



American Substance Abuse Professional Drug Solutions

455 E. Carson Plaza Dr., Carson, CA 90746
Phone # (562) 624-2720 Fax # (562) 624-2724

EMPLOYER CONFIDENTIAL INFORMATION SHEET

Please check the policy or service for which you are being designated as the DER/CER

ASAPCC LACC NASAP Background Check

Do you have internet access? Yes No

EMPLOYER INFORMATION

Name:
Address: Street City State Zip

Mailing Address: (If different) Street City State Zip

How were you introduced to HASAP/ASAPCC services?

Estimated number of employees who will be enrolled in this program:

Primary DER: Mr./Ms. Last First M.I. Date of Birth (mm/dd/yyyy): Mother's Maiden Name:

Title: Program Administrator Other

Tel. #: Secure Fax #: Secure E-mail: (Confidential information will be transmitted to the Secure Fax #)

Please indicate how the randoms are to be transmitted: Via Secure Fax Via Secure E-mail
Receipt of random notices/results via fax or email to backup DER? Yes No

Secondary DER: Date of Birth (mm/dd/yyyy): Mother's Maiden Name:

Title: Secure Email/Fax:

BILLING INFORMATION (Please indicate how billing invoices are to be transmitted: Email Regular Mail)

INVOICE ATTN: BILLING TEL. #:
BILLING ADDRESS: BILLING SECURE FAX #:
City, State, Zip: Email Address:

Would you like to assign Work Locations? If yes please list work locations below:
1) 2) 3) 4) 5) 6) 7) 8) 9) 10)

CONTRACTOR REPRESENTATIVE (DER) SIGNATURE

Employer Representative Signature Date Print Name of Representative

Comments/Special Instructions:

OFFICE USE ONLY: Program Start Date:
EMPLOYER ID#:
Account Sign-up Fee:
Alcohol Administration Fee:
General Administration Fee:

ASAP/OSCA Contact Information:
Tel: 866-699-2727
Email: Info@asapdrugsolutions.com



American Substance Abuse Professional Drug Solutions, Inc.  
 455 E. Carson Plaza Dr., Carson, CA 90746  
 Phone # (562) 624-2720 Fax # (562) 624-2724

LOS ANGELES CLEAN CARD (LACC)/ASAP CONTRACTOR CONSORTIUM  
 LOS ANGELES REFINERY SAFETY OVERVIEW (LARSO) TRAINING/TESTING AND/OR SOCIAL SECURITY  
 VERIFICATION (SSV) COMPANY MEMBER AGREEMENT

This Agreement is made on \_\_\_\_\_ by and between ASAP Drug Solutions, Inc. (ASAP), with its principal office located at 757 Pacific Avenue, Long Beach, California 90813-3026 and (company name) \_\_\_\_\_ with its principal office located at \_\_\_\_\_

Address City State Zip

("Company Member"). The parties agree as follows:

1. Drug and Alcohol Testing. Company Member hereby retains ASAP to administer the LACC Drug and Alcohol Testing Program. The program is set forth in the LACC Substance Abuse Policy and Procedures Manual provided to Company Member. The Policy Manual may be revised from time to time at the reasonable discretion of LACC after notice to Company Member.
2. Refinery Safety Overview Training/Testing Company Member also hereby retains ASAP to administer the Los Angeles Refinery Safety Overview (LARSO) Training/Testing as required by the LACC Board or individual participating Owner Companies.
3. Social Security Verification (SSV) is mandated by the LACC Board of Directors and Company Member will be required to sign a 'Company Service Agreement for Background Check' prior to the processing of any background check or Social Security Verification.
4. Term. The term of this Agreement shall commence on the date of this Agreement set forth below and shall remain in effect for a period of three years ending on the anniversary of the effective date of this Agreement. This Agreement may be renewed thereafter by mutual agreement between the parties on a three year basis. This Agreement may be terminated with 30 days advance written notice.
5. Program Services and Administration. ASAP shall administer the programs for employees of Company Member as follows:
  - (a) Company Member shall provide ASAP with a list of company locations.
  - (b) Designation of Representative. Company Member shall designate a "Designated Employer Representative" (DER) and a backup DER for purposes of communication and administration of this Program and Agreement. Company Member shall also provide the names of all other employees authorized to receive the drug and alcohol results. The designation of these company representatives shall be made in writing, and may be changed from time to time by Company Member in writing.
  - (c) Company Member shall provide ASAP with a completed consent form signed by each employee. The form of consent is attached to this Agreement. The consent form may be changed from time to time after notice to Company Member.
  - (d) Company Member agrees to abide by all policies issued from time to time by LACC, the LARSO Board or ASAP in order to administer the relevant programs and to make information available to employee representative members, employees and participating Owners.
  - (e) ASAP will maintain the records of and information regarding results of (a) drug and alcohol testing and (b) refinery safety overview training/testing and/or background check of company employees in accordance with applicable regulations, LACC and the LARSO Board policies. The records maintained by ASAP shall be turned over to LACC or its designee upon request by LACC.
  - (f) ASAP will conduct the following types of employee drug and alcohol testing: Pre-Enrollment, Pre-Access, Reasonable Suspicion, Random, Post-Accident, Periodic, Return-to-Duty, Follow-Up, and Wall-to-Wall.
  - (g) ASAP will provide Company Member with a list of approved specimen collection centers for collection of biological specimens. ASAP has a right to replace specimen collection centers if it determines that the replacement is necessary or advisable.
  - (h) ASAP will use laboratories certified by the Department of Health and Human Services (DHHS)/Substance Abuse and Mental Health Service Administration (SAMHSA) for the testing of biological specimens. Positive and verified non-negative results will be telephonically reported to the DER, followed by written reporting.
  - (i) ASAP will review and report all alcohol test results and report all drug test results performed by authorized Medical Review Officers (MRO) who are employed or contracted by ASAP.
  - (j) ASAP shall provide reporting and certification of status under the LACC and the LARSO Board policies when required of Company Members.
  - (k) Company Member agrees to pay ASAP for its services at the rates set forth by the LACC board of directors.
  - (l) Collection site fees will be charged at a direct pass through cost.
6. Indemnification. ASAP is an independent contractor. It is providing Company Member with the administration of the LACC Drug and Alcohol Testing Program and the LARSO Training/Testing Program and background checking as required by LACC and participating Owner Companies. ASAP does not have control over or assume any liability for the enforcement of LACC, the LARSO Board or Company Member's policies or for the actions of its employees and personnel. As an independent contractor, ASAP shall not be treated as an agent or a partner of Company Member, except to the extent necessary to comply with applicable regulations of the U.S. Department of Transportation, Health and Human Services Department or other applicable governmental contract testing mandates. Company Member agrees to defend, indemnify and hold harmless ASAP, its related companies and participants, their officers, directors, and employees, from any liability, loss or damage resulting from any claim brought by third parties of whatever nature, allegedly arising out of or resulting from any willful or negligent act or omission on the part of Company Member, its agents or employees, regardless of whether or not the party actually bringing the claim prevails in the legal proceedings. ASAP agrees to indemnify and hold harmless the Company Member from and against any and all claims arising out of ASAP's reporting of data or analytical results to the Company Member which are false or incorrect, whether as a result of willful, intentional or negligent act or omission.
7. Force Majeure. ASAP shall not be responsible or liable to Company Member for the failure or delay in performance that results from or is attributable, directly or indirectly, in whole or in part, to any cause of circumstances beyond the reasonable control of ASAP.
8. Payment Terms. Company Member shall pay all invoice amounts within ten days after the date of any invoice. Overdue payments are subject to an additional interest service charge at the rate of one and a half percent per month from the due date until the date of payment. ASAP may suspend or terminate drug and alcohol testing and refinery safety training and/or testing services for Company Member if it is delinquent in payments. ASAP may also terminate this Agreement at any time Company Member fails to comply with the terms of this Agreement.
9. Governing Law. This Agreement shall be governed by and construed under the laws of the State of California.

COMPANY MEMBER  
 By \_\_\_\_\_ / \_\_\_\_\_  
 Signature Date  
 \_\_\_\_\_  
 Printed Name  
 \_\_\_\_\_  
 Title

ASAP Drug Solutions, Inc.  
 By \_\_\_\_\_ / \_\_\_\_\_  
 Signature Date  
 \_\_\_\_\_  
 Printed Name  
 \_\_\_\_\_  
 Title



# LACC AUTHORIZATION & CONSENT/NEW EMPLOYEE MEMBERSHIP FORM

American Substance Abuse Professional Drug Solutions, Inc.  
455 East Carson Plaza Dr., Carson, CA 90746  
Tel.: (562) 624-2720 Toll Free: (866) 699-ASAP (2727)

<input type="radio"/> New Employee Member
<input type="radio"/> Current Employee

1- Company Name: \_\_\_\_\_ 2 - Company Account #: \_\_\_\_\_ 3- P.O. # (If applicable): \_\_\_\_\_

4- Employee First Name \_\_\_\_\_ 5- M.I. \_\_\_\_\_ 6- Last Name \_\_\_\_\_

7- Social Security #: \_\_\_\_\_ 8- Date of Birth (mm/dd/yyyy) \_\_\_\_\_ 9- Employee Telephone #: \_\_\_\_\_

10- Employee Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State ZipCode

**DER Instructions:****1) If you are sending the individual to Long Beach Medical Clinic (LBMC) or Refinery Sites:**

Employee hand carries this form to collection facility and must bring valid photo ID. DO NOT FAX TO ASAP. (Individual must report to collection facility immediately after notification.) For **LBMC-Carson**, you may fax this form to: (888) 276-7710 or **LBMC-Long Beach**, you may fax this form to: (562) 624-2725.

**2) If you are sending the individual to any other collection site:**

This form must be completed and signed by the DER **and** the employee, then faxed to ASAP Drug Solutions, Inc. at (562) 624-2724. Please indicate

**Test Authorized by:** \_\_\_\_\_ (sign)  
(Signature indicates that your company is assuming responsibility for payment of charges.)

**Print Name:** \_\_\_\_\_

**Service Request Date:** \_\_\_\_\_

**Tel.:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**(Date of service must match date on authorization slip.)**

**Time of Notification:** \_\_\_\_\_ am/pm

**TYPE OF TEST (Drug and Alcohol Test) – LACC Policy**

- |  |   |
|--|---|
| <input type="checkbox"/> Pre-employment/Enrollment | <input type="checkbox"/> Post-accident                    |
| <input type="checkbox"/> Random                    | <input type="checkbox"/> Reasonable Suspicion (for Cause) |
| <input type="checkbox"/> Pre-access                | <input type="checkbox"/> Return-to-duty                   |
| <input type="checkbox"/> MTR                       | <input type="checkbox"/> Follow-up                        |
|  | <input type="checkbox"/> Other (specify) _____            |

**DRUG AND ALCOHOL TESTING CONSENT****AUTHORIZATION FOR THE RELEASE OF DRUG AND ALCOHOL TESTING INFORMATION, SOCIAL SECURITY VERIFICATION INFORMATION, AND SAFETY TRAINING CERTIFICATION**

I apply for membership in the Los Angeles Clean Card (LACC) and ASAP Contractor Drug Testing Consortium (ASAPCC) under the sponsorship of the Company Member indicated above. I agree, upon acceptance, to abide by all Consortium policies and rules.

I understand that in accordance with the LACC and ASAPCC Substance Abuse Policies, I am required to submit to breathalyzer and/or saliva alcohol testing and urine drug testing, or alternate specimen drug testing, if needed. I authorize ASAP Drug Solutions, Inc to coordinate/perform the alcohol and drug testing, and to collect my sample/s for laboratory analysis.

I authorize the results of my drug and alcohol tests to be released to ASAP Drug Solutions, Inc., the LACC, ASAPCC, HASAP, ASAP-affiliated Contractor Consortiums and the Company Member/Employer requesting the testing. I allow my test results to be placed in the consortium databases and authorize ASAP Drug Solutions, Inc. to release information about my statuses to any LACC/ASAPCC Contractor Company Member requesting pre-employment verification of drug and alcohol test status; and to LACC, ASAPCC, and ASAP-affiliated Owner Companies on whose premises I seek to work or am currently working.

I also allow ASAP Drug Solutions, Inc. to release information from the consortium databases regarding my identity, including social security verification status; all applicable certifications on safety and craft training and testing; and Occupational Safety and Health Administration (OSHA) certifications in the LACC/ASAPCC/ASAP-affiliated databases to any LACC/ASAPCC Contractor Company Member requesting verification of such status for eligibility to work on Owner sites; and to LACC, ASAPCC, and ASAP-affiliated Owner Companies on whose premises I seek to work or am currently working. ASAP Drug Solutions, Inc. may release information regarding statuses to third party administrators as designated by specific Owner/Contractor program policies.

I further authorize ASAP Drug Solutions, Inc. to communicate this information for the purpose of determining my eligibility to work at participating Owner sites.

I have the right to revoke this authorization at any time by written notification to ASAP Drug Solutions, Inc. at 455 E. Carson Plaza Dr., Carson, California 90746 revocation is only effective after it is received and logged by ASAP Drug Solutions, Inc. I understand that revocation of this authorization will result my removal from the LACC program. If I re-apply for LACC membership in the future, my previous records will be re-activated. This authorization shall expire six years after the latest date of my being an "active" member of the Consortium. As a result of this authorization, there is the potential for information disclosed to an authorized recipient to be subject to re-disclosure by the authorized recipient without specific consent. I understand that I am entitled to receive a copy of this authorization upon request. A photostatic, facsimile, or electronic copy of this authorization is as valid as the original.

I have read and understand this authorization and hereby

consent  do not consent to the above testing and release of information.

**Signature:** \_\_\_\_\_  
(Donor) Date

**Witness:** \_\_\_\_\_  
(Please Print) First MI Last

**Signature:** \_\_\_\_\_  
(Witness) Date

**COLLECTION FACILITY USE ONLY**

Donor I.D. Verified:

- Driver's License (Photo I.D.)
- Company I.D.
- Employer Representative
- Other Photo \_\_\_\_\_

Donor Arrival Time: \_\_\_\_\_

Collection Facility Personnel Initials: \_\_\_\_\_

Donor Departure Time: \_\_\_\_\_