



Involvement Inc.

20 North Main Street (Courthouse) • P. O. Box 1262 • Henderson, KY 42419-1262

PROPOSAL NEW EMPLOYEE DRUG SCREENING & EMPLOYEE RANDOM DRUG SCREENING HENDERSON COUNTY SCHOOL SYSTEM

Involvement, Inc. will provide personnel, equipment and materials to screen all new employees and randomly screen approximately twenty (20) percent of employees of the Henderson County School System. This program will exclude bus drivers and CDL licensed drivers whose screens are controlled by Federal Transportation regulations.

Software

There is software available that will randomly select candidates for screening from the Henderson County School System employee database using existing employee numbers that are assigned at hiring. This software purchase will negate the necessity of transferring Henderson County School System employee data to Involvement, Inc.'s computers. In addition, it will preserve the confidentiality of employee personal data. These numbers will then be taken to the Human Resources Department to determine names and work sites of the individuals to be tested each month.

Process-New Employee Screens

All new employees of the Henderson County Board of Education will be screened at the offices of Involvement, Inc. at 20 North Main Street (Courthouse), Henderson, KY. A fifteen (15) dollar fee, payable by the employee at the time of screen, will be assessed. Results (see Exhibit C) will be submitted to the Human Resources Department at the Henderson County Board of Education office at the conclusion of the screen.

Process-Random Screens

On a preset date each month, an Involvement Inc. employee will come to the Henderson County Board of Education office and with the assistance of one specified school board employee and the above mentioned software will select a

specified percentage of eligible employees to be tested. The list generated will give the name and work site of the individuals to be screened for that month.

Involvement employees, one male and one female, will then go to the site and screen the individuals selected. At the work site, Involvement employees will fill out a program enrollment form, Exhibit A, and a release of information document, Exhibit B.

All screens will be preformed in the presence of an Involvement, Inc. employee of the same sex to deter the possibility of dilutions, adulterations, or use of another person's urine. At the conclusion of the screen, a report form, Exhibit C, will be prepared by an Involvement, Inc. employee for submission to the Human Resources Department at Henderson County Board of Education office.

In the event of a positive screen for an illegal or non-prescribed substance, and/or the need for laboratory confirmation, the exact same sample will be sealed and taken to Henderson Laboratory. An Involvement, Inc. employee will fill out a "Chain of Custody" form, Exhibit D, have it signed by the school employee, sign the form themselves, and seal the container for delivery to the laboratory by an Involvement, Inc. employee.

Reasonable Suspicion Screens

Should employees need to be tested for drug or alcohol use when there is reasonable suspicion that an employee is using or has been under the influence of drugs or alcohol, those screens will be made at the offices of Involvement, Inc. The same protocol for positive screens will be used as stated in the above testing processes.

Absent Employee on Day of Testing

In the event an employee is not at the worksite on the day of testing because of illness or training, the sample drawn each month will include a list of alternative numbers that will be utilized on a pre-drawn basis in order to maintain the percentage of employees tested.

Cost

Twelve Panel Screen - \$15.00

Laboratory Conformation - \$35.00

Mileage – Current Board of Education Rate

Billing

Cost of services will be billed monthly to the finance department or their designee in a manner prescribed by the policy and procedures of the Henderson County Board of Education.

Office Hours – Involvement, Inc.

Monday through Friday 8:00 A.M. to 12:00 Noon
1:00 P.M. to 4:30 P. M.

Signed

Executive Director

Title

6-15-2011

Date

Random Drug Screens

Involvement Case No.			Comments:	
Referral Source - Henderson County Board of Education				
Name				
			Current Medications	
SSN / Employee ID #			Test Date	Rx Meds
D.O.B.	Race:	Sex:		
Address				
City/State/Zip				
Telephone No.				
School / Work Site:				

<u>Date</u>	<u>Action</u>	<u>Results</u>

Exhibit A

Client:	Witness:
---------	----------

Involvement, Inc.
20 N Main Street (Old Courthouse)
PO Box 1262
Henderson, KY 42419-1344
(270) 831-2949 – Office (270) 831-2609 – Fax

RELEASE OF INFORMATION

The Client, _____, hereby authorizes

Henderson Lab & X-Ray and Involvement, Incorporated

to release the results of his/her urine drug screen to the

Henderson County Board of Education.

This, the _____ day of _____, 201____, and until this matter is closed.

Client

Date of Birth

Social Security Number

Witness

Involvement, Inc.
20 North Main Street
PO Box 1262
Henderson, KY 42419-1262
(270) 831-2949 - Office (270) 831-2609 - Fax

Drug Screen Results

Date of Screen: _____

Client's Name: _____

Results released to: **Henderson Board of Education**

Drug Screen results:

Negative

☐

Positive

☐

Other

☐

(See Comments)

Comments:

Involvement Staff

06/10/2011

LabCorp Louisville
4500 Conaem Drive
Louisville KY 40213
800-800-4700

CHAIN OF CUSTODY FORM



SPECIMEN ID NO.

0678201576

LAB ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No.		B. MRO Name, Address, Phone and Fax No.	
Henderson Clinic 1413 N Elm St Henderson KY 42420 270-826-6277 INL		16908002-4 PH: 000-000-0000 FX: 000-000-0000	

C. Donor SSN or Employee I.D. No.

D. Reason for Test: ☐ Pre-Employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Periodic ☐ Other

E. Collection Site Address:

HENDERSON CLINIC
1413 ELM STREET

HENDERSON KY 42420

F. Donor Identification Verified By: ☐ Photo I.D. ☐ Employer Representative

Collector Phone No. (270) 926-6277

Collector Fax No. (270) 927-8738

STEP 2: TO BE COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100°F? ☐ Yes ☐ No, Enter Remark Below Split Specimen Collection ☐ Yes ☐ No

REMARKS:

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: TO BE COMPLETED BY COLLECTOR AND DONOR

G. Daytime Phone No. () Evening Phone No. () Date of Birth / /

H. TEST(S) REQUESTED BY EMPLOYER:

798116

Exhibit D

I authorize the collection of this specimen for the purpose of a drug screen. I acknowledge that the specimen container(s) was/were sealed with tamper-proof seal(s) in my presence; and that the information provided on this form and on the label(s) affixed to the specimen container(s) is correct. I authorize the laboratory to release the results of the test to the company identified on this form or its designated agents.

(PRINT) DONOR'S NAME (FIRST, MI, LAST) SIGNATURE OF DONOR INITIAL MONTH DAY YEAR

STEP 5: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified on this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X Signature of Collector	Time of Collection AM PM	SPECIMEN BOTTLE(S) RELEASED TO:
(PRINT) Collector's Name (First, MI, Last)	Date (Mo/Day/Yr.)	

RECEIVED AT LAB:

X Signature of Accessioner	Date (Mo/Day/Yr.)	Primary Specimen Bottle Seal Intact	SPECIMEN BOTTLE(S) RELEASED TO:
		<input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark Below	
(PRINT) Accessioner's Name (First, MI, Last)			

CONTAINER SEAL

0678201576

Bottle A
Bottle B (Split)



A
B
SPLIT

DATE DONOR'S INITIALS

DATE DONOR'S INITIALS



NOTE POSITION OF BARCODE STARTS AT BOTTOM OF CONTAINER SHOWN HERE