

**WASHINGTON CONSTRUCTION  
INDUSTRY**

**SUBSTANCE ABUSE PROGRAM**

**(WCISAP)**

**EMPLOYER MANUAL**

Rev. May 2013



# CleanWorkForce.com

*On-line Drug Testing Administration*

P.O. Box 34248

Seattle, Washington 98124-1248

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We are pleased you have chosen to participate in the Washington Construction Industry Substance Abuse Program (WCISAP). This Employer Manual has been designed to be an easy reference guide when dealing with all aspects of the Program. As you review the contents of this manual, please note that some policies and procedures may vary depending on an employee's trade.

## **Designated Employer Representative Responsibilities**

There are three primary responsibilities of Designated Employer Representatives (DERs):

- contact for confidential and sensitive information, e.g., notification of employees who are out of compliance;
- receipt of Notices of Random Selection and their discreet and timely delivery to selected employees;
- verification of employee compliance status via the WCISAP website or by phone.

You may have multiple DERs and you may customize their responsibilities by checking the appropriate boxes next to their names on the Participation Agreement.

## **Forms**

Under Tab 1 of this Manual you will find the Test Authorization Form that is used for Pre-Program, Post-Accident and Reasonable Suspicion tests. When employees are sent for these tests, they must be given a completed authorization form to present upon arrival at the collection site.

Also under Tab 1 is the Documentation Form, which should be completed when you send an employee for a Post-Accident or Reasonable Suspicion test. This form is not required by the collection site, but should be signed by the appropriate parties and kept in your files.

Please duplicate these forms as necessary.

When employees are selected for random tests, the Notices of Random Selection will be generated by our office and sent to the person you have designated to receive them. The employee's copy serves as the Random test authorization and should be presented upon arrival at the collection site. Samples of the Random test forms can be found under Tab 5.

### **Collection Sites**

The list of approved collection sites for this Program is under Tab 8. The sites are sorted by location for ease in identifying one that is convenient for you and your employees' use.

Please pay particular attention to the last column, titled "BAT." The sites marked with a "Y" have breath alcohol testing equipment, which is required when employees are sent for Post-Accident, Reasonable Suspicion and a percentage of Random tests. (This requirement will be clearly indicated on the Random form when faxed to you.) Those sites marked with an "N" do not have this equipment at this time. The locations and hours of operation of collections sites may vary without notice so we recommend you call in advance. When we are notified of changes, the list is updated, sent to each employer and posted on the program's website at [www.wcisap.com](http://www.wcisap.com).

### **Accessing Employee Compliance Status**

Upon receipt of your Participation/Compliance Agreement, you will receive an Employer Identification Number and Passcode, which are necessary to access employee compliance information. We will need the names of all of your Designated Employer Representatives who you wish to access this information as well as their level of authority to represent your firm as noted earlier in this letter.

### **Participants**

Please be advised that both your Bargaining and Non-Bargaining administrative employees may participate in this program. Once your employees qualify for participation, by either passing a Pre-Program test or through grandfathering, their names will be placed in the pool and they will be subject to selection for a Random test at any time. For Bargaining employees, the respective Third Party Administrator will bill you for the \$0.06 per working hour contribution. CleanWorkForce will bill you for your Non-Bargaining employees at a flat monthly rate of \$3.80 per person.

After reviewing this Manual, please do not hesitate to contact us by phone or e-mail if you have any questions, or if we can provide you with any additional information. Thank you.

Sincerely,

Angie Havens  
Program Administrator  
(206) 300-2147 (Direct Line)  
[cwf@cleanworkforce.com](mailto:cwf@cleanworkforce.com)

Terri Smith  
Assistant Program Administrator  
(206) 441-2990 (Main Office)  
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**Note:** The above information is also available on the WCISAP website at [www.wcisap.com](http://www.wcisap.com).

**WASHINGTON CONSTRUCTION INDUSTRY**  
**SUBSTANCE ABUSE PROGRAM**

**WESTERN AND CENTRAL WASHINGTON PARTICIPATING TRADES**  
**(as of May 1, 2013)**

- Pacific Northwest Regional Council of Carpenters
- Washington & Northern Idaho District Council of Laborers
- Cement Masons Local 528
- Glaziers, Architectural Metal and Glassworkers, Local 188

**WCISAP: WASHINGTON CONSTRUCTION INDUSTRY SUBSTANCE ABUSE PROGRAM**  
**TEST AUTHORIZATION**

*Collectors - See Instructions Below in Section 2!*

**Attention: Participating Employers** Use this form only when testing the following employees for WCISAP:

**Carpenters**  
**Cement Masons Local 528**

**Laborers**  
**Glaziers Local 188**

**Participating Non-Bargaining**  
**Office Staff**

**Employers:** Complete Section 1 below. Employees must report to a WCISAP authorized collection site and present this document upon arrival at the facility.

**SECTION 1: TEST INFORMATION - MUST BE COMPLETED!**

(To receive WCISAP card and reimbursement check,\* we must have employee's trade, address & Social Security No.)

\_\_\_\_\_  
**Employee Name (please print)**

\_\_\_\_\_  
**Employer Name (please print)**

\_\_\_\_\_  
**Employer Phone Number**

\_\_\_\_\_  
**Employee Social Security Number**

\_\_\_\_\_  
**Supervisor's Name**

\_\_\_\_\_  
**Employee Address (Street)**

\_\_\_\_\_  
**(City)**

\_\_\_\_\_  
**(State)**

\_\_\_\_\_  
**(Zip)**

**Employee Type:**

Bargaining Unit Employee

Non-Bargaining Office Staff

Carpenter  Laborer  Cement Mason  Glazier (\*L188 members test on company time -- no reimbursement check is issued.)

**Test Type:**

Pre-Program

Post-Accident\*\*

Reasonable Suspicion\*\*

**\*\* POST-ACCIDENT AND REASONABLE SUSPICION TESTS REQUIRE A BREATH ALCOHOL TEST.**

The employee must report to a collection site that offers this type of test. Note: Necessary medical attention should always be provided before testing an employee for drugs or alcohol. If an employee is suspected to be under the influence of drugs or alcohol, the employer must accompany the employee to the collection site and arrange for transportation to their home. Complete the Post-Accident/Reasonable Suspicion Documentation Form (Tab 1) and retain a copy of it for your files. A copy of this form is not required by the collection site. No reimbursement check is issued for these tests.

**SECTION 2: COLLECTION SITE INSTRUCTIONS**

**IMPORTANT INFORMATION: 1. WRITE EMPLOYER NAME IN LOCATION FIELD ON CHAIN OF CUSTODY**

**2. WHEN COLLECTION IS COMPLETE, FAX THIS FORM, & BAT RESULTS (if applicable) TO (206) 441-3009**

**3. SEND INVOICE TO US HEALTHWORKS: 28035 Avenue Stanford, Valencia, CA 91355 -- not to the employer**

**Name of Laboratory:** LabCorp

**Account Name:** WCISAP

**Account Number:** Bargaining Unit Employee: **273498** Non-Bargaining Unit Employee: **273377**

**Test Profiles:** Pre-Program:

Default

Post-Accident, Reasonable Suspicion:

Default plus Breath Alcohol Test

**Special Requirements:** Split Specimen

**The WCISAP is administered by CleanWorkForce (206) 441-2990 or Toll-Free (866) 842-9223**

**POST-ACCIDENT/REASONABLE SUSPICION TESTING & DOCUMENTATION FORM**  
**WASHINGTON CONSTRUCTION INDUSTRY SUBSTANCE ABUSE PROGRAM**

_____ Employee's Name		_____ Social Security No.	_____ Date
<b><u>Type of Test:</u></b> <input type="checkbox"/> Post-Accident <input type="checkbox"/> Reasonable Suspicion			
<input type="checkbox"/> Accident causing a fatality		<input type="checkbox"/> Observed drug/alcohol use	
<input type="checkbox"/> Accident causing an injury requiring off-site medical attention		<input type="checkbox"/> Difficulty maintaining balance	
<input type="checkbox"/> Accident causing significant property damage		<input type="checkbox"/> Slurred speech	
		<input type="checkbox"/> Abnormal/erratic behavior	
		<input type="checkbox"/> Apparent inability to safely perform assigned work	
		<input type="checkbox"/> Additional observed behavior (Describe in detail)	
<b>Comments</b> ( <i>Describe the rationale for requesting testing, including observed facts and circumstances, any sources of information, date and time of observation or accident, other witnesses, actions taken, etc.</i> )			
_____			
_____			
_____			
_____ Requester's Printed Name & Signature		_____ Title	_____ Date
_____ Reviewer's Printed Name & Signature		_____ Title	_____ Date
I acknowledge that I have been informed of the company's reasons for requesting this drug and alcohol test and consent to the testing. Signing this form does not necessarily signify agreement with the above statements.			
_____ Employee's Signature		_____ Date	

**PROGRAM ENTRY TESTING (Grandfathering)**  
**FOR YOUR CURRENT EMPLOYEES**

Some employees may be eligible for compliant status under the Washington Construction Industry Substance Abuse Program and not required to take a Pre-Program Test if they meet the following criterion:

Any individual who was tested or subject to testing, under a certified random program in the last twelve months prior to WCISAP participation, and who has not had a break in employment since the last test, will be grandfathered into the WCISAP.

If the employee was tested, the test must meet the following standards:

- The employee's specimen was tested at a SAMSHA certified laboratory, accompanied by a Chain of Custody form.
- The specimen was tested for the following substances and the results were below both screening and confirmation thresholds:

<b><u>Tests</u></b>	<b><u>Screening Cutoff</u></b>	<b><u>Confirmation Cutoff</u></b>
Amphetamines	1000	500
Cocaine Metab.	300	150
Marijuana Metab.	50	15
Opiates	2000	2000
PCP	25	25

If you have employees who are eligible to be grandfathered, please provide us with their name, Social Security number, home address and their craft (Carpenter, Cement Mason, Laborer or Glazier, or indicate they are non-bargaining staff). Please also provide a copy of your drug and alcohol test policy.



**PRE-PROGRAM TESTING INSTRUCTIONS**  
**FOR YOUR CURRENT EMPLOYEES**

Some employees may not be required to take a Pre-Program test. They may either be:

1. eligible for grandfathering (see Program Entry Testing information); or
2. already a participant as a result of previous employment with another participating employer.

Please contact CleanWorkForce if you have any questions regarding your current employees' status.

If a Pre-Program test is required:

1. Complete a Test Authorization and Fax Form for each employee, which must be presented upon the employee's arrival at a WCISAP authorized collection site.
2. Inform the employee that upon arrival at the collection site, they will be required to:
  - a. show photo and signature identification, e.g., State issued driver's license;
  - b. sign consent form; and
  - c. provide a urine specimen for laboratory analysis.
3. When the employee returns from the collection site, ask them to produce a copy of the Chain of Custody form as verification of testing.
4. For test result information, please see Test Results under Tab 6.

## **POST-ACCIDENT TESTING INSTRUCTIONS**

Involvement in an on-the-job accident may require testing when an employee is judged to have caused or contributed to an accident requiring off-site medical attention or property damage. If an employee is sent for a Post-Accident Test:

1. Complete a Test Authorization and Fax Form, which must be presented upon the employee's arrival at the collection site. Also complete a Documentation Form. This form is not required by the collection site, but should be signed by the appropriate parties and kept in your files. (Both forms may be found under Tab 1.)
2. Contact CleanWorkForce and provide the name and Social Security Number of the employee to be tested.
3. The employee may be transported to the hospital or laboratory by the employer. Post-Accident Tests require a breath alcohol test. Be sure the employee is taken to a facility where this equipment is available.

Note: No drug or breath alcohol tests are to be administered prior to necessary medical treatment.

After the test is completed, the employee may be transported back to their residence or the jobsite.

4. The Employee must report for testing as directed by the Employer within two (2) hours after receiving any needed medical treatment. If no medical treatment is required, then the employer may only direct the Employee to test within twenty-four (24) hours of the accident or event and the Employee must test within two (2) hours of being directed to test.
5. For test result information, please see Test Results under Tab 6.

## REASONABLE SUSPICION TESTING INSTRUCTIONS

“Reasonable suspicion” means aberrant or unusual behavior of a person which:

Is observed by the person’s immediate supervisor or others and confirmed by the observation of a managerial employee or their trained designee, which observations shall be documented at or near the time of the observation; and

Is the type of behavior which is a recognized and accepted symptom of intoxication or impairment caused by controlled substances or alcohol or addiction to or dependence upon said controlled substances; and

Is not reasonably explained as resulting from causes other than the use of controlled substances (such as, but not by way of limitation, fatigue, lack of sleep, side effects of prescriptions or over-the-counter medications, reactions to noxious fumes or smoke, etc.).

1. Complete a Test Authorization and Fax Form, which must be presented upon the employee’s arrival at the collection site. Also complete a Documentation Form. This form is not required by the collection site, but should be signed by the appropriate parties and kept in your files. (Both forms may be found under Tab 1.)
2. Contact CleanWorkForce and provide the name and Social Security number of the employee to be tested.
3. The employee will be transported to the hospital or laboratory by the employer. **Reasonable Suspicion Tests require a breath alcohol test. Be sure the employee is taken to a facility where this equipment is available.**
  - a. After the test is completed, the Employee will be transported back to his/her residence and remain off the job for eight (8) hours.
4. The employee must report for testing as directed by the Employer, but no later than two (2) hours after being directed by the Employer.
5. For test result information, please see Test Results under Tab 6.

## **RANDOM TESTING INSTRUCTIONS**

CleanWorkForce (CWF) will select employees on a computer generated random basis each week to an annual fifty percent (50%) level. Twenty percent (20%) of those selected will also be required to take a breath alcohol test.

1. The Designated Employer Representative (DER) will be sent an Employer's Notice of Random Selection listing the selected employees. Individual employee notices will also be provided for each selected employee. The notices will include the last four digits of the employee's Social Security Number and the month and day of their birth, if known, to assist in identification.
2. The DER is to deliver the Employee Notice of Random Selection, in a timely and confidential manner, to each employee and direct them to an authorized collection site.
3. **Have each Employee read the Release language on their Notice and sign and date in the space provided.**
4. **Write the date and time you have provided each employee with their Notice on both the employer and employee copies.**
5. **Advise the employee they must present their Notice upon arrival at the collection site.**
6. Emphasize to the employee that they must:
  - report to a collection site within twenty-four (24) hours of receipt of their notice\*, **and if a breath alcohol test is required, they must report to a site where that equipment is available;**
  - present their Notice of Random Selection to the collection site personnel;
  - provide photo and signature identification; and
  - provide a urine specimen and submit to a breath alcohol test, if required.
- \* **Glaziers Local 188 test on company time as directed by the employer.**
7. If an employee cannot test, indicate the reason on the Employer Notice, e.g., no longer in your employ, working out of jurisdiction, etc.. If an employee is temporarily not available to test, due to vacation or sick leave, their Notice should be delivered to them upon their return to work.
8. Sign and return the Employer Notice to CWF via fax as soon as possible.
9. For test result information, please see Test Results under Tab 6.
10. Note: Samples of the Employer and Employee Notices of Random Selection follow.

**WASHINGTON CONSTRUCTION INDUSTRY SUBSTANCE ABUSE PROGRAM (WCISAP)**  
 administered by CleanWorkForce (206) 441-2990 or (866) 842-9223

**EMPLOYER NOTICE OF RANDOM SELECTION**

**DATE:** May 1, 2013

**FAX NO.** (206) 555-5555

**EMPLOYER:** ABC Company

**ATTENTION:** (Designated Employer Representative)

The following employees have been randomly selected for a **DRUG** or a **DRUG & BREATH ALCOHOL TEST** for the Washington Construction Industry Substance Abuse Program. It is your responsibility to deliver, in a timely and confidential manner, the accompanying "NOTICE OF RANDOM SELECTION" to the employees. The notices include the last four digits of the employee's Social Security Number and the month and day of their birth, if known, to assist in identification.

1. Deliver the Notice of Random Selection to each selected employee.
2. Provide the employee with a list of collection sites. **If a breath alcohol test is required, the employee must report to a site where this equipment is available.**
3. Have the employee read the Release language on their Notice and sign and date in the space provided.
4. Advise the employee that they have **twenty-four (24) hours from the time they are handed the Notice to take the test.\*** Write the date and time you have provided the employee with their Notice on ***both*** the employer and employee copies.
5. **Glaziers Local 188 test on company time as directed by the employer.**
6. Advise the employee that they must present their Notice upon arrival at the collection site.
7. If an employee cannot test, indicate the reason on the Employer Notice, e.g., no longer in your employ, working out of jurisdiction, etc.. If an employee is temporarily not available to test, due to vacation or sick leave, their Notice should be delivered to them upon their return to work.
8. Sign and fax the completed Employer Notice to CWF at (206) 441-3009 as soon as possible.

<u>Employee</u>	<u>SSN#</u>	<u>DOB</u>	<u>Date and Time Employee was Notified</u>	<u>Reason Employee was Not Notified and Anticipated Return Date, if Applicable</u>
John Smith	1324	02/06	_____	_____
Jane Smith	5678	11/24	_____	_____

By signing, I confirm that the above employees have been given their Notice of Random Selection on the date and at the time noted above and that they have signed the Release section on their Notice.

**DESIGNATED**

**EMPLOYER REP:** \_\_\_\_\_ (Please Print)      \_\_\_\_\_ (Signature)      \_\_\_\_\_ (Date)

**WCISAP: WASHINGTON CONSTRUCTION INDUSTRY SUBSTANCE ABUSE PROGRAM**  
**COLLECTORS: PLEASE SEE INSTRUCTIONS BELOW!**

**NOTICE OF RANDOM SELECTION FOR DRUG TEST (OR DRUG & BREATH ALCOHOL TEST)**

**DATE OF NOTIFICATION:** May 1, 2013

**LABCORP ACCT. NO:** 12345

**EMPLOYEE NAME:** John Smith

**ACCT. NAME:** WCISAP BARGAINING

**SS:** 1324      **DOB:** 02/06

**EMPLOYER NAME:** ABC Company

**EMPLOYER PHONE:** (206) 555-5555

You have been selected for a random **DRUG TEST (OR DRUG & BREATH ALCOHOL TEST)** for the Washington Construction Industry Substance Abuse Program. You are required to acknowledge receipt of this notice and its date and time of delivery and consent to release of test results by providing your signature below.

**You must report to a collection site within twenty-four (24) hours of receipt of this notice\* and present this notice to collection site personnel. Failure to report for testing will be grounds for termination. You are encouraged to refrain from consuming excessive liquids four (4) hours prior to your test. On arrival at the site, you will be required to:**

- present signature and photo identification, e.g., State issued driver's license;
- sign the laboratory consent form; and
- provide a urine specimen for laboratory analysis, and submit to a breath alcohol test, if specified.

**\* Glaziers Local 188 must test immediately upon notification while on company time as directed by the employer.**

**TO BE COMPLETED BY EMPLOYEE:**

**Release:** I, the undersigned employee, give my permission for the test results for the Washington Construction Industry Substance Abuse Program to be released to CleanWorkForce (CWF), the Medical Review Officer (MRO) and the Employee Assistance Program (EAP). I understand my compliance status with Program requirements will be accessible by my employers and prospective participating employers both by phone and through the WCISAP website. I agree to hold CWF harmless from any liability for its release of any information provided to it by LabCorp, the testing laboratory, the MRO and the EAP.

I acknowledge that I have read the **Release** and all of my questions have been answered. I further acknowledge that I have received this **Notice of Random Selection** on the date and at the time indicated on my Employer's copy and this copy.

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYER:**

Date and time Notice of Random Selection was given to employee. Date: \_\_\_\_\_ Time: \_\_\_\_\_ am pm

**COLLECTION SITE INSTRUCTIONS:**

***IMPORTANT INFORMATION:***

- 1. WRITE EMPLOYER NAME IN LOCATION FIELD ON CHAIN OF CUSTODY**
- 2. WHEN COLLECTION IS COMPLETE, FAX THIS FORM TO (206) 441-3009**
- 3. SEND INVOICE TO US HEALTHWORKS: 28035 Avenue Stanford, Valencia, CA 91355 - not to the employer**

**Name of Laboratory:** LabCorp  
**Account Number:** 12345  
**Account Name:** WCISAP Bargaining  
**Test Profiles:** Default  
**Special Requirements:** Split Specimen

## **TEST RESULTS**

- When the employee returns from the collection site, ask them to produce a copy of the Chain of Custody form as verification of testing.
- Negative test results are usually available within 24 hours. Negative results will not be reported to the employer. DERs may contact CleanWorkForce (CWF) to confirm a result.
- Unverified positive test results will usually be reported by the laboratory within 48 to 72 hours and will be forwarded to the Medical Review Officer (MRO) for confirmation.
- CWF will immediately contact the authorized DER and request that the employee be directed to telephone the MRO.
- Following the MRO's interview with the employee, a confirmed test result will be reported to CWF. The authorized DER will immediately be notified of the employee's compliance status.
- If the employee is not in compliance, they may contact the Employee Assistance Program Provider (EAP) if they wish to change their status. Following the EAP's assessment, appropriate recommendations for education, counseling or rehabilitation will be made.
- CWF will contact you when the employee has become compliant with the WCISAP.

## VERIFYING WCISAP PARTICIPANT COMPLIANCE STATUS

Ask all new workers if they are a WCISAP participant. If not, a Pre-Program Test is required. Provide them with a completed Test Authorization Form and direct them to a WCISAP authorized collection site. *If there is any doubt about their status*, please call CleanWorkForce (CWF) with their full Social Security Number (SSN), or at a minimum, the last four numbers.

If a new worker is a participant, you may check their status via the website or by calling CWF.

Website address: [www.wcisap.com](http://www.wcisap.com) Phone: (206) 441-2990 or Toll-Free (866) 842-9223

To verify status using either method, you will need your Employer ID Number and Passcode.

If using the website, you may access their status with either their WCISAP Participation Card Number or with their last name and the last four numbers of their SSN.

- Type in the website address as shown above.
- Click on *CHECK STATUS*.
- Enter your Employer ID Number, Passcode and your name\*. The ID Number, Passcode and Representative names are not case sensitive. Click *LOGIN*.

(\* To use the website, your firm must authorize you as a Designated Employer Representative. You will need to type your name exactly as it was given to CleanWorkForce.)

- Review the End User Agreement and click on *I AGREE AND WISH TO CONTINUE*.
- You may access compliance status of up to seven new employees at one time.
- Enter the employee's last name and last four SSN -- OR -- enter the employee's WCISAP Participation Card Number.
- Click *CHECK STATUS*.
- Each worker's compliance status will be indicated. You may print a copy of this page for your files.
- If a worker is "*IN COMPLIANCE*," no further action is needed.
- If a worker is "*OUT OF COMPLIANCE*," contact CWF for direction. They may only owe a random test.
- Click on *CHECK MORE EMPLOYEES (or BACK)* to return to previous page to check the status of additional employees.
- Click on *CLEAR FIELDS* and enter employee information.



## **ROLES AND RESPONSIBILITIES**

The **Washington Construction Industry Substance Abuse Program (WCISAP) Board of Trustees**, composed equally of representatives from Labor and Management, serve in a policy and advisory capacity to implement and oversee the operation of the Substance Abuse Program. The Trustees will never compromise the program or employee confidentiality. They have selected the following independent providers to administer the Program.

**CleanWorkForce** is the Third Party Administrator (TPA) for the WCISAP. The TPA is responsible for the day-to-day operation of the program as directed by the Board of Trustees, including: maintaining and verifying employee compliance status; operating the computer generated random selection process and providing necessary notices; referring employees to the Medical Review Officer and Employee Assistance Program Provider, as needed; monitoring follow-up test and treatment requirements; issuing participant cards; and assisting employees and employers with program policies and procedures.

**Collection Sites** are program-approved facilities where urine specimens are collected and breath alcohol tests are administered by trained technicians. The specimens are then couriered to the testing laboratory.

**LabCorp** is the laboratory where urine specimens are tested and analyzed for the presence or absence of specific substances.

The **Medical Review Officer (MRO)** reviews unverified test results referred for evaluation by the testing laboratory. The MRO is a licensed physician trained in the field of drug testing. During the interview with the MRO, employees have the opportunity to provide information that may assist in determining whether the test results are acceptable. The MRO provides CleanWorkForce with confirmed test results.

The **Employee Assistance Program (EAP) Provider**, a licensed and certified specialist in the identification of workplace substance abuse, is available to employees. The program includes initial assessment and recommendations for appropriate education, counseling or rehabilitation. The EAP will also provide training to assist supervisors in recognizing employees with alcohol or drug problems through the observation of specific performance or behavior criteria.