

The **RANDOM NEWSLETTER**

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**North Lamar Chiropractic
Austin Drug Test**
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Another year has passed and time to **renew /revise Random Selection /Consortium memberships.**

RANDOM DRUG TESTING:

Please note I've had some problems with certain employer's /employee's with random selections. Please note **random selections are NOT optional** ... they are mandatory. Just because you had a pre-employment drug test one month ago doesn't mean you can opt out of a random the next month. Thus, if employer / employee refuse a random test a \$60.00 penalty will be assessed for each incident the next year. This does not include employee's who are no longer employed. I've had a few other problems with employer's /employee's, which will not be fully addressed in this newsletter. But, will result in additional fees for those not following the simple guidelines.

ADDITIONAL FEE GUIDELINES:

I try to keep the price and fees low to help with small businesses and solo drivers. However, additional time managing some of these accounts will require additional fees.

Please note the following new fee guidelines.

Sign up fee prior to 1 st random selection	\$10.00
Sign up fee after each random pull	\$10.00 each pull
Fee for collection at another office	\$20.00
Fee for completing MIS Form	\$50.00 Minimum fee
Credit Card Convenience Fee	\$ 3.00

COLLECTIONS PERFORMED OUTSIDE OUR OFFICE:

Regarding collections at other office's: If you should decided to have your random pull collection performed at another office, please submit copies of the results with \$20.00 for us to maintain a copy. This is done because it is more difficult to maintain employer's who sign up with me who are located in other cities and states and routinely have their drug testing done elsewhere.

MIS FORMS

Apparently some audits are requiring copies of MIS forms. These can be easily completed by you. You have the information. I've enclose the form for you to review. I also listed a link for instructions and where to obtain the form. I also will have it listed on my **facebook pages** and **Website**.

U.S. DEPARTMENT OF TRANSPORTATION

DRUG AND ALCOHOL TESTING Management Information System (MIS) DATA COLLECTION FORM & INSTRUCTION SHEET

<https://www.transportation.gov/sites/dot.dev/files/docs/ODAPC%2040%20Appendix%20H.pdf>

SOCIAL MEDIA

Please check out and **LIKE** our **facebook** pages and **website** for additional information and updates.

www.austinback.com

<https://www.facebook.com/Austin-Drug-Test-1861798087481032/?modal=composer>

https://www.facebook.com/austinphysicals/?notify_field=hours&modal=composer

What do you need to save in the file? What I need to do?

- () Please review the Randomized Drug / Alcohol Test (WHITE SHEET) and keep it on file.
Send all the indicated employees to be evaluated.
Verify that all information is correct.
Names, address, contact numbers, telephone, FAX, email. Current list of employees.
- () Send an email / fax (DO NOT CALL) with a copy of all employee corrections and updates.
- () Copies of all documents sent by us.
- () Copies of all pre-employment drug tests
- () Copies of all Random, Post Accidents, Reasonable Suspicion, Return to Duty, Drug Test Results.
- () Copy of the Drug Policy in the Workplace (See the website below on how to make one for free)
<http://austinback.com/drug-testing-services/helpful-resources.html>
- () Copy of Reasonable Suspicion Training, Certificate of Completion.
- () Copy of the Random Drug / Alcohol Test Certificate (for current and prior 2 years)
(This will come from our office)
- () Copy of MIS (for each year) if necessary / desired.

PINK SLIPS

Please note that if you received a PINK SLIP with this Newsletter you will need to come to the office PRIOR to your enrollment for 2018 calendar year. You will need to bring copies of any and all drug test(s) performed on your employee(s) for 2017 and a copy a current employee list.

Name of Company Enrolling for 2018: _____

CURRENT FEES DUE: (Does not include outstanding drug testing billings) \$ _____ .00

PENALTY FEES: (Must be paid prior to issuing certificate or enrolling) \$ _____ .00

TOTAL DUE TO RENEW \$ _____ .00

Renewal fees only. Total does not include prior drug testing billings.

Fees may be paid by credit card via telephone with a \$3.00 convenience fee added.

If you would like to discuss penalties we would be happy to do so in person. (not telephone)

**Please include a copy of your Random Drug / Alcohol Test Sheet (WHITE SHEET)
(Enclosed with this Newsletter) Please make any changes needed.**