

CITY COUNCIL
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COUNCIL ACTION FORM

MEETING DATE: *September 16, 2019*

SUBMITTED BY: *Lisa Kelly*

AGENDA TITLE: *Municipal Gas Authority of Georgia Drug & Alcohol Testing Consortium Participant Agreement*

CLASSIFICATION (City Attorney must approve all ordinances, resolutions and contracts as to form)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Ordinance (No. ____) | <input checked="" type="checkbox"/> Contract | <input type="checkbox"/> Information Only | <input type="checkbox"/> Public Hearing |
| <input type="checkbox"/> Resolution (No. ____) | <input type="checkbox"/> Ceremonial | <input type="checkbox"/> Discussion/Action | <input type="checkbox"/> Other |

BACKGROUND (Includes description, background, and justification)

The City's current provider for the Gas Department's random testing selection is no longer providing this service. In order to stay compliant with PSC and PHMSA guidelines, the City must have an outside agency pull these random tests of approximately 8 employees per year. This is a new service being offered by the Gas Authority and will ensure the City remains compliant.

As outlined in the agreement, there is a one-time enrollment fee of \$30 and \$60 per month for the service. Approximately 2 tests will be required quarterly at \$90 each. Total annual cost will be approximately \$1,440. The City's previous provider for a smaller portion of the service was \$3,600.

BUDGETING & FINANCIAL IMPACT (Includes project costs and funding sources)

STAFF RECOMMENDATION (Include possible options for consideration)

Staff recommends approval of the agreement to ensure future compliance.



**MUNICIPAL GAS
AUTHORITY OF GEORGIA**

GAS AUTHORITY ANNOUNCES DRUG & ALCOHOL TESTING CONSORTIUM

To facilitate compliance with PHMSA-mandated drug and alcohol testing regulations, the Gas Authority has entered into an agreement with Compliance Systems, LLC, to establish a drug and alcohol testing consortium that is available to all Gas Authority Members and SRCS Subscribers including Contractor-Subscribers. The consortium gives Participants one point of contact for their drug and alcohol testing and provides consistency in all processes across the Operators. State Regulators will become familiar with the consortium policies, documents, and reports, decreasing the amount of time necessary for inspections.

The consortium offers the following services (see attached Participant Agreement for details):

- Collection Site Management
- Laboratory Testing at DHHS-certified laboratory
- Medical Review Officer services
- Random Test Selection
- Statistical Reporting
- Resources for after-hours coverage, where available
- Substance Abuse Professional/Return to Duty coordination
- PHMSA-mandated Employee Assistance Program
- Document Preparation for PSC inspection
- Supervisor Training with classroom and online opportunities

The fee schedule for this consortium is:

- | | |
|-------------------------------------|-------------------------------------|
| • Enrollment Fee | \$ 30 (waived at program inception) |
| • Monthly Fee (15 or fewer covered) | \$ 60 per month |
| • Monthly Fee (over 15 covered) | \$110 per month |
| • PHMSA Drug testing – in network | \$ 60 per test |
| • Alcohol testing – in network | \$ 30 per test |

FMCSA-regulated testing (CDL) is available separately with the same fee structure.

Other services, including non-DOT testing programs to mirror PHMSA-mandated testing, are available but not covered by the consortium.

To begin receiving the services and benefits of the consortium, please sign the attached Participant Agreement, complete the Enrollment Form, and send them to Becky Fuller at bfuller@gasauthority.com. A fully executed copy will be returned to you along with instructions for setting up the program.

If you have any questions, please contact Bill DeFoor at bdefoor@gasauthority.com or 678-488-9470.

GAS AUTHORITY DRUG & ALCOHOL TESTING CONSORTIUM PARTICIPANT AGREEMENT JULY 2019

The Municipal Gas Authority of Georgia (“the Gas Authority”), through an agreement with Compliance Systems LLC, will provide a Controlled Substances and Alcohol Misuse Testing Program for participating Gas Authority Members and SRCS Subscribers (“Participant”), as described below:

Consortium Set Up by Compliance Systems

- Set up and maintain a Gas Authority PHMSA Consortium that complies with all applicable testing requirements including pre-employment, random, and post-accident testing. Compliance Systems will utilize a scientifically valid method to select employees for random testing. This computer-based random number generator is traceable to a specific Participant employee and is approved by DOT in 49 CFR Part 40 and 199.105C
- Create and maintain a lab account with an approved SAMSHA certified lab as reflected in 49 CFR part 40 Section 40.81 for Participants in this program.
- Provide a certificate from the laboratory to the Designated Employer Representative (DER) of each Participant documenting that the laboratory is a certified SAMSHA lab.
- Provide a Medical Review Officer (MRO) to review all test results and follow all regulations, including review of test, 5-day pause, and recordkeeping requirements. Each Participant’s DER will receive appropriate documentation confirming the MRO’s training and certification. This certificate shows that they have met the requirements set forth in 49 CFR Part 40 section 40.121.
- Set up and maintain a Substance Abuse Professional (SAP) for a DER if one is not already established. A certificate showing that the SAP has met the requirements set forth by 49 CFR part 40 Section 40.281 will be provided.
- Arrange for EAP services that are accessible to each Participant seeking help with drug and alcohol problems, as well as other life issues.

Site Review by Compliance Systems

- Locate, set up, and maintain a collection site for each Participant and ensure they meet the requirements of 49 CFR Part 40 Subpart D.
- Audit each Collector and Breath Alcohol Technician’s certifications and ensure they meet 49 CFR Part 40.33 and 49 CFR Part 40.213.
- Verify that the approved collection site’s breath alcohol device is on the National Highway and Traffic Safety Administration Conforming Products List.
- Issue new Custody and Control Forms (CCF) (or arrange for E-Scheduling) to each designated collection site that reflects the Gas Authority consortium administered by Compliance Systems. Each Participant’s DER will also receive a supply of forms or login to lab database in order to complete E-scheduling process.

July 2019

Consortium Management by Compliance Systems

- Generate Gas Authority consortium rosters every quarter approximately on January 1, April 1, July 1, and October 1 for review and confirmation or update by each Participant. Once all updates are received, the test selections will be made.
- Pull random selections the rate set forth by the PHMSA for that year.
- Send random selections to appropriate DER's for completion of testing at designed collection sites.
- Assist DERs, as needed, to ensure tests are done in a timely manner and continue contacts with the DER until the test result is received.
- Provide quarterly and annual Management Information System (MIS) reports to each DER for their records.

Supervisor 60/60 Training Options by Compliance Systems

- Compliance Systems will hold one instructor-led Supervisor Signs and Symptoms course each quarter. This will be conducted at a site and date determined by Compliance Systems and the Gas Authority. Included in this class will be handouts of checklists and event documentation. Compliance Systems will provide every attending supervisor a certificate of completion for their records.
- Compliance Systems will also provide an online course that meets the standards set forth by the DOT and PHMSA. Supervisors that chose this option will have access to log in at any time to re-watch or access documentation. Once the online course is completed a certificate of completion will be issued.

Compliance Systems Assists with Employee Assistance Programs (EAP)

- If a Participant is not currently enrolled in an EAP, Compliance Systems will enroll the Participant in the EAP program established for the Gas Authority Consortium Program. The DER will also receive monthly educational information for employees and annual training modules for supervisors. Each DER will receive information to distribute to their employees detailing when and how employees can access the EAP
- All covered employees will have access to the EAP's toll free number which can be called in the should an employee want to talk with a counselor. Employees can call not only regarding substance abuse issues, but also to discuss other struggles including but not limited to marriage and family issues. The counselor who answers the phone will provide appropriate information and then refer the employee to local providers, based on need and resources.
- The EAP service will also assist as needed with SAP referrals in the event of a positive drug or alcohol test and to ensure that the employee is referred to appropriate treatment, if needed.

Participant Responsibilities

- Adhere to all DOT & PHMSA regulations regarding all alcohol test results and MRO-verified test drug test results.
- Provide a Designated Employee Representative (“DER”)
- Maintain a current roster of Covered Employees and provide it to Compliance Systems upon request
- Notify Covered Employees drawn for random testing and ensure they get to Collection Site in a timely manner

Participant Fee Schedule

Enrollment Fee \$30, one time
 This enrollment fee will be waived for Participants that enroll at the inception of the program.

Base Fees for Scope of Services Listed Above, excluding individual tests –
 Participants with 15 or fewer Covered Employees \$60 per month
 Participants with more than 15 Covered Employees \$110 per month

DOT Urine Drug Screen (THC, PCP, COC, AMP and Opioids) \$60 per test

Alcohol Test \$30 per test

Invoicing:

Program fees will be billed by the Gas Authority as incurred by Participant.

Term of Agreement:

Program services will be provided on a month-to-month basis and may be terminated upon one month’s written notice.

Acceptance:

Municipal Gas Authority of Georgia

Participant:

By: _____

By: _____

Date: _____

Date: _____