodrug—free workplace pro (1) Number of supervise. Indicate the topics covered  X. Agency's substance at Types and effects of or X. Symptoms of drug us. How to identify emplo X. Role and operation of X. Intervention and refer Return of employee to X. Distribution of written referse provide the best estimated.	use by employees:iod how many supervise or _27	X Yes No ors received training on the A ercent of total supervisors 2 sucational and training progra es and progam mance and conduct ance	Agency's  .6 %  Im (check all that apply):  Group discussions and  rvisors your agency has of E.O. 12564.	presentations
and address illegal drug use. During this reporting periodrug—free workplace process. (1) Number of supervise. Indicate the topics covered agency's substance at Types and effects of C and a substance at Types and effects of C and a substance at Types and effects of C and a substance at Types and effects of C and a substance at Types and effects of drug use. How to identify employ Role and operation of a intervention and refers a feature of employees to the control of written of the control of written of the control of the con	ise by employees:iod how many supervised for many supervised fo	X Yes No ors received training on the A ercent of total supervisors 2 sucational and training programs and programs and conduct ance — up at apply:  o or video programs current employees and supersistence (b) Percent of supervisors (c)	Agency's  .6 %  Im (check all that apply):  Group discussions and  rvisors your agency has of E.O. 12564.	presentations
and address illegal drug use. During this reporting periodrug—free workplace process. (1) Number of supervise. Indicate the topics covered a gency's substance a Types and effects of a Symptoms of drug use. How to identify emplo a lintervention and refers network all the forms of edux. Distribution of written reached with its drug educate. (a) Percent of employees of the process	use by employees:iod how many supervise or _27	X Yes No ors received training on the A ercent of total supervisors 2 lucational and training progra es and progam  mance and conduct ance  up at apply: o or video programs current employees and supe as efforts since the issuance	Agency's  .6 %  Im (check all that apply):  Group discussions and  rvisors your agency has of E.O. 12564.	presentations

Part IV Cost and Pricing Profile

AGENCY Defense Contract Audit Agency SEMI - ANNU/L REPORT April 1, 1993 - September 30, 1993

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 tasts.
	Separate pricing, i.e., individual fees charged for initial and confirmation tests.
2.2.	indicate whether confirmation of all drugs which initially test positive within a single specimen is required?
	X_YesNo
b.	Are there additional charges for confirmation tests if the specimen tasts 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.
1	Do any of your TDPs work at extraordinary locations?
	Yes X No {skip to Page 5}
	Please describe 'extraordinary' locations.
P.	lesse provide the following information about TESTING at extraordinary sites:
þ	Total TDPs at extraordinary locations
0.	Total number of individuals tested at extraordinary sites
	Where additional posts associated with an advance and built and built and buil
a	. 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 \$
●.	Describe what methods are taken to minimize additional costs at extraordinary sites.
	•
	PROCEED TO PAGE 5
	PROCED TO PAGE 3

## AGENCY Defense Contract Audit Agency SEMI - ANNUAL REPORT April 1, 1983 - 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 Worksbeets on Page 6 i					
			Average	Unit of Costs	
	Total	Total	Cost per	(e.g., hours.	
	Costs	Units	Unit	years, per test)	Additional Comments (for this item only)
			4 4 4 4 6 4 6 4	3 7 0 4 4 - 7 5 3 3 4 6	***************
s. Specimen codection	3364.68	94	35.80		, , , , , , , , , , , , , , , , , , ,
b. Laboratory Teets (flat fee)	1142.92	94	12.18		
a. Initial test					
d. Confirmation test (fist fee)					
e. Negative test					
f. Positive test					
s. Quality control samples	287.88	6	47.98		
NACO (fist lee)	1000.00				
. Review of negatives					
. Review of positives					
L Other direct TESTING costs*	27.04	COLUMN	2000000	*****	
_Administrative TESTING costs*		NORTH CO.			
m. Total costs (items a-L)		200750000			

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.					
	\$(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 5i)

#### Hom 5Jk 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 \$a-j. Column (2) - If included in items \$a-j indicate the item (a-j under the cost reference item (REF) column.

	(1)	(2)	
COST CATEGORIES	COSTS	ITEM REF	Comments
i Specimen kits and other miscellaneous collection materials			
L Specimen kits and other miscellaneous collection materials			
iii. Bar coding of samples			
CONTROL OF THE CONTRO			
v. Handling costs for Yallistes Epitoline is a cancellations	27,04		
No. Company and Company (Martin Company)			
vii. Applicant travel costs			
AND CALCULATED A CONTROL OF CONTR			
<b>VII.</b> !			
X			
COSTS (GEO LACHET AND ENGLISHED COSTS (GEO LACERAL) AND MAIN SKILL	27.04	_	<del>                                     </del>
	STREET, STREET	Contaconomical	

#### item 6.1 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 (1- ix') except (vi).

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

·	(1)	(2)	(3)
COST CATEGORIES	Total Administrative Costs	% Drug Testing	Drug—Testing Administrative Costs
i. Staff costs (salaries and benefits)	8125.00		
L Scalar Records			
iii. Staff travel costs			
A Section 1			
v. Printing and mailing costs			
AND ESECTION PROGRAM DOSES CITICS OF THE Program Coordinator		XXXXXXXXXXXXXXXX	
OTHER COSTS (Please specify below):			
	1750.00		
VIII.			
x. TOTAL ADMINISTRATIVE COSTS (Sum i-ix)	9875.00	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	**********
zi. DRUG TESTING ADMINISTRATIVE COSTS:Here and item	XXXXXXXXXXXX	SECTION SECTIONS	

#### PROCEED TO PAGE 5 Question 6

#### AGENCY Defense Contract Audit AgencSEMIANNUAL REPORT: April 1, 1993 - September 30, 1983

Part V. Testing Results	NUMBER OF PERSONS BY THE BASIS FOR ADMINISTERING TESTS										
	TOTAL	REASONABLE	ACCIDENT	RANDOM	VOLUNTEER	FOLLOW-UP	APFL	ICANT TESTING			
		SUSPICION	ORUNSAFE	SELECTION			CUTSIDE	INSIDE	Reported as		
			PRACTICE				APPLICANT	APPLICANT	COMBINED		
TOTAL TESTED	94	0	0	0	0	0	n	0	Λ		
fotal refusing tests	0_	0	0	0	0	0	0	0	0		
Total verified positive	1	0	0	1	0	0	0	0	0		
Perified positive for: COCAME	\$ 5 5 6 4 8 <del>9</del> 9		********	*******	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				0.45		
MARLUANA AMPHETAMINES	0										
OPIATES PCP	0										
OTHERS	0										

Part VI: FOLLOWUP ACTIONS Please provide the following information about follow-up actions during the reporting period for employees whose unnerlysis was VERIFED FOSITIVE, tempered 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. DISCPLINARY AND NONDISCIPLINARY ACTIONS PROPOSED AND/OR TAKEN BY TYPE OF ACTION NUMBER OF EMPLOYEES:

THE LOTE CO.		
	14.84	Strategic Strate
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 nonsenstive position		
Parmanent Resemigrement		
Reference		
Resignation		
Other		
	PROPOSED	
Written Reprimend		
Suspension less than 15 days		
Suspension 15 days or more		
Indefinite auspension		
Demotion		
Removal/separation		

## 2. REASONS FOR DISCIPLINARY ACTIONS BY TYPE OF DISCIPLINARY ACTION NUMBER OF EMPLOYEES:

Enforced Lame

	Service of the servic	A 11 . C. 10 .	
PER SALE	SETUDITORS.		Approve consequent
Secretary of the second	de la Maria		
Possession of druga/selling at work		1	
Conviction for a drug offense		1	
Direct observation of drug use			
Relusing urinstyels			
Specimen tempering			
Tested positive for drug use: first finding			
Tested positive for drug use: second finding			
Refused to cooperase			
Fellure to successfully complete EAP			
Recommended counseling/treatment			
Other reasons			

CSMP

13:06

FÉDERAL 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. Auty III, M.D.

Director, Division of Workplace Programs

SAMHSA

5600 Flahers Laine, Rim 9-A-53

Rodiville, Maryland 20857

SAM-ISADWP FAX (301) 443-2838

Direct phone inquires to: Ron Armstrong (301) 143–6790

#### Part I. General Information

Name Tite	PRIMARY LIAISON  D. Dial-Alfred  Personnel Management Specialist	PRIMARY AGENCY MISSION (SELECT ONE) Law Enforcement/Drug Interdiction National Security/Defense	X
Agency Address	Defense Nuclear Agency 6801 Telegraph Rd.	Public Health/Safety Other	
Telephone	City: Alex. State: Va Zip: 22310-33 (703 )325 - 7593 FAX (703 ) 325 - ared by: D. Dial-Alfred		
Telephone	( 703) 325_ 7593 FAX ( 703 ) 325 - ed 12/17/93	6295	

Signature of Agency Head or Senior Policy Official

Director, Manpower Management and Personnel

Official Title

CONTROLINFORMATION - 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

reit ii Status Of Pian in	plementation						
	•	ibaa tha atat		<del></del>	<b>6</b>	anta a Maia a a a a a a	
i.a indicate the statement							period.
1. Plan has not b2. Plan has been	submitted to HHS certified or agent	S and review: by is a Tier II (	s are in pro	22010	•	(Survey cos	
b. Indicate the types of te	sting included in	your plan (ch	eck all that	apply).			
	_						
X 4. Volunteer	$\frac{\frac{\chi}{\lambda}}{5}$	Follow-up	unsare prad	72C00 _ -	X 3. Ra X 6. O	ndom selection itside applicant	7. Inside applicar
c. Was plan fully implement X Yes (SKIP TO 3.	ented (including a a)	il testing and No	i non- <b>te</b> stii	ng comp	onents) (	during this reporting	period?
La Were all non—testing orYes	omponents of you	r pian (e.g. E No	EAPs, traini	1g etc.) 1	tully imple	mented during this	reporting period?
h Ara ami menengulakan A							
b. Are any prerequisites to If yes, check all that app.	o mesing mesing: M	?Yes	No				
60 – day notice	•		30-	day no	tice		
Services of a certif	ied laboratory			lection :			
Source for quality	control specimen	S	Sec	vices of	a Medica	I Review Officer	
Other (Please spec	>ify)						
a forthern southern a		_					
c. Are there restrictions o	r noices on one or	more types	of testing?			Yes N	O {Skip to 3e}
						<del></del>	(==, 13 55,
d. For each type of testing	a, indicate the sta	tus of implen	nentation d	urina the	renortin	a period Cheek the	· annonciato
columns under 'status	of testings for eac	th time of the	tion include	d in var		a benod. Check me	s shbrobus m
	Stable Or to	sting (Check app			*****	reacn(s))	
	_		NED	LA	OR		
	Fully	pertial	الباد				
		1	1	pertial		Other reasons not	t implemented
	implemented			pertial		Other reasons not	
		-		pertial			
Reesonable auspicion Accident or unsate practice				pertial			
Accident or unsafe practice Random selection				perial			
Accident or unsafe practice Random selection Volunteer				perial			
Accident or unsafe practice Random selection Volunteer Follow-up				pertial			
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Accident or unsafe practice Random selection Volunteer Follow—up Outside applicant				pertial			
Accident or unsafe practice Random selection Volunteer Follow—up Outside applicant Inside applicant	ng under your ag	)n. briefly des	scribe belov	or restr	icted for a	In external cause	
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Accident or unsafe practice Random selection Volunteer Follow-up Outside applicant Inside applicant  It you indicated that testi i.e., litigation (enjoined) of how many employees ar	ng under your ag or labor negotiatio e impacted, and	n, briefly des	date for th	or restr v the nate e remov	icted for a ture of the rai of the	an external cause delay, its cause, restriction.	
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Accident or unsafe practice Random selection Volunteer Follow—up Outside applicant Inside applicant  If you indicated that testi i.e., litigation (enjoined) of how many employees ar  Was any testing conducted  If no, what were the reas	ng under your agor labor negotiation impacted, and during this persons?	the projected	date for th	or restr v the nate e remov	icted for a ture of the rai of the	an external cause delay, its cause, restriction.	
Accident or unsafe practice Random selection Volunteer Follow—up Outside applicant Inside applicant  In Hyou indicated that testi i.e., litigation (enjoined) of how many employees ar  Was any testing conducted  Was any testing conducted  Reason stated in question	ng under your agor labor negotiation impacted, and during this persons?	the projected	date for th	or restr v the nate e remov	icted for a ture of the rai of the	an external cause delay, its cause, restriction.	
Accident or unsafe practice Random selection Volunteer Follow—up Outside applicant Inside applicant Inside applicant In If you indicated that testi i.e., litigation (enjoined) of how many employees ar  Was any testing conducted b. If no, what were the reas	ng under your agor labor negotiation impacted, and during this persons?	in, briefly des	X Yes	or restr v the nate e remov	icted for a ture of the rai of the	an external cause delay, its cause, restriction.	

Part III Operations Profile  1. Please provide the tokowing information relating to the total number of: a. Pull—time equivalents (FTEs)	· 03/04/94 13.08 2100 020 020				
1. Please provide the following information relating to the total number of a. Pull—time equivalents (FTEs) 775 b. E.O. 12564 Sensitive positions 575 (Number of positions)  (Number of positions)  (Number of positions)  (Number of positions)  (Number of positions)  (Number of positions)  (Number of positions)  (Number of positions)  (Number of positions)  (Number of positions)  12  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 TDPs Some TDPs  D. If your plan includes outside applicant testing, which positions are subject to that testing?  All TDPs Some 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 Sensitive Positions TDPs  1. Designated by agency head as Special Sensitive, Critical—Sensitive, or Nonoritical—Sensitive Positions Defined by E.O. 12564 Sensitive Positions TDPs  1. Designated by agency head as Special Sensitive, Critical—Sensitive, Or Nonoritical—Sensitive Positions TDPs  2. Positions with access to classified information TDPs  3. Presidential Appointment  3. Presidential Appointment  3. Presidential Appointment  4. Law entrocement officers (6 USC 8331(20))(6 USC 8401(17))*  4. Dubid health or safety  4. Dubid health or safety  5. Other (Please specify)  7. Presidential or included in E.O. 12564.  Indicate the types of drugs to be tested in accordance with your Agency plan.  X (a) Cocasie X (b) Marijuana X (c) Amphetamines X (d) Opinites X (e) PCP  Please specify others: (f) (f) Creatify with a MRO investigate and document all the results?  2. Presidential Pointment Interest Y (c) Interest Y (c) Years Years Y (c) Years Years Y (c) Years Years Y (c) Years Years Y (c) Years Years Y (c)	AGENCY Defense Nuclear Agency SEM	II – ANNUAL REPOR	T April 1, 1993 -	September 30, 1	903
a. Full—time equivalents (FTEs) 775 b. E.O. 12564 Sensitive positions 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 2. Percent of TDPs tested 3. As a per year your agency takes random samples? 12  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 niside applicant testing, which positions are subject to that testing? All Positions 1. All TDPs Some TDPs Some TDPs Some TDPs All Positions 1. All TDPs Some TDPs Some TDPs All TDPs Some TD	Part III Operations Profile				
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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. Q. 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?  b. Please indicate the composition (negative and positive) of the QCs and the number of correct responses reported to the MRO. Imperiments  Limber of: Negative Positive Total Specimens 2 1 3 3  C. If there were unacceptable blind QC results, would the MRO investigate and document all the results?  X. Always Sometimes Never	5. Other positions, as determined by the agency hear	d·		C17/70:210-210-2	
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.Q. 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?  b. Please indicate the composition (negative and positive) of the QCs and the number of correct responses reported to the MRO. Imperior of the Composition of the Co	a. Law enforcement		- AMARIAN A	MAXIA MARKA	
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?  b. Please indicate the composition (negative and positive) of the QCs and the number of correct responses reported to the MRO. Importance of the Composition of the QCs and the number of correct responses reported to the MRO. Investigate and document all the results?  X Always Sometimes Never  d. If there were unacceptable blind QC results, would the MRO investigate and document all the results?  X Always Sometimes Never					
d. Public health or safety  e. Other (Please specify)  The second citation is not included in E. Q. 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?  b. Please indicate the composition (negative and positive) of the QCs and the number of correct responses reported to the MRO. 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					
e. Other (Please specify)  The second citation is not included in E.Q. 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?  b. Please indicate the composition (negative and positive) of the QCs and the number of correct responses reported to the MRO. Imperior of: Negative Positive Total Specimens 2 1 3 3  correct responses 2 1 3 3  c. If there were unacceptable blind QC results, would the MRO investigate and document all the results?  X Always Sometimes Never					
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)  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.  Jumber of: Negative Positive Total Specimens 2 1 3  Carrect 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	e. Other (Please specify)	· · · · · · · · · · · · · · · · · · ·			
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)  Buring 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.   Sumber of: Negative Positive Total Specimens 2 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3					
A (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?  b. Please indicate the composition (negative and positive) of the QCs and the number of correct responses reported to the MRO.    Negative   Positive   Total					
A (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?  b. Please indicate the composition (negative and positive) of the QCs and the number of correct responses reported to the MRO.    Negative   Positive   Total	5. Indicate the types of drugs to be tested in accordance	A with your Assessed	<b>L</b> _		
b. Please indicate the composition (negative and positive) of the QCs and the number of correct responses reported to the MRO.    Negative   Positive   Total	X (a) Cocaine X (b) Marijuana X (c) Amot	letamines X A C	Mil.		
b. Please indicate the composition (negative and positive) of the QCs and the number of correct responses reported to the MRO.    Negative   Positive   Total	Please specify others: (f)	(0)	(P) (6) (	CP	
b. Please indicate the composition (negative and positive) of the QCs and the number of correct responses reported to the MRO.    Negative   Positive   Total					
b. Please indicate the composition (negative and positive) of the QCs and the number of correct responses reported to the MRO.    Negative   Positive   Total	A During this period now many blind quality control s	pecimens (QCs) wer	e submitted to the	laboratory? 3	
Negative   Positive   Total					
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?			THE HAIRDER OF CO	rectresponses to	eported to the MRO.
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?					
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?					
d. If 'always' or 'sometimes', who is responsible for maintaining these documents?				• •	
d. If 'always' or 'sometimes', who is responsible for maintaining these documents?  XAgency MROAgency Primary Liaison	c. If there were unacceptable blind QC results, would X Always Sometimes New	I the MRO investigate	and document a	i the results?	
u. ii always or sometimes, who is responsible for maintaining these documents?XAgency MROAgency Primary Liaison	d Mahamata ta and the second				
	G. π "always" or "sometimes", who is responsible for r  X. Agency MROAgency Primary I	naintaining these doc Liaison	uments?		

AGENCY Defense Nuclea	r Agency SEM	I — ANNUAL REPORT April 1, 1	1903 — September 3	0, 1993
Part III Operations Profile	CONTINUED			
Has your agency adopted and together (this does not include X No	riding <b>another agen</b> e	piggybacked another plan) so cy's contract or if another agen pecify which Agency plan)	that the plans are ad icy performs the serv	lministered rices)?
9. Specify the names of the conf	ractors (1a) or the na	imes of the agencies (1 b,2,3) th	nat provide the drug	testing services:
	s. Caleatan	b. Laboratory	a. MRO	d. Blind quality control
1 Contract with (special)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX
a. Private irm				
b. Public agency			PHS	
2. Riding shother agency	DoI/USPS	DôI/USPS		DoI/USPS
3. Inhouse	<u> </u>			
c. Indicate the topics covered in Agency's substance ab  X Types and effects of drugs.	n the employee drug use policy, procedure	ercent of total employees 2 education program (check all t as and progam	3_% hat apply):	
X Symptoms of drug use X Relationship of the EAP	and effects on perform to the drug-testing of	program		
X Relevant treatment, reha	abilitation, confidentia	ulity issues		
d. Check all the forms of educa	ition that apply:	,		
X Distribution of written in		X Audio or video programs		
X Group discussions and	presentations	X Special drug awareness	promotions	
1.a Has your agency developed and address illegal drug use	by employees: 🔃 🔀	Yes No		m iden <del>til</del> y
<ul> <li>b. During this reporting period drug—free workplace progr (1) Number of supervisor</li> </ul>	am?	rs received training on the Age reent of total supervisors 17	·	,
c. Indicate the topics covered in	the supervisory edu	cational and training program	_ 70 /abaak all that annud	
Agency's substance about Types and effects of dru	ise policy, procedure	s and progam	(check all triat apply)	•
X Symptoms of drug use a		nance and conduct		
X How to identify employe				
X Role and operation of th				
X Intervention and referral				
X Return of employee to w		-110	•	
d. Check all the forms of educa				
X Distribution of written ma	terial X Audio	or video programs $X$ Gr	oup discussions and	f presentations
2. Please provide the best estima reached with its drug education	on/training/awareness	urrent employees and supervise efforts since the issuance of E	sors your agency has E.O. 12564.	S EVER
(a) Percent of employees 80	)%	(b) Percent of supervisors 80	_%	. •
3. Does your agency provide an	orientation package a	and/or training for new employe	es and new supervis	sors
on the effects of illegal drugs	and and/or other asp	ects of the Agency's drug-free	workplace plan?	
(a) Employees: Yes However, approximat	No <u>X</u> (b :ely twice a ve	ar DNA provides train	X	facts of clocks
and illegal drugs f	in all and a ye	See broatnes craft	rrug on the ell	rects of arcouot

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

P	art IV Cost and Pricing Profile
1.	Specify contract pricing for:
	Laboratory services
	X Full-service - NO CELING (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.
2.0	. Indicate whether confirmation of all drugs which initially test positive within a single specimen is required?XYesNo
t	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?
	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.
•	. Do any of your TDPs work at extraordinary locations?
	Yes X No {skip to Page 5}
	Please describe 'extraordinary' locations.
1	Please provide the following information about TESTING at extraordinary sites:.

Ь. С.	The state of the s	
<b>d</b> .	Were additional costs associated with specimen collection at these sites?  Yes  Yes  Yes  Yes	_ No
●.	Describe what methods are taken to minimize additional costs at extraordinary sites.	
•		

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AGENCY Defense Nuclear Agency

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#### 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.

			Average	Unit of Costs	
	Total	Total	Cost per	(e.g., hours.	
	Costs	Unite	Unit	years, per test)	Additional Comments (for this item only)
BIRKECCBIB	XXXXXXXXX	XXXXXXXXXXXX	COOCCOCC	XXXXXXXXXXXXXXXX	NOOCOCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC
L. Speakmen collection	\$1,110.12	29	\$38.28		
D. Laboratory Tests (fist les)	309.76	32	9.68		
. Initial last					
L Confirmation test (Bat lee)					
. Negative test					
Positive test					
Quality control samples	108.23	(2)	35.60	(1) 37.03	
MRC (flat fee)	1,000.00		33133		
Review of negatives					
Review of positives					
Other direct TESTING costs*	161.12	XXXXXXXXXX	OCCUCOCC	XXXXXXXX	
Administrative TESTING costs*	\$12,250.40				
n. Total costs (items a-L)	\$14,939.63	COCCESCA	OCCOCCOCC	XXXXXXX	

i ii there is	office in your agency other than that of the Program Coordinator that provides GENERAL
AGENCY	VIDE Drug Education, indicate the actual education costs or best estimates by the source of that education.
·	(a) Personnel Office \$ 130.00 (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)

#### Hom 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 \$a - j, indicate the item (a - j) under the cost reference item ('REF') column.

COST CLTTACAGE	(1)	(2)	
COST CATEGORIES	COSTS	ITEM REF	Comments
L Specimen kits and other miscellaneous collection materials			Солитель
L Shipping costs			
E. Bar coding of samples			
N. Electronic transfer of test results	\$2.50	32	
v. Handling costs for rejected specimens or cancellations	32.30	<del>  32</del>	\$80.00 mailing
Cost of adulturation tasking panels			cost
vii. Applicant travel costs			
OTHER COSTS Please specify below):			
No Shows/Cancellations	\$13.52	1	
	1913.32	(6)	\$81.12
X.			
WIND TOTAL OTHER DIRECT COSTS (sure (-x):Here and flem 5K		ļ	
SC (GENERAL), CHEST AND REMINIST			\$161.12

## Ham 5.1 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.

ANGT ALTT ARRIVE	(1)	(2)	(3)
COST CATEGORIES	Total Administrative Costs	% Drug Testing	Drug - Testing Administrative Costs
i. Staff costs (salaries and benefits)	57,502	20%	11,500.40
Staff Feining costs			11,500.40
II. Staff travel costs	*		
Nr. Legal costs			
v. Printing and mailing costs		<del> </del>	
M. Education program posts: Office of the Program Coordinator		0.0000000000000000000000000000000000000	P. W. Carlotte and
OTHER COSTS (Please specify below):		XXXXXXXXXXXXXXXXX	CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC
. DoI/Staff Support			
a. 2017 Start Support	\$750	flat fee	\$750
			1.30
X TOTAL ADMINISTRATIVE COSTS (sum i – ix)		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	***************************************
xi. DRUG TESTING ADMINISTRATIVE COSTS:Here and item	XXXXXXXXXXX		\$12,250.40
			312,230.40

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

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	İ		h	NUMBER OF PE	RSONS BY THE				
				ASIS FOR ADM	INSTERNG TE	STS			
	TOTAL	REASONABL	E ACCIDENT	RANDOM	VOLUNTEER	FOLLOW-UP	APR	CANT TESTING	3
		SUSPICION	OR UNSAF	E SELECTION			OUTSIDE	NSIDE	Reported a
		, ,	PRACTICE				APPLICANT	APPLICANT	COMBINED
IDIAL TESTED	29			29					
fotal refusing tests	0		,						<del> </del>
Total verified positive	0						<del>                                     </del>		
Perified positive for:	3000000	CXXXXXXXX	2022000	KXXXXXXXXXX		******	VVVVVVVV		1 TV 1000000
COCAINE					A STATE OF THE STA		~~~~~		
MARLEIANA									
AMPHETAMINES									<del>                                     </del>
OPIATES									
PCP OTHERS		<del></del>							
OTHERS .	<del></del>	<del></del>		-					
		<del>-}</del> -		-					
			900000000000000000000000000000000000000						
MANBER OF EMPLOYEES:  RION DISCIPLINARY ACTIONS  Millimed to EAP		NUMBER	Not A	ADOMONALCO pplicable					
lequired return to work followup tests		<del> </del>		PPEZCUDIC					
etailed from TOP to nonsenstive position	n	<del>                                     </del>	<del> </del>						
ermanent Reassignment		<del>                                     </del>	<del> </del>						
of ement									
			li .						
esignation									
ther									
DISCIPLINARY/ACTIONS		PROPOSED	TAKEN	ADDITIONAL CX	MANENTS				
THE DISCIPLINARY ACTIONS  Itten Reprinend		PROPOSED	TAKEN		MANENTS plicable				
The DISCIPLINARY ACTIONS  Itten Reprimend  Lepension less than 15 days		PROPOSED	TAKEN						
DISCIPLINARY ACTIONS  Atten Reprimend  Japanelion less than 15 days  Japanelion 16 days or more		PROPOSED	TAKEN						
The DISCIPLINARY ACTIONS  Itten Reprimend  Lepension less than 15 days		PROPOSED	TAKEN						
ther  DISCIPLINARY ACTIONS  Itten Reprimend  Expension less than 15 days  Expension 15 days or more  definite auspension  Imotion  Imosal/separation		PROPOSED	TAKEN						
ther  DISCIPLINARY ACTIONS  Internation less than 15 days  Expension 16 days or more definite auspension  emous/separation  microed Leave				Not App					
ther  DISCIPLINARY ACTIONS  Itten Reprimend  Expension less than 15 days  Expension 15 days or more  definite auspension  Imotion  Imosal/separation	TIONS BY TYP		IARY ACTION	Not App					
Pier  DISCIPLINARY ACTIONS  Inter Reprimend  Impension less than 15 days  Impension 16 days or more  delinite auspension  Imposi/separation  Inforced Lesse  REASONS FOR DISCIPLINARY ACTUMBER OF EMPLOYEES:	TIONS BY TYP		LARY ACTION	Not App	olicable				
Pier  DISCIPLINARY ACTIONS  Intern Reprimend  Impension less than 15 days  Impension 16 days or more  delinite auspension  Imposi/separation  Inforced Leave  REASONS FOR DISCIPLINARY ACTUMBER OF EMPLOYEES:  ISSONS  INCOMES  INCO	TIONS BY TYP	E OF DISCIPLIN	LARY ACTION	Not App	olicable				
Pier DISCIPLINARY ACTIONS  Ititien Reprimend  Lepension less than 15 days  Lepension 16 days or more  delibite auspension  Imposi/separation  Idored Leave  REASONS FOR DISCIPLINARY ACTIONS  LIMBER OF EMPLOYEES:  SSONS  RESENSION of drugs/setting at work  Invitation for a drug ofense	TIONS BY TYP	E OF DISCIPLIN	LARY ACTION	Not App	olicable				
DISCIPLINARY ACTIONS Internation less than 15 days Expension 15 days or more delinite auspension Introtion Introduction In	TIONS BY TYP	E OF DISCIPLIN	LARY ACTION	Not App	olicable				
ther  DISCIPLINARY ACTIONS  Internation less than 15 days  uspension 16 days or more delinite auspension  motion  motion  motion  REASONS FOR DISCIPLINARY ACTIONS  ESSENSION of drugs/setting at work  miction to a drug ofense act observation of drug use  Asing urinalysis	TIONS BY TYP	E OF DISCIPLIN	LARY ACTION	Not App	olicable				
titien Reprimend uspension less than 15 days uspension less than 15 days uspension 16 days or more delinite auspension imotal/separation i		E OF DISCIPLIN	LARY ACTION	Not App	olicable				
DISCIPLINARY ACTIONS Internation less than 15 days Expension less than 15 days Expension 15 days or more delinite auxpension Introduction	E OF DISCIPLIN	LARY ACTION	Not App	olicable					
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titien Reprimend  DISCIPLINARY ACTIONS  Internation less than 15 days  Impension 15 days or more  delinite auspension  Intotion  Intotion  Intotion  REASONS FOR DISCIPLINARY ACTIONS  DISCIPLINARY AC		E OF DISCIPLIN	LARY ACTION	Not App	olicable				
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FEDERAL DRUG-FREE WORKPLACE PROGRAMS SEMI-ANNUAL PEPORT FOR THE PERIOD April 1, 1993 - September 30, 1993

Return aigned and completed form to: Joseph H. Autry III, M.D. Oli ector, Division of Workplace Programs SAMHSA 5600 Flahers Lane, Rm 9-A-53 Rodicille, Maryland 20857 SAMHSAOWP FAX (301) 443-2838 Direct phone broughter to 2 Horn Armetroria (201) 443-26780

Part I. General Information

Name	PRIMARY LIAISON PRIMARY AGENCY MISSION (SELECT ONE)  TINA L. VALENCIK Law Enforcement/Drug Interdiction	
Title Agency	Human Resource Manager  Defense Intelligence Agency  National Security/Defense Public Health/Safety	Х
Address	3100 Clarendon Blvd. Other	
	City: Arlington State: VA Zip: 22201	
Telephone	(703 ) 284- 1337 FAX ( 703 ) 284 - 1144	
Report prep	pared by: Tina L. Valencik	İ
Telephone Date Prepa	(703) 284-1337 FAX (703) 284 - 1144 ared 12/20/93	

26 JAN 1994 Signature of Agency Head or Senior Policy Official

6 NCYDefense Intellig	ence Ageno	SEMI - A	NNUAL REI	PORT Ap	ril 1, 1 <b>993</b>	- September 30, 1993
e.rt il Status of Plan Impler	mentation					
a indicate the statement which	h best describe	s the status	of your pla	ın certific	ation durir	ng this reporting period.
1. Plan has not been s 2. Plan has been subn X 3. Plan has been certif 4. Other (Please attact	submitted to Hi nitted to HHS a fed or agency	HS for appro	oval (attach	explana	tory note)	(Survey completed) (Survey completed)
b. Indicate the types of testing	included in yo	ur plan (che	ck all that s	ipply).		
X 1. Reasonable suspicion 4. Voluntaer	on <u>X</u> 2. A <u>X</u> 5. F	ccident or u ollow – up	insafe pract	ice <u>X</u>	_ 3. Rand _ 6. Outsi	om selection ide applicant 7. Inside applicant
o. Was plan fully implemented X Yes (SKIP TO 3.a)	l (including al) 1	esting and				
a Were all non-testing compo	onents of your	pian (e.g. E.	APs, trainin	g etc.) fu	ily implem	ented during this reporting period?
b. Are any prerequisites to tes  If yes, check all that apply:  60—day notice  Services of a certified is  Source for quality contained.  Other (Please specify)	aboratory rol specimens			-day noti lection se	CO Kryicas	Zw.iou Callon
Are there restrictions or hold.      For each type of testing, in columns under "status of testing."	lds on one or n idicate the state esting' for each	nore types our of implemental type of tes	of testing? nentation di ting include	uring the	reporting agency p	res No {Skip to 3a} period. Check the appropriate
<ul><li>a. Are there restrictions or hold.</li><li>b. For each type of testing, in</li></ul>	lds on one or n idicate the state esting' for each	nore types ous of implementations of the street type of the street type of the street applicable	of testing? nentation di ting include propriete colu	uring the id in your mn(s) or sp	reporting agency p	res No {Skip to 3a} period. Check the appropriate lan. perion(s))
<ul><li>a. Are there restrictions or hol</li><li>b. For each type of testing, in</li></ul>	Ids on one or national districts the state string for each Status of test	nore types ous of implementations of the street type of the street type of the street applicable	of testing? nentation di ting include	uring the id in your mn(s) or sp	reporting agency p	period. Check the appropriate lan.  Description (Skip to 3a)  period. Check the appropriate lan.  Description (Skip to 3a)
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c. Are there restrictions or hold.  d. For each type of testing, in columns under "status of testing and the status of testing and	Ids on one or national districts the state string for each Status of test	nore types of implemental type of testing (Check so	of testing?  nentation di ting include propriet colu	uring the od in your mn(s) or sp	reporting agency p eatly other re	period. Check the appropriate lan.  Description (Skip to 3a)  period. Check the appropriate lan.  Description (Skip to 3a)
c. Are there restrictions or hold.  d. For each type of testing, in columns under "status of testing and the status of testing and	Ids on one or national districts the state string for each Status of test	nore types of implemental type of testing (Check so	of testing?  nentation di ting include propriet colu	uring the od in your mn(s) or sp	reporting agency p eatly other re	period. Check the appropriate lan.  Description (Skip to 3a)  period. Check the appropriate lan.  Description (Skip to 3a)
d. For each type of testing, in columns under "status of testing and a status	Ids on one or national districts the state string for each Status of test	nore types of implemental type of testing (Check so	of testing?  nentation di ting include propriet colu	uring the od in your mn(s) or sp	reporting agency p eatly other re	period. Check the appropriate lan.  Description (Skip to 3a)  period. Check the appropriate lan.  Description (Skip to 3a)
d. For each type of testing, in columns under "status of testing and a status	Ids on one or naticate the state esting for each Status of test Fully Implemented	nore types of the stype of the	resting?  nentation diffing include  propriate column  Lut  was on holescribe belo	uring the od in your mn(s) or sp partial	reporting agency precity other recitions for a starte of the	period. Check the appropriate lan.  Beach(s))  Other reasons not implemented  (PLEASE DESCRIBE)  n external cause delay, its cause,

b. If no, what were the reasons?

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art III Operations Profile			
. Please provide the following information relating to the total numbers. FIEs) * b. E.O. 1256	umber of:		
b. E.O. 1256	34 Sensitive positions **	t	e imp
	(Number of p	Ositione)	c. TDPs **
your agency tested this period			(Number of positions)
your agency tested this period, answer question	ns 2-4, if not, go to	question 5	
Percent of TDPs tested		4	
a. Per year according to your plan %	b. Actual this reporting	pariod * 4	V.
According to your plan, what is the number of times per year y			
a If your plan includes inside applicant testing, which positions  All Positions	are subject to that testing?	N/A	
b. If your plan includes outside applicant testing, which position	ns are subject to that testing: Some TDPs	7	
Enter the number of positions defined as sensitive by section a positions designated as TDPs.	7(d) of E.O. 12564 and the n	umber of	
ATEGORIES of Sensitive Positions Defined by E.O. 12564	Number in Sensitive Positions	Number Selected as TDPs	
Designated by agency head as Special Sensitive,	rositulis	TUPS	4
Critical - Sensitive, or Noncritical - Sensitive			
(FPM Chapter 731 or in accordance with E.O. 10450)	*		
2. Positions with access to classified information	*	ALL	_
3. Presidential Appointees		<u> </u>	_]
4. Law enforcement officers (5 USC 8331 (20)) (5 USC 8401 (17))		<del> </del>	_]
5. Other positions, as determined by the agency head:	(n) night with now wha	XXXXXXXXXX	
a. Law enforcement		*********	8
b. National security	*	ALL	-
o. Protection of life and property		ADD .	┥
The state of the s			4
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 you			
V /ot Consine V /bt Marikiana V /ct Amphatamines	ur Agency pazir. E. X. (d) Oniates X. (e)	PCP	
X (a) Cocaine X (b) Marijuana X (c) Amphetamines Please specify others: (f) (g)			
a During this period how many blind quality control specimens			
b. Please indicate the composition (negative and positive) of t		Arranti ashniisa	a tahai ma ma aila iili ilai
MOINDA-OI.	otal	-	-
Specimens 13 3	16		
Correct responses 13 3	_ L U		•

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

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

who is reconneitle for maintaining these documents?

# GENCY Defense Intelligence Agenc BEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

art	Ш	Operat	ions	Profile	CONTINUED	

X No	ude riding another a	rgency's cor	icked another plan) s tract or if another ag	ency performs the se	rvices)?
		•	thich Agency plan)		
Specify the names of the	OUASCIDIS (18) OL A	ne names of	the agencies (1b,2,3		
	a Collection	*****	b. Laboratory	o. MRO	d. Blind quality oc
a Private irm				333000033300	
b. Public agency		SEE	ATTACHED		
Riding snother agency		966	ATTACHED		
Inhouse		<del></del>			
<ul> <li>Has your agency develop.</li> <li>During this reporting perceived training on the (1) Number of employer.</li> </ul>	priod how many emp effects of illegal dru	oloyees have igs and/or of	been provided with	educational material Agency's drug—free (	or .
o. Indicate the topics cove		٠,			
_x_ Agency's substance					
y Types and effects			p. 0 gu		
y Symptoms of drug	use and effects on	performance	and conduct		
Relationship of the	EAP to the drug-te	sting progra	m		
Relevant teatmen		-	29U		
d. Check all the forms of					
X Distribution of writ			Audio or video prog Special drug awarer		
Group discussion	s and presemations		Spacial Grad awarer	1922 biomonous	
i.a Has your agency deve and address illegal dri	ig use by employee:	s: <u>_x_</u> Y	95 No		them identify
b. During this reporting drug—free workplace	program?				
(1) Number of sup	ervisors 15	(2) Percent	of total supervisors		nnlı4.
(1) Number of sup c. Indicate the topics cov	vered in the supervis	ory education	us and saining prof	Tam (Check all ulat a	Phi11.
X Agency's substan	noe abuse policy, pro	ocedures and	a brođam		
X Types and effects	s of crugs		a and conduct		
X Symptoms of dru	ig use and effects of	i periormano Laccistanca	A Blid College		
X How to Identify e	mployees in need of	033131011 <del>0</del> -			
X Role and operation and	referral to the EAP				
X Return of employ	ion to workplace and	au-wollot b			
d. Check all the forms	of education and tai	ning that ap	ply:		ne and presentations
X Distribution of W	itten material	Audio or	video programs .	X Gronb discussion	ns and presentations
A Distribution of m					
	at animate of the Dr	cent of curr	ent employees and s	TOUR AND AND WAS	O IIII MIN
12. Please provide the be	aducation/raining/s	wareness of	forts since the issual	of E.D. 12564.	
tel Bereat of Ampio	vees 80 %	(a)	Percent of supervisor	ons <u>90</u> 79	
		package an	d/or training for new	employees and new	supervisors
13. Does your agency pr	ovide an orientation	other aspec	ts of the Agency's di	ug tree workplace t	r ner
(a) Employage! .Y	B X 140	<b>\-</b>	•		
(m) Milibiological				ires are class:	Ified.
			.formation/1121	lies are crear.	

## 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.

V Cost and F	Pricing Profile
Specify contract aboratory service	
Full—serv	ce - NO CEILING (Combo), i.e., flat fee charged for initial and confirmation to-
	ce WITH CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
oepsiese	pricing, i.e., individual fees charged for initial and confirmation tests.
indicate whether X Yes	confirmation of all drugs which initially test positive within a single specimen is required? No
Are there addition	all charges for confirmation tests if the specimen tests positive for more than one drug? $\overline{X}$ No
On average, how	many days between specimen collection and notification of testing results?
The term 'extrao make special are Do any of your 1	estions are intended to identify extraordinary locations that are unique to your agency.  Idinary' is used here to denote those locations/situations where your agency must angements and/or incurs additional costs to collect a specimen.  The work at extraordinary locations?
The term 'extrao make special are Do any of your 1xYes	rdinary' is used here to denote those locations/situations where your agency must angements and/or incurs additional costs to collect a specimen.  DPs work at extraordinary locations?  No {skip to Page 3}  Particularly locations.
The term 'extrao make special are Do any of your 1 Yes	rdinary' is used here to denote those locations/situations where your agency must angements and/or incurs additional costs to collect a specimen.  DPs work at extraordinary locations?  No {skip to Page 5}  *extraordinary' locations.
The term 'extrao make special are Do any of your 1	rdinary* is used here to denote those locations/situations where your agency must angements and/or incurs additional costs to collect a specimen.  DPs work at extraordinary locations?  No {skip to Page 3}  *extraordinary* locations.
The term 'extrao make special are possible of the possible overseas Please provide	rdinary' is used here to denote those locations/situations where your agency must angements and/or incurs additional costs to collect a specimen.  DPs work at extraordinary locations?  No(skip to Page 3)  o'extraordinary' locations.  In the following information about TESTING at extraordinary sites:
The term 'extrao make special are nake s	rdinary* is used here to denote those locations/situations where your agency must angements and/or incurs additional costs to collect a specimen.  DPs work at extraordinary locations?  No {skip to Page 3}  *extraordinary* locations.
The term 'extrao make special are nake s	rdinary' is used here to denote those locations/situations where your agency must angements and/or incurs additional costs to collect a specimen.  DPs work at extraordinary locations?  No {skip to Page 3}  **extraordinary' locations.  **Total TDPs at extraordinary locations  Total TDPs at extraordinary locations  Total number of individuals tested at extraordinary sites  a) costs associated with specimen collection at these sites? ** Yes ** No
The term 'extrao make special are make special are Do any of your 1	rdinary' is used here to denote those locations/situations where your agency must angements and/or incurs additional costs to collect a specimen.  DPs work at extraordinary locations?  No {skip to Page 5}  **extraordinary' locations.  **Total TDPs at extraordinary locations  Total TDPs at extraordinary locations  Total number of individuals tested at extraordinary sites  al costs associated with specimen collection at these sites?  **Yes **No as the total cost of collection at these extraordinary sites  ***Extraordinary locations  **Total number of individuals tested at extraordinary sites  **Total costs of collection at these extraordinary sites  **Total cost of collection at these extraordinary sites  **Total cost of collection at these extraordinary sites
The term 'extrao make special are make special are Do any of your 1	rdinary' is used here to denote those locations/situations where your agency must angements and/or incurs additional costs to collect a specimen.  DPs work at extraordinary locations?  No (skip to Page 5)  Pextraordinary' locations.  Total TDPs at extraordinary locations  Total TDPs at extraordinary locations  Total number of individuals tested at extraordinary sites  all costs associated with specimen collection at these sites?  **Yes **No as the total cost of collection at these extraordinary sites  at methods are taken to minimize additional costs at extraordinary sites.
The term 'extrao make special are make special are Do any of your 1	rdinary' is used here to denote those locations/situations where your agency must angements and/or incurs additional costs to collect a specimen.  DPs work at extraordinary locations?  No {skip to Page 5}  **extraordinary' locations.  **Total TDPs at extraordinary locations  Total TDPs at extraordinary locations  Total number of individuals tested at extraordinary sites  al costs associated with specimen collection at these sites?  **Yes **No as the total cost of collection at these extraordinary sites  ***Extraordinary locations  **Total number of individuals tested at extraordinary sites  **Total costs of collection at these extraordinary sites  **Total cost of collection at these extraordinary sites  **Total cost of collection at these extraordinary sites
The term 'extrao make special are make special are Do any of your 1	rdinary' is used here to denote those locations/situations where your agency must angements and/or incurs additional costs to collect a specimen.  DPs work at extraordinary locations?  No (skip to Page 5)  Pextraordinary' locations.  Total TDPs at extraordinary locations  Total TDPs at extraordinary locations  Total number of individuals tested at extraordinary sites  all costs associated with specimen collection at these sites?  **Yes **No as the total cost of collection at these extraordinary sites  at methods are taken to minimize additional costs at extraordinary sites.

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# GENCY Defense Intelligence AgencySEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

## art IV Cost and Pricing Profile CONTINUED

#### DRUG TESTING COSTS

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

other direct tes	ing and admin	istrative oc	one Enter final to	stals in the table below )
		10111111		
Total	Total	Cost per	(e.g., hours,	
Costs	Unite	Unit	years, per test)	Additional Comments (for this item only)
	STATE STATES			
				Based on primary collection region
1.277.76	132	9.68		c & d included in lah fee
724.48	16			Includes Lab fee
690.00	6	115.00	hour	To review all tests
5.132.04				
12.476.62				
	Total Coata 4,652,34 1,277,76  724,48 690,00	Total Total Coeta Unite  4.652.34 133 1.277.76 132  724.48 16 690.00 6	Total Coets Unite Unit 4.652.34 133 34.98 1.277.76 132 9.68 690.00 6 115.00	Average

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

á	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

Linon completion of question 6:	If your agency tested this period, proceed to Page 7 Part \	/,
open complement of 4200000	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.

## ENCYDefense Intelligence Agensemiannual REPORT: April 1, 1993 - September 30, 1993

rt V. Testing Results	NUMBER OF PERSONS BY THE BASIS FOR ADMINISTERING TESTS									
	TOTAL	REASONABLE		RANDOM	VOLUNTEER	FOLLOW-UP	APPLICANT TESTING			
	İ	SUSPICION	OR UNSAFE	SELECTION			OUTSIDE	INSIDE	Reported as	
•			PRACTICE	<b> </b>	Ì		APPLICANT	APPLICANT	COMBINED	
							A I DUANT	(420)XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9.4	
TAL TESTED	133	T		13			120			
tal refusing tests	0			0		<u> </u>	0	1	<del>                                     </del>	
al verified positive	0		1	0			0		<del>                                     </del>	
rified positive for:			22/22/22/2		\$20000000					
RULANA					ļ					
PHETAMINES		<del> </del>	<del>                                     </del>		<del> </del>	<del></del>	ļ	<del> </del>	+	
PIATES CP	<u> </u>	<del> </del>	<del></del>	<del> </del>				†	<del>                                     </del>	
THERS	<b> </b>	<del> </del>			<u> </u>		1		1	
IHEHS	_		<del> </del>	+	<del> </del>	-		1	<del>}</del>	
			<del>                                     </del>							
		7777722222222					M	******		
IN VI. FOLLOWUP ACTIO	NS 	Piese provide	e ine lorowing	cimena colum	bout lallow-up	actors comy	ene othernise	lound	N/A	
employees whose urinalysis w	WERFED PO	SITIVE, BEMPER	 	COTTIONES, FRILLES	io mairig or io i	COPERE, OF H	1010 US NO 11100	<b>NO.</b> 10		
have used, possessed or sold it										
		· · · · · · · · · · · · · · · · · · ·	AND/OR TAK	EN BY TYPE (	OF ACTION					
IMBER OF EMPLOYEES:		V/4-POZDA-AVA-MÖ		4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	BANNAN AND AND AND AND AND AND AND AND AN			W1162016		
IMBER OF EMPLOYEES:		V/4-POZDA-AVA-MÖ		AUDITORA	BANNAN AND AND AND AND AND AND AND AND AN					
IMBER OF EMPLOYEES:		V/4-POZDA-AVA-MÖ		4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	BANNAN AND AND AND AND AND AND AND AND AN					
JMBER OF EMPLOYEES: Second Display UNARY ACTIONS planed to EAP		V/4-POZDA-AVA-MÖ		4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	BANNAN AND AND AND AND AND AND AND AND AN					
IMBER OF EMPLOYEES:  ***CALD BE ARUNARY ACTIONS  **Wared to EAP  **Registed return to work billowup tests	int (CV-18)	V/4-POZDA-AVA-MÖ		4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	BANNAN AND AND AND AND AND AND AND AND AN					
IMBER OF EMPLOYEES:  No. 10 Sec. UNATY ACTIONS  Nerred to EAP  equired return to work billowup tests  mailed from TDP to noneensive poet	int (CV-18)	V/4-POZDA-AVA-MÖ		4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	BANNAN AND AND AND AND AND AND AND AND AN					
MBER OF EMPLOYEES:  Nerred to EAP  equired return to work followup tests to take the properties of the posterior of the poste	int (CV-18)	V/4-POZDA-AVA-MÖ		4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	BANNAN AND AND AND AND AND AND AND AND AN					
MBER OF EMPLOYEES:  Whered to EAP  equired return to work belowup tests  emiled from TDP to noneensive post emmanent Reassignment efferment lesignation	int (CV-18)	V/4-POZDA-AVA-MÖ		молода	CONNENTS					
MBER OF EMPLOYEES:  Aleried to EAP  equired return to work followup tests to biled from TDP to noneenstive post ermanent Reassignment testignation	tion	M. PARETT.		молода	BANNAN AND AND AND AND AND AND AND AND AN	Wasser Spiritual				
MBER OF EMPLOYEES:  Nerred to EAP  equired return to work billowup tests emiled from TDP to noneensilve post emmanent Reassignment entgration  Where  Experiment	tion	M. PARETT.		молода	CONNENTS	V(SAREA)				
MBER OF EMPLOYEES:  It is a full LETY ACTION  Idered to EAP  Idered for TDP to noneensive post  Interment Reconfiguration  Idered for TDP to noneensive post  Interment Reconfiguration  Interment  In	tion	M. PARETT.		молода	CONNENTS	2. 10				
MBER OF EMPLOYEES:  Netred to EAP  equired return to work followup tests emited from TDP to noneenstive post emment Reassignment settement resigns from DISCONDENSION ACTIONS Nation Reprimend Suppension loss than 15 days Suppension 15 days or more	tion	M. PARETT.		молода	CONNENTS					
MBER OF EMPLOYEES:  Nered to EAP  equired return to work followup tests emanent Reassignment enterent	tion	M. PARETT.		молода	CONNENTS	Wasser Street				
MBER OF EMPLOYEES:  Nered to EAP  aguired return to work followup tests emiled from TDP to noneenstive post emanent Reassignment externa	tion	M. PARETT.		молода	CONNENTS	V48888 (10 17:04)	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
MBER OF EMPLOYEES:  Planted to EAP  equired return to work followup tests emiled from TDP to noneensilve post emmanent Reassignment estrement testignation  Per  PDE SELECTIONS  Attitun Reprimend Suspension less than 15 days  Suspension 15 days or more indelinite suspension  Quamotion  Remove/separation	tion	PACACRET	TAKEN	ADDITIONAL ADDITIONAL	CONNENTS	V(SARE)				
DISCIPLINARY AND NONDISCII JMBER OF EMPLOYEES:  Selected to EAP  equired return to work billowup tests to have free to the posterior of the po	tion	PACACRET	TAKEN	ADDITIONAL ADDITIONAL	CONNENTS	MARKET STATES				
JMBER OF EMPLOYEES:  Place of Description of the Period of EAP  equired return to work followup tests to take from TDP to noneenstive post termanent Reassignment leakerment testgration Discription Demotion Removel/separation Enforced Leave  2. REASONS FOR DISCIPLINAL NUMBER OF EMPLOYEES:	tion	PROPORTION OF DISC	TAKEN IN	ADDITIONAL	COMMENTS					
MBER OF EMPLOYEES:  Nered to EAP  Indired return to work followup tests  Indired from TDP to noneenstive post  Indired from TDP to noneenstive post  Indired from TDP to noneenstive post  Indirect Reassignment  Indirect Reassignme	ation  ATY ACTIONS BY	PROPORTION OF DISC	TAKEN IN	ADDITIONAL	CONNENTS					
MBER OF EMPLOYEES:  Note that are investigated to EAP  Indicated to In	ation  ATY ACTIONS BY	PROPORTION OF DISC	TAKEN IN	ADDITIONAL	COMMENTS					
MBER OF EMPLOYEES:  Neared to EAP  Indicated return to work followup tests  Indicated from TDP to noneenstive post  Indicated	ation  ATY ACTIONS BY	PROPORTION OF DISC	TAKEN IN	ADDITIONAL	COMMENTS					
MBER OF EMPLOYEES:  Place of the Publicary Action is placed to EAP  equired return to work followup tests to the procession of the process	ation  ATY ACTIONS BY	PROPORTION OF DISC	TAKEN IN	ADDITIONAL	COMMENTS					
MBER OF EMPLOYEES:  Note that the provide the provided to EAP  equired return to work followup tests on the provided to EAP  equired return to work followup tests on the provided to the prov	TY ACTIONS BY	PROPORTION OF DISC	TAKEN IN	ADDITIONAL	COMMENTS					
MBER OF EMPLOYEES:  Note to EAP  sequired return to work followup tests emised from TDP to noneenstive post emement Reassignment enterment TY ACTIONS BY	PROPORTION OF DISC	TAKEN IN	ADDITIONAL	COMMENTS						
MBER OF EMPLOYEES:  Note of Discrittinianty ACTIONS  Netred to EAP  Indired return to work followup tests  Indired from TDP to noneenstive post  Indired from TDP to noneenstive post  Indired from TDP to noneenstive post  Indirect from TDP to noneenstiv	TY ACTIONS BY	PROPORTION OF DISC	TAKEN IN	ADDITIONAL	COMMENTS					
MBER OF EMPLOYEES:  Note that the provided of the provided to EAP  equired return to work followup tests to be provided from TDP to noneenstive posteriors to provide the provided from TDP to noneenstive posteriors to provide the provided from TDP to noneenstive posteriors to provide the provided from TDP to noneenstive posteriors to provided from TDP to noneenstive posteriors to provided from TDP to noneenstip the provided from TDP to none the provided from TDP to noneenstip the provided from	TY ACTIONS BY	PROPORTION OF DISC	TAKEN IN	ADDITIONAL	COMMENTS					

#### MENCY Defense Intelligence Agenc BEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993

; 5- 4-94 ; 9:44 ;

#### 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 6a - j, indicate the item (a - j) under the cost reference item (REF) column.

		(2)	
COST CATEGORIES	COSTS	ITEM REF	Comments
i. Specimen kits and other miscellaneous collection materials	N/A	<u> </u>	
	N/A		
iii. Bar coding of samples	N/A		
A CONTROL OF CALL PROPERTY AND AND AND AND AND AND AND AND AND AND	N/A		
v. Handling costs for rejected specimens or cancellations	N/A		
A PORT OF THE PROPERTY OF THE	N/A	ļ	
all Annilognet traval mete	N/A		STATE OF THE STATE
SECON CHER COSTS OF SAME ROPOTA DEIGNAL			
Records Maintenance	600.0	0	\$100 per month
	4,505.0		53 hrs @ \$85/hr
Y No Shows	27.0		2 @ \$13.52
See Seria (Ormen Direct Sousie Gen Libitate ne nem Miss	5,132.0	41	989
A CONTRACTOR OF THE CONTRACTOR	***************************************		

## item 5.1 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 (1-ix1) except (1-ix1).

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

Sum till agnis (i sy ist Gersting (i)	(1)	)		(2)		(3)	
COST CATEGORIES	Total Administrative		% Drug		Drug-Testing Administrative Costs		
	Cos	_		Testin	<u> </u>		
1 Most and forlaring and hangits!	N	1/	A				
L Staff costs (salaries and benefits) Staff calculo 00112	1	Ň7	A			_	
	"	N/	Ā			_	
HI, Start Yavel costs	# 1	N7					
1 (1) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	*:	N/					
y. Printing and mailing costs		N/		XXXX	XXXXXXXX	A Charle	
WAS ASSESSED TO THE PROPERTY OF THE PROPERTY O	300000	ĸ.	****				di di
OTHER COSTS (Please specify below):	200	370	2)	T			
All Control of the Co	<b>** </b> -	_					
Vii.				W. WARK	*************	THE PROPERTY	TII'd CO CO CO
		N	/A				Section Liver De Section A. Land
x. TOTAL ADMINISTRATIVE COSTS (Sum i -  x) xi. DRUG TESTING ADMINISTRATIVE COSTS:Here and it	\$ (2 Table	T	A	1.00	WWW.COM		and the same of th
XI. DRUG TESTING ADMINISTRATIVE COSTS:Here and		در د		31000			
	D13712121717171	XX.	<b>对现代的</b>	SECTION OF	2002308.0000000		Name of the Control o

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, 1894

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 20867

SAMHSAOWP FAX (301) 443-2636 Direct phone inquires to: Ron Armstrong (301) 443-6780

#### Part I. General Information

Name	PRIMARY LIAISON Carolyn M. Yeary	PRIMARY AGENCY MISSION (SELECT ONE) Law Enforcement/Drug Interdiction	
Title Agency Address	Drug Program Coordinator  Secy Defense/Wash. Hdqtrs. Svcs.  1725 Jefferson Davis Highway, Crystal Square 2, Crystal City, Suite 1301	National Security/Defense Public Health/Safety Other	X
Telephone	City: Arlington State: VA Zip: 22202 (703) 607- 3430 FAX (703) 607-3464		
Telephone	(703 ) 607 3430 FAX (703 ) 607 - 346	4	

Signature of Agency Head or Senior Policy Official

Director, Washington Headquarters Services

Official Title

CONTROLINFORM	ATI(	ON - POR SAMHS	A USE ONLY
AGENCY-ID		_	
DATE RECEIVED	1	/94 INITIALS	A STATE OF THE STA
DATE ENTERED	1	/94 INITIALS	
Date Plan Certified		_/_/	

Inside	applicant	x		<u> </u>	
i.e.	ou indicated that testing under , litigation (enjoined) or labor r w many employees are impact	regotiation, briefly	describe below	the nature of the	delay, its cause.
_	, NA				
3.a Wa	s any testing conducted during	this period.	Yes	{skip to Part III}	No
	no, what were the reasons? Reason stated in questions : No situation arose which cal	*	<b>√e</b>		
	Other (Please describe)		NA		
				ω1.	

AGENCY 1	OSD/WHS
----------	---------

Part III	Opera	tions	<b>Profile</b>
----------	-------	-------	----------------

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

a. Full—time equivalents (FTE:  If your agency tested this  Percent of TDPs tested a. Per year according to your plan what is  a. If your plan includes inside a	is period, a plan $\frac{10}{25\%}$ % is the number of	nswer qu		2-4, if	(Number of p	ositions)	c. TDPs 3728 (Number of position
Percent of TDPs tested  a. Per year according to your properties of the police officers of the police officers of the police of	plan 10 % 25% is the number	,	estions .		not, go to	question 5.	
a. Per year according to your properties 2 According to your plan, what	25% is the number						
a. Per year according to your properties 2 According to your plan, what	25% is the number						
For police officers 2  According to your plan, what	25% is the number					10	
. According to your plan, what	is the number	of times per		b. Actua	I this reportin	g period $rac{\cdot 12}{\cdot}$	%
		of times per					
a If your plan includes inside a			year your	agency ta	kes random s	amples? None	specified.
	pplicant testin	g, which pos	sitions are	subject to	that testing?		
All Positions	••			•	e TDPs		
b. If your plan includes outside	applicant test					17	
All Positions					e TDPs	,	
			- <del></del>	•			
Enter the number of positions	define, as se	nsitiva hv sa	ction 7/d)	MEO 12	564 and the r	umber of	
positions designated as TDPs.				UI L.U. 12		idilibei oi	
positions doughated us 157 s.	•				Number in	Number	7
ATEGORIES of Sensitive Positi	one Defined by	/E O 12564	ı		Sensitive	Selected as	
ATEGORIES OF SEISING FOSI	Olis Delilled D	y E.O. 12304	•			1	
1. Decimated by accomples	aa Caasial Caa				Positions	TDPs	4
1. Designated by agency head	•	isitv <b>e</b> ,					
Critical - Sensitive, or Noncritica					3369	3369	
(FPM Chapter 731 or in accorda							_]
2. Positions with access to class	smed informati	on			· · · · · · · · · · · · · · · · · · ·		<u>.</u>
3. Presidential Appointees					18	18	]
4. Law enforcement officers (5 L			(17))*				
5. Other positions, as determine	ed by the agen	cy head:			XXXXXXXXXX	XXXXXXXXXX	
a. Law enforcement							7
b. National security							7
c. Protection of life and proper	ty.				299	299	1
d. Public health or safety					60	60	1
e. Other (Please specify)					<b>DU</b>	60	┪
The second citation is not include	ded in E.O. 125	564.					J
Indicate the types of drugs to b	a tastad in acc	ordanoe wit	h vour And				
$\underline{x}$ (a) Cocaine $\underline{x}$ (b) Mar						DOD.	
Please specify others: (f)	1)uana (c	) Ampheem	m162	(u) Opia	(e)		
a During this period how many	blind quality o	ontrol specir	mens (QCs	s) were si	ubmitted to th	e laboratory?	
b. Please indicate the composi	ition (negative	and positive	of the QC	s and the	number of co	rrect responses	reported to the MPO
			,				roported to the little.
umber of:	Negative	Positive	Total	☐ .			
pecimens	NA.					essed durin	g this reportir
orrect responses	L	L		p	eriod.		
c. If there were unacceptable to	olind QC results Sometimes _	s, would the Never	MRO inves	stigate an	d document a	ill the results?	
d Mahuavel ar leamailmeat u	ha is recons	hia for mai-	binina 4-	dac	anta2		
d. If 'always' or 'sometimes', w				se docum	ents?		
X_Agency MRO	Agency P	mmary Liais	חט				

PAGE 2

AGENCY OSD/WHS	SEM	II — ANNUAL REPORT AC	oril 1, 1993 — Se	ptember 30, 19	93
Part III Operations Profile	CONTINUED			٠.,	
8. Has your agency adopted and	other agency's plan	(piggybacked another pla	an) so that the p	lans are admini	stered
together (this does not include	riding another ager	ncy's contract or if anothe	r agency perfori	ms the services	)?
x No	Yes (please s	specify which Agency pla	n)		<del></del>
		anno addha aganaisa // b	2 31 that provid	e the drug testi	na sarvicas:
9. Specify the names of the cont		b. Laboratory	o. MF	e die diag test	d. Blind quality oc
	a. Callection	OXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
1. Contract with (specify)	Exam. Mgmt.				
a Private frm	Exam. right.	0.00.1		<del></del>	†
b. Public agency 2. Riding snother agency		Deal of the	Army Ber	t of Army	AFIP
3. Inhouse		Ten or the	- MARIN - 1936		
<ul> <li>X Symptoms of drug use</li> <li>X Relationship of the EAF</li> <li>X Relevant treatment, reh</li> <li>d. Check all the forms of educ</li> <li>X Distribution of written remaining</li> <li>X Group discussions and</li> </ul>	o to the drug—testing abilitation, confident that apply: material thresentations	g program tiality issues Audio or video po Special drug awa	areness promoti		
11.a Has your agency developed	d a continuing training	ng and education program	n for supervisor	s to help them i	dentify
and address illegal drug use b. During this reporting period	e by employees:	_x_Yes No	the Agency's		
b. During this reporting period drug—free workplace prog					
(1) Number of supervisor	ors 75 (2)	Percent of total superviso	rs <sup>3</sup> %		
c. Indicate the topics covered	in the supervisory e	ducational and training p	rogram (check a	ill that apply):	
X Agency's substance at					
x Types and effects of dr	rugs				
X Symptoms of drug use	and effects on perfe	ormance and conduct			
How to identify employ		rtance			
_x Role and operation of t	the EAP				
x Intervention and referra	al to the EAP				
Return of employee to	workplace and follo	w-up			
d. Check all the forms of edu Distribution of written m		nat apply: dio or video programs	_x_ Group dis	scussions and p	oresentations
12. Please provide the best estir	mate of the percent	of current employees and	supervisors you	ur agency has E	EVER
reached with its drug educa	ition/training/awaren	iess efforts since the issua	ance of E.O. 125	564.	
(a) Percent of employees $\underline{1}$	.00_%	(b) Percent of supervis			

13. Does your agency provide an orientation pac: age 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 (c)

OSD/WHS	SEMI - ANNUAL REPORT April 1, 1993 - September 30, 1993
t IV Cost and Pri	cing Profile
Specify contract pr	icing for:
Laboratory services	the state of the s
NA Full-service	- NO CELLING (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. icing, i.e., individual fees charged for initial and confirmation tests.
Indicate whether c	omemation of all drugs which initially test positive within a single specimen is required?
	No
	sometime to the second man taste positive for more than one drug?
	charges for confirmation tests if the specimen tests positive for more than one drug?
	No ×
On average, how n	nany days between specimen collection and notification of testing results?
6-8 Calend	ar days
	tions are intended to identify extraordinary locations that are unique to your agency.
The term 'extraord	inary" is used here to denote those locations/situations where your agency must
The term 'extraord make special arrai	inary' is used here to denote those locations/situations where your agency must agency ag
The term 'extraord make special arrains.  Do any of your TDYes	inary" is used here to denote those locations/situations where your agency must ngements and/or incurs additional costs to collect a specimen.
The term 'extraord make special arrains. Do any of your TDYes	inary' is used here to denote those locations/situations where your agency must ingements and/or incurs additional costs to collect a specimen.  Ps work at extraordinary locations?  x_ No {skip to Page 5}  extraordinary' locations.
The term 'extraord make special arrains. Do any of your TD Yes Please describe 'extraord provide	inary' is used here to denote those locations/situations where your agency must agency agency agency agency agency agency agency must agency agency must agency ag
The term 'extraord make special arrains. Do any of your TD Yes Please describe 'e Please provide b NA To	inary' is used here to denote those locations/situations where your agency must agency age
The term 'extraord make special array as Do any of your TD Yes Please describe 'e Please provide b To c To	inary' is used here to denote those locations/situations where your agency must agency must and/or incurs additional costs to collect a specimen.  Ps work at extraordinary locations?  X. No {skip to Page 5}  extraordinary' locations.  the following information about TESTING at extraordinary sites: tal TDPs at extraordinary locations tal number of individuals tested at extraordinary sites
The term 'extraord make special array as a possible to the special array as a possible	inary' is used here to denote those locations/situations where your agency must agency must agency must and/or incurs additional costs to collect a specimen.  Ps work at extraordinary locations?  X. No {skip to Page 5}  extraordinary' locations.  the following information about TESTING at extraordinary sites:  tal TDPs at extraordinary locations tal number of individuals tested at extraordinary sites  costs associated with specimen collection at these sites?YesNo
The term 'extraord make special array as a possible to the special array as a possible	inary' is used here to denote those locations/situations where your agency must agency must and/or incurs additional costs to collect a specimen.  Ps work at extraordinary locations?  X. No {skip to Page 5}  extraordinary' locations.  the following information about TESTING at extraordinary sites: tal TDPs at extraordinary locations tal number of individuals tested at extraordinary sites
The term 'extraord make special array make special array as Do any of your TD Yes Please describe 's Please provide b. NA To c. To d. Were additional if yes, what was	inary' is used here to denote those locations/situations where your agency must ingements and/or incurs additional costs to collect a specimen.  Ps work at extraordinary locations?  x_No {skip to Page 5}  extraordinary' locations.  the following information about TESTING at extraordinary sites:  tal TDPs at extraordinary locations tal number of individuals tested at extraordinary sites  costs associated with specimen collection at these sites?
The term 'extraord make special array and special array as a special a	inary' is used here to denote those locations/situations where your agency must agency must agency must and/or incurs additional costs to collect a specimen.  Ps work at extraordinary locations?  X. No {skip to Page 5}  extraordinary' locations.  the following information about TESTING at extraordinary sites:  tal TDPs at extraordinary locations tal number of individuals tested at extraordinary sites  costs associated with specimen collection at these sites?YesNo
The term 'extraord make special array make special array as Do any of your TD Yes Please describe 's Please provide b. NA To c. To d. Were additional if yes, what was	inary' is used here to denote those locations/situations where your agency must ingements and/or incurs additional costs to collect a specimen.  Ps work at extraordinary locations?  x_No {skip to Page 5}  extraordinary' locations.  the following information about TESTING at extraordinary sites:  tal TDPs at extraordinary locations tal number of individuals tested at extraordinary sites  costs associated with specimen collection at these sites?
The term 'extraord make special array and special array as a special a	inary' is used here to denote those locations/situations where your agency must ingements and/or incurs additional costs to collect a specimen.  Ps work at extraordinary locations?  x_No {skip to Page 5}  extraordinary' locations.  the following information about TESTING at extraordinary sites:  tal TDPs at extraordinary locations tal number of individuals tested at extraordinary sites  costs associated with specimen collection at these sites?
The term 'extraord make special array and special array as a special a	inary' is used here to denote those locations/situations where your agency must ingements and/or incurs additional costs to collect a specimen.  Ps work at extraordinary locations?  x_No {skip to Page 5}  extraordinary' locations.  the following information about TESTING at extraordinary sites:  tal TDPs at extraordinary locations tal number of individuals tested at extraordinary sites  costs associated with specimen collection at these sites?
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The term 'extraord make special array and special array as a special a	inary' is used here to denote those locations/situations where your agency must ingements and/or incurs additional costs to collect a specimen.  Ps work at extraordinary locations?  x_No {skip to Page 5}  extraordinary' locations.  the following information about TESTING at extraordinary sites:  tal TDPs at extraordinary locations tal number of individuals tested at extraordinary sites  costs associated with specimen collection at these sites?

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AGENCY	OSD/WHS	SEA
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#### Part IV Cost and Pricing Profile CONTINUED

#### 5. DRUG TESTING COSTS

m. Total costs (items a-L)

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.) Average Unit of Costs (e.g., hours, Total Total Cost per Costs Unit years, per test) Additional Comments (for this item only) THE PARTY OF THE 21.00 96 a. Specimen collection Army Executive Agent b. Laboratory Tests (flat lee) 0 0 a. Initial test d. Confirmation test (flat fee) Negative test Positive test Army Executive: Agent g. Quality control samples  $\mathbf{0}$ O σ Army Executive Agent h. MRO (fiet fee) i. Review of negatives j. Review of positives 148.00 k. Other direct TESTING costs\* 24,463,00 XXXXXXXXXXXXXXXXXXXXXXXX L. Administrative TESTING costs\*

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.

<sup>26,626.75</sup> **XXXXXXXXXXXXXXXXXX** Prepare estimates on the worksheets provided on page 6 and enter final totals in the section above.

		0	S	D	1	W	H	lS	

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

	Worksheets: Other Di	rect Testing Costs	(item 5k) and Adm	ninistrative costs (item 51)
--	----------------------	--------------------	-------------------	------------------------------

#### 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.

	(1)	(2)	
COST CATEGORIES	COSTS	ITEM REF	Comments
i. Specimen kits and other miscellaneous collection materials	2015.75		
E Shipping goets	148.00		
III. Bar coding of samples			
W Electronic Vanishe of test results			
v. Handling costs for rejected specimens or cancellations	.,,,		
We Cost of adulteration testing panels			
vii. Applicant travel costs			
OTHER COSTS Please specify below):			
viii.			
X.			
WIE TOTAL OTHER DIRECT COSTS (sum i-x):Here and item 5K			

#### Hom 5.1 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 x respectively.

	(1)	(2)	(3)
COST CATEGORIES	Total Administrative Costs	% Drug Testing	Drug - Testing Administrative Costs
i. Staff costs (salaries and benefits)	45 750	50%	22,875
Staff training costs	1,500	45%	<b>*675</b>
iii. Staff travel costs	1,500	45%	675
W, Legal costs	1,000	5%	50 `
v. Printing and mailing costs	250	75%	188
Vi. Education program costs: Office of the Program Coordinator		XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
OTHER COSTS (Please specify below):			
VIII.			
x TOTAL ADMINISTRATIVE COSTS (sum i - ix)	50,000	CONTRACTOR OF THE WORLD CONTRACT	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
xi. DRUG TESTING ADMINISTRATIVE COSTS:Here and ite	щ XXXXXXXXXXX	wxxxxxxxxxx	24,463

PROCEED	TO	DACE E	Ounching .	æ

Part V. Testing Results	NUMBER OF PERSONS BY THE									
	BASIS FOR ADMINISTERING TESTS									
	TOTAL	REASONABLE	ACCIDENT	RANDOM	VOLUNTELA	FOTTOM-Th	APPLICANT TESTING			
		SUSPICION	OR UNSAFE	SELECTION	1		OUTSIDE	INSIDE	Reported	
	i		PRACTICE				APPLICANT	APPLICANT	COMBIN	
			Trinoince	1	1			1		
		<del> </del>	T	1 / 7	T ~	T 6		T	200	
TOTAL TESTED	348	1	0	47	0	0		ļ	300	
Total refusing tests	0	0	0		0	10			<b>↓</b>	
Total verified positive	0	0	0	0	0	0		<u> </u>	1 0	
Verified positive for:	XXXXXXX	XXXXXXXXXX	XXXXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXX	XXXXXXX		<b>XX</b>	
COCAINE				ļ	ļ	<b></b>			<del> </del>	
MARUUANA				ļ	<b> </b>	ļ		ļ	<del> </del>	
AMPHETAMINES				ļ	ļ	<del> </del>	<u> </u>	<del> </del>	<del> </del>	
OPIATES		<del> </del>	ļ			+		+	<del> </del>	
PCP			<del> </del>	<del> </del>	<del> </del>	<del> </del>		+	<del> </del>	
OTHERS					<del> </del>	<del>                                     </del>		<u> </u>	+	
	<del></del>	<del> </del>			<del> </del>	<del> </del>		T	1	
Part VI. FOLLOWUP ACTIO		Please provide		• • • •			• •		************	
1. DISCIPLINARY A DO NONDISCIF	LINARY ACTIO	NS PROPOSED A	AND/OR TAKE	N BY TYPE O	F ACTION					
NUMBER OF EMPLOYEES:		NUMBER		ADDITIONAL	PONTIFE TO					
NON DISCIPLINARY ACTIONS		O O		ACCHICAGE	COMMENTS					
Referred to EAP		<del>                                     </del>				<del></del>		······································		
Required return to work followup tests			<del>                                     </del>							
Detailed from TDP to nonsenstive position	on	0	ļ				····			
Permanent Reassignment		0	<del> </del>							
Reference to a		10								
Redgns.fon Other		1 0								
DISCHURARY ACTIONS		PROPOSED	TAKEN	ADDITIONAL	COMMENTS					
Written Reprimend		0		ļ						
Suspension less than 15 days		0		<u> </u>		·				
Suspension 15 days or more				<u> </u>				<del></del>		
Indefinite auspension		<del>  8                                   </del>	<u> </u>	<del>                                     </del>						
Demotion			<del> </del>	1						
Dames at loss sections										
Removal/separation •		0								
Enforced Leave	ACTIONS BY TY	0	NARY ACTION							
Enforced Leave	ACTIONS BY TY	0								
Enforced Leave  2. REASONS FOR DISCIPLINARY NUMBER OF EMPLOYEES:	ACTIONS BY TY	PE OF DISCIPLI	OTHER		COMMENTS					
Enforced Leave  2. REASONS FOR DISCIPLINARY NUMBER OF EMPLOYEES: REASONS	ACTIONS BY TY	PE OF DISCIPLIF	OTHER		COMMENTS					
Enforced Leave  2. REASONS FOR DISCIPLINARY A NUMBER OF EMPLOYEES:  REASONS  Possession of drugs/selling at work	ACTIONS BY TY	O PE OF DISCIPLING SEPARATIONS	OTHER		COMMENTS					
Enforced Leave  2. REASONS FOR DISCIPLINARY A NUMBER OF EMPLOYEES:  PEASONS  Possession of drugs/selling at work Conviction for a drug offense	ACTIONS BY TY	PE OF DISCIPLINGS SEPARATIONS 0 0	OTHER		COMMENTS					
Enforced Leave  2. REASONS FOR DISCIPLINARY A NUMBER OF EMPLOYEES:  PEASONS  Possession of drugs/selling at work Conviction for a drug offense	ACTIONS BY TY	O PE OF DISCIPLING SEPARATIONS	OTHER		COMMENTS				-	
Enforced Leave  2. REASONS FOR DISCIPLINARY A NUMBER OF EMPLOYEES:  PEASONS  Possession of drugs/selling at work  Conviction for a drug offense Direct observation of drug use	ACTIONS BY TY	PE OF DISCIPLINGS SEPARATIONS 0 0	OTHER		COMMENTS					
Enforced Leave  2. REASONS FOR DISCIPLINARY AND ABOUT OF EMPLOYEES:  PEASONS  Possession of drugs/selling at work  Conviction for a drug offense  Direct observation of drug use  Refusing urhalysis  Specimen tempering  Tested positive for drug use: first finding	9	DE OF DISCIPLING SEPARATIONS  0 0 8	OTHER		COMMENTS					
Enforced Leave  2. REASONS FOR DISCIPLINARY AND SET OF EMPLOYEES:  PEASONS  Possession of drugs/selling at work  Conviction for a drug offense  Direct observation of drug use  Refusing urinalysis  Specimen tempering  Tested positive for drug use: first finding  Tested positive for drug use: second fir	9	PE OF DISCIPLING SEPARATIONS  0 0 8 0	OTHER		COMMENTS					
Enforced Leave  2. REASONS FOR DISCIPLINARY AND AND AND AND AND AND AND AND AND AND	9	DE OF DISCIPLINGS SEPARATIONS  0 0 0 0 0 0	OTHER		COMMENTS					
Enforced Leave  2. REASONS FOR DISCIPLINARY AND SET OF EMPLOYEES:  PEASONS  Possession of drugs/selling at work  Conviction for a drug offense  Direct observation of drug use  Refusing urinalysis  Specimen tempering  Tested positive for drug use: first finding  Tested positive for drug use: second fir	9	DE OF DISCIPLIA  SEPARATIONS  0 0 0 0 0	OTHER		COMMENTS					
Enforced Leave  2. REASONS FOR DISCIPLINARY AND MER OF EMPLOYEES:  PERSONS  Possession of drugs/selling at work  Conviction for a drug offense  Direct observation of drug use  Refusing urinslysts  Specimen tempering  Tested positive for drug use: first finding  Tested positive for drug use: second fin  Refusal to cooperate  Failure to successfully complete EAP	9	DE OF DISCIPLIA SEPARATIONS  0 0 0 0 0 0 0	OTHER		COMMENTS					
Enforced Leave  2. REASONS FOR DISCIPLINARY AND AND AND AND AND AND AND AND AND AND	9	DE OF DISCIPLIA SEPARATIONS  0 0 0 0 0 0 0	OTHER		COMMENTS					



# DEPARTMENT OF THE NAVY OFFICE OF THE ABSISTANT SECRETARY (MANPOWER AND RESERVE AFFAIRE) WASHINGTON, D.C. 20350-1000

OCPM

# 1 0 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

FAX TRANSMITTAL # of pages = 10

To John Heaphy Prone & 26 - 5891



DEPARTMENT OF THE NAVY OFFICE OF THE ASSISTANT SECRETARY IMANPOWER AND RESERVE AFFAIRS! WASHINGTON, D.G. 20350-1999

1 0 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 80, 1985

EXITOE SRUBY (TEN

Return daned and completed forth to: beach H. Aley H. VO. Otracker, Otracker of Workship Programs MHEA 9500 Femeralane, Ava 8-4-82

#### Part I. General Information

	PRIMARY LIAISON				PRIMARY AGENCY MISSION (SELECT ONE)	<u></u>
Name	Ava C. Pagan				Law Enforcement/Drug Interdigitori	
TISO	Employee Relati	ons Speciali	st	_	National Security/Defense	X
Agency	Department of			_	Public Health/Safety	
Address	800 North Outpo	y Street			Other	
	Arlington, VA			<del></del>	,	,
	City:	State: Zip:	22203-	1998	•	
Telephone	(703 )696 - 5880	FAX ( 703	) 696	- 5338		
Report prep	ered by: Ave! Cannie	dy Pagan		_	·•	
Telephone	( ) -	FAX (	)	•		
Date Prepai	ed 3/1/94					

ОСРМ

Signature of Agency Head of Senior Policy Official

Deputy Assistant Secretary of the Navy (Civilian Personnel Policy/EED)

Official Title

CONTROLINFORM	ATIC	ON - POR SAMHSA USE ONLY	
AGENCY-ID		_	
DATE RECEIVED	1	/94 INITIALS	
DATE ENTERED	1	/94 INITIALS	
Date Plan Certified		1_1	

Part II Status of Plan Impl							
1.a Indicate the statement wh	ich best describ	es the status	of your pla	n ogrtifi	cation du	ing this reportin	g period.
1. Plan has not been \$2. Plan has been \$4. X 3. Plan has been ce 4. Other (Piesse atta	remed or agency	I I BERTHANNIN (CA	val (attach ire in progr artification (	explani ess not requ	atary nota Jired)	(Survey o	ठवाझीस स्त्री } ठवाझीस स्त्री }
b. Indicate the types of testing							
c. Was plan fully implement Yes (SKIP TO 3.a)	ed (including all	itesting and n	on-testing	g comp	onents) di	uring this reporti	ig period?
2.4 Were all non-testing com X Yus	ponents of your	r plan (e.g. EA le	Ps, training	g ew.) fi	ally imple:	mented during t	nis reporting period?
b. Are any prerequisites to to fill the check all that apply. 60—day notice 55. Services of a certified control of the certified control of the certified control of the certified control of the certified control of the certified control of the certified control of the certified certifi	i laboratory ntrol specimens			day net	ice ervides a Medicai	. Review Officer	*
c. Are theire restrictions or h d. For each type of testing, columns under 'status of	nolds on one or i	us of impleme	entation du	ring the	reporting	period. Check	
COUNTY AUGR FAIRS OF	manife in ear	11774 41 1044					
	Status of tes	ting (Check appr	muloe etango	n(v) or se	eally other	(stepon(s))	
	Fully	erial	muloe etango	n(v) or se	OR .	Other reasons	not implemented
		ENCO	VED	parties	OR .	respon(s))	
Reasonable suspicion Accident or unsafe practice	Fully	ENCO	VED	partiel	OR .	Other reasons	
Reasonable suspicion Accident or unsafe practice Random selection	Fully	ENCO	VED	parties	OR .	Other reasons	
Reasonable suspicion Accident or unsafe practice Random selection Volunteer	Fully	ENCO	VED	partial	OR .	Other reasons	
Reasonable suspicion Accident or unsafe practice Random selection Volunteer Follow-up Outside applicant	Fully	ENCO	VED	A(u) or expended A	OR .	Other reasons	
Reasonable suspicion Accident or unsafe practice Random salection Volunteer Follow—up	futy Implemented  under your Egg labor negotiatio Impacted, and the are in Value	partial  partial  ency's plan wan, briefly described projected arrious phasing the research of the projected arrious phasing the research of the projected arrious phasing the research of the projected arrious phasing the research of the projected arrious phasing the research of the projected arrious phasing the research of the projected arrious phasing the research of the projected arrives arr	Lui  Lis on hold wibe below date for the lases of mumber:	A CONTROL OF CONTROL O	cted for a ure of the ration	Other reasons (PLEASE DESCRIPTION OF MAINTENANCE	ese ese paining
Reasonable suspicion Accident or unsafe practice Random selection Volunteer Follow-up Outside applicant Inside applicant  e. If you indicated that testing i.e., litigation (enjoined) or how many employees are i.ocal activitie	fully Implemented  under your egg labor negotiatio Impacted, and the are in volumes late of the Iduring this perions?	ency's plan wan, briefly describes projected arrious pharing the reserval-	as on hold wibe below date for the uses of	A CONTRACTOR OF	cted for a pure of the raid thou	Other reasons (PLEASE DESIX  In external cause delay, its occuse astriction. Is with bary impacted Lable.	e de la companya de l

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AGENCY Dept of the Navy

- Sièges	s ordivides the follow	ing information relating	to the total number of
	e digalge sie ichoa	AIG BURBUILERAN GORDIN	A RIG FRANKING

a. Full-Brie soulvatents (FTEs) 278,236

b. E.O. 1264 Sensitive positions 207, 566

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(Number of positions)

@ TOPE 46.500\_ (Number of panistam)

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

2. Percent of TDPs tested

a. Per year according to your plan  $\frac{N/A}{}$  %

b. Actual this reporting period 13 %

3. According to your plain, what is the number of times per year your agency takes random samples? N/A

4.2 If your plan includes inside applicant testing, which positions are subject to that testing?

All Positions

All TOPs Some TDPs: X

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

All TOPS 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.	Number in	Number
CATEGORIES of Se: ultive Positions Defined by E.O. 12564	Sensitive Positions	Selected as
Designated by agency head as Special Sensitive,     Critical - Sensitive, or Noncritical - Sensitive	101 015	15 227
(FPM Chapter 731 or in accordance with E.O. 10450)  2. Positions with access to classified Information	191,815	15,222
3. Presidential Appointees	12.024	12.822
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:		XXXXXXXXX
a. Law enforcement	4,753	2,500
b. National security	5,105	5,105
o. Protection of life and property	4,592	3,000
d. Public health or exfety	54,902	14,597
e. Other (Please specify)	1,250	1,250

<sup>\*</sup> 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 apecity others: (f) \_\_\_\_ (g)\_\_\_

7.4 During this period how many blind quality control specimens (QCs) were submitted to the laboratory? 200

b. Please tridicate 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 \_\_\_\_\_\_ Sometimes \_\_\_\_\_ Never

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

AGENCY Dept. of the N	avy 6EM	11 - Annual Repor	T April 1, 1 <b>993</b>	- Sebaupe	' <b>30, 1.993</b>
Part,III Operations Profile					
8. Has your agency adopted together (this does not inclu	de riding shother suc:	(piggybacked anothoncy's contract or if an apacity which Aganc	INDIES MALIES L	the plans are enforms the s	ervices)?
X_No	<del></del>	and the second s		والمراجعة المراجعة	on hardists passisses
9. Specify ine names of the c	ontractors (1a) or the r	names of the agencie	£ (1 0,2,3) that p	o. MRO	d Bilind quality control
	e Caleoton	b. Laborator	Was a state of the	SCAN CANADA	
Keanth Macath	XXXXXXXXXXX	alog: Beggire	e The		
a Private ilm	Tracor Techn	ology Resource	a) Inc.	PHS	AFIP
b. Public eigenby					
2. Riding enother egently	Military Son	lift Command	NDSL		
3. Inhouse  10.a Has your agency develo					
b. During this reporting per received training on the received training on the received training on the received training on the received training on the received training on the received training on the training of the training of the training of the training of the training of the training of the training of the training of the training of the training of the training of the training of the training of the training of the training of the training of training this reporting per drug—tree workplace per conditions the topics cover training of training of training of training of training of training of training of training of training of training of training of training of training of the topics of training of the training of training of the training of training of the training of the training of training of the training of training of the training of training of the	priects of illegal drugs yees 23,123 (2) and in the employee drugs use and effects on perfect on the tapply:  In material and presentations of the supervisory of the	Percent of total employee and program  formance and conduction program  formance and conduction or vice and education or vice and education or vice and education program of total superior and program formance and conductions and train formance and conductions.	dec programs g awareness program for super g on the Agence strict  The programs g awareness program for super g on the Agence strict  The program (c)  The program (c)  The program (c)  The program (c)	weephy):  comotions  rvisors to help  y's  week all that a  up discussion  rs your agenc  1.12564.	o them identify  pply):
13. Does your agency provide on the effects of illegal of	ruge and and/of DW9f	Stbeck of the vicini	cy s alog - live .	44.46 man 6 m	ipervisors in?

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ert	IV Cost and Pricing Profile				
	Specify contract prioring for:				
•	X Full—service — NO CEILING (Combo), i.e., flat fee charged for initial and confirmation Full—service WITH CEILING (Combo), i.e., flat fee charged for initial and confirmation Separate prioring, i.e., individual fees charged for initial and confirmation tests.	n tente. T tente.			
	indicate whether confirmation of all drugs which initially test positive within a single specime	nin lin reid	ülted?		
	Are there additional charges for confirmation tasts if the specimen tasts positive for more that $X$ No.	in ene d	knáj.		
<b>).</b> (	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 you the term "extraordinary" is used here to denote those locations/situations where your agent make special arrangements and/or incurs additional costs to collect a specialism.	oy must	ey.		s.
۵.	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 Ki	ngđơm			
P	lease provide the following information about TESTING at extraordina	ar art	QI to	:	
b. C.	Total TDPs of extraordinary identions  157 Total number of individuals tested at extraordinary sites				
đ	Were additional costs associated with specimen collection at these sites? X Yes	No			
•	. Describe what methods are taken to minimize additional costs at extraordinary sites.		•		
	N/A				
	•				
		1			
	PROCEED TO PAGE 5				

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## Part IV Cost and Pricing Profile CONTINUED

6 DRUG TESTING COSTS

Please provide the following DRUG TESTING cost information or best estimates for this reporting period. (Use Worksbeets on Page 6 for other direct testing and administrative costs. Enter final totals in the table below.) Unit of Coasts Average (e.g., hours. Total Total Additional Comments (for this item only) Link years, per lest) Unite COSTO BETTWEE COUNTY 189,596 6,116 per test s. Openimen collection per test 6,116 \$19 116,204 b. Laboratory Tests dist (ea) N/A o. Initial test N/A N/A d. Contimusion test (fitt fee) Negativo test N/A Positive test |\$48.50 per sample|(purchase and processing) 200 9,700 g. Quality control samples 6,116 53,676 h. MRO (fist lee) per test \$2.75 i. Review of negatives per hour \$150 Review of positives k. Other direct TESTING costs\* 107,679 DESCRIPTION OF THE PROPERTY OF 621,867 L. Administrative TESTING costs\*

729,546

á	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	
	\$(o) 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.

m. Total costs (rtems a-L) \*Prepare extimates on the worksheets provided on page 6 and enter final totals in the section above.

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Worksheets: Other Direct	Testing Costs (Item	510 and Administrat	ive costs (Item 51)

### Item 5.k OTHER DIRECT TESTING COSTS

Column (1) - Provide costs for those lients directly related to the testing process and not part of the pricing of home \$2-1. Column (2) - If included in items 64 - j. Indicate the item (a - j under the cost (elerence item ('ARP') column.

	(1)	(47)	
	COSTS	ITEM REP	Commente
COST CATEGORIES			
. Specimen kits and other miscellaneous company to the	6 500		
i. Specimen kits and other miscellaneous collection materials.	6,599		
		<del> </del>	
	100,122	<del> </del>	
v. Hending costs for rejected specimens or canositations			
		<del> </del>	
A grain and based on the	144		
VI. Applicant tavel costs  OTHER COSTS Please specify below):			
	814	1	A.:
VII.			
MA.			
	107 670		
The transfer of the state of th	107,679	STATE OF THE RESERVE	7-5-20-8-27-3-30-00-00-00-00-00-00-00-00-00-00-00-0
	6) . 6) 67 9 <del>6</del> 7 1		

## item 5.1 ADMINISTRATIVE COSTS of the DRUG -FREE WORKPLACE PROGRAM

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

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 (1-ix) except (41).

m line items (i-bt) for Columns (i) and (3) and place in line items 'x' and 'xi' respectively.

Sum line Rems (I-by) for Columns (I) and (b) and place	(1)	(2)	(3)
COST CATEGORIES	Total Administrative Costs	% Drug Testing	Grug – Testing Administrative Costs
The said (calculate and he safety)	1,884,132	32	596,058
i. Staff costs (salaries and benefits)	8,028	78	6,279
Chair F Inint Conv. The Property of the Proper	48,768	14	6,744
II. Start Y (vel costs	5,000	100	5,000
	6,840	28	1,911
Printing and mailing posts	9,000	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
TO CANON POOR AM POSTS: Office of the Program Coordinator			
OTHER COSTS (Please specify below):	9,691	60	3,673
W. Apreals			
	1,962,459		333613111111111111111111111111111111111
X. TOTAL ADMINISTRATIVE COSTS (SUM I-IX)  XI. DRUG TESTING ADMINISTRATIVE COSTS:Here and item	N Y Y Y Y Y Y Y Y Y Y Y Y Y	MARKET STATES	621,867
M. DRUG TESTING ADMINISTRATIVE COSTS. TISTE BIT THE			

#### PROCEED TO PAGE & Question 6

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Part V. Testing Results					isons by the				
die at transfer transfer			BAS	SIB FOR ADMI	NSTERING TE	STS	<del>γ</del>		
	TOTAL	REASONABLE	ACCIDENT	RANDOM	VOLUNTEER	FOLLOW-UP	APPL	CANT TESTING	
	1	SUSPICION	OR UNSAFE	SELECTION			CUTSIDE	INSIDE	Reported as
			PRACTICE				APPLICANT	APPLICANT	COMBINED
				040		*			
	1	15	T 0	5,425	29	102			545
ofal instad	6,116	15	0	3	0	0		1	0
otal refusing tests	3	0		45	- 0	14		+	4
otal varified positive	78	15		47			A SOLUTION DE LA COLUMNIA DE LA COLU	X 2.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	27.200.000
erified positive for:		XXXXXXXXXX	T	KXXXXXXXX	CXXXXXXXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	0.00.0001545		A STREET, STRE
COCAME	30	19-	<del>                                     </del>	15 22	<del> 8</del>			<del> </del>	4
MATILLANIA .	- 33	<del> </del>	<del>                                     </del>	4	<del>                                     </del>	1 4		+	
AMPHETAMINÉS	3	1	0	2	0	0			
OPIATES .	3	<del> </del>	0	2	0	0			
PCP	3	<del></del>		-					I
OTHERS	_		<del>                                     </del>						
	_	\							
	(242.44400000000000000000000000000000000	Please provide	25-16-46-25-07-18-07-07-07-07-07-07-07-07-07-07-07-07-07-	The second secon	4 6-0-		L = 44 = 44 = 4		
. DISCIPLINARY AND NONDISCIP	LINARY ACTIO	NS PROPOSED	AND/OFF TAKE	N BY TYPE O	FACTION				
NUMBER OF EMPLOYEES: 66	and the state of t	O ON SHIPPING			COMMENTS				30.5030141313
"NON DESCRIPTINARY ACTIONS		NUMBER		ADDITIONAL I	LAMMENIS				
7) X . 2 ) . 5 ) . 6 (-5 (-4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4						*** **** *** **** **** **** **** **** ****			
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