SAFE CONDUCT, LLC

DOT Drug and Alcohol Agreement

Safe Conduct, LLC agrees to provide the following:

◊ Computerized random selection for your company employees covered by the regulations of the US Department of Transportation (DOT)
◊ Safe Conduct, LLC will maintain records in a secure location with controlled access for a period of time, maintain confidentiality of the records, and otherwise perform functions as TPA in compliance with 49 CFR Part 40.
◊ Quarterly random selections.
◊ Medical Review Officer (MRO) services and reports.
◊ SAMSHA certified laboratories.
◊ Information is kept ***strictly confidential,*** and is not released to unauthorized parties.

The Company/Employer agrees to the following:

◊ Responsibility for reporting driver or crew-member roster changes (new hires, terminations of employment) to Safe Conduct, LLC. The information will be transmitted by telephone, email, US mail or Facsimile (Fax) as close as possible to the time of occurrence.
◊ Responsibility for <u>compliance</u> with all DOT regulations
◊ Go or send DOT covered employee in for testing, as soon as possible within business constraints after receiving notification of selection. Or contact Safe Conduct, LLC for testing on-site or for information using another collection facility.
◊ Company representative will also FAX or send DOT **alcohol testing documentation** to Safe Conduct, LLC upon request to maintain records on the company's behalf.
◊ Immediately notify Safe Conduct, LLC, if an employee is on vacation or on FMLA (Family Medical Leave Act).

I agree to the following: this agreement can be discontinued by either party and for any reason, with reasonable notice to the other party. Any open balances owed to Safe Conduct, LLC for services already rendered must be paid in full at the time of discontinuation.

Late fee's will be added to unpaid invoices over 30 Days.

_____   _____

Authorized Representative name (print)   Signature of Authorized Representative
Date

For : **Safe Conduct, LLC**

1275 NW Adams St., Ste. D   _____   _____

Mcminnville, OR 97128   Cindy D Jackson -Manager   Date