



the safety specialists

2018 Enrollment Application for Consortium Membership

Please complete and return to our Corporate Office:

120 Carlanna Lake Road, Ketchikan, AK 99901
Voice 907-247-1431 Fax: 907-247-1432
ginny@tss-safety.com

Company Name _____

Mailing Address _____ City _____ State ____ Zip _____

Telephone Number _____ FAX _____ E-Mail _____

Designated Employer Representative (DER) _____

Second Contact Person _____

Telephone Number _____ FAX _____ E-Mail _____

DOT Agency: FAA USCG FMCSA FTA (circle one) NON DOT (circle if so)

Receiving results preference: Fax Email (circle one)

Would you be interested in the availability to access your results through our reporting system?
Yes, contact me _____ No Thank you _____

***If you are a new company please provide an employee list immediately.*

***Keep a copy of page 2 for your records*

Consortium Membership Agreement for 2018

Testing Services: The term of this agreement begins when the application is signed and received in the office of TSS Inc. and all employees have completed initial testing or certification of program currency is received from a previous consortium manager. From the beginning of the term until December 31, 2019, TSS will provide the member (Company) the following: (1) A specimen collection site. (2) Overnight shipping of specimen to be tested at a DHHS/SAMSHA approved testing laboratory. (3) Laboratory testing utilizing state of the art testing procedures, including GC/MS confirmations, proficiency testing, quality control blind samples of 3%, on-site inspections, adulteration checks. (4) Computer generated random selection by employees' unique identification numbers. The company's Designated Employee Representative (DER) will be notified either in writing and /or verbally, depending on the company's preference. (5) MRO services will include verification of results, chain of custody verification, direct interviews with employees in the event of a positive result, and the opportunity for second medical confirmation tests in the event of a positive result. (6) Record keeping of all positive results for five years and negative results for one year. (7) **Assistance, if requested**, for Management Information System reporting to the appropriate DOT regulatory agency, as required by 49 CFR Part 40, if membership is current and compliant as of 12/31/2017. **THERE IS A FEE FOR THIS SERVICE.**

Program Documentation: TSS Inc. will provide Company with a certificate confirming enrollment in a DOT and/or non-DOT consortium. A letter confirming current employee enrollment status is available upon request.

Guarantee Of Compliance: TSS Inc. guarantees that the consortium program will be in compliance with 49 CFR Part 40, for the following agencies: Federal Motor Carriers Association, Federal Aviation Association, FTA , PHMSA, FRA and United States Coast Guard. Changes in the federal regulations will be forwarded to consortium members. **TSS reserves the right to adjust fee schedules accordingly.**

Member Responsibilities: Members are responsible for complying with specific DOT regulations, including enrolling new employees, removing employees, and properly following random program instructions. Member companies shall hold harmless and defend TSS Inc. against legal actions arising out of, or in connection with, the company's failure to comply with DOT regulations or breach of this agreement. **Noncompliance will result in immediate dismissal from the consortium.**

Membership: The TSS program will provide for all pre-employment, random, periodic, reasonable suspicion, return to duty, follow-up and post-accident testing, as defined under specific DOT regulations and/or employer policy. **Membership will run through December 31, 2018.**

COMPANY NAME _____

Designated Employer Representative Print & Sign

_____ Date: _____