

CITY OF HOUSTON

Department of Public Works & Engineering

Form 00639 (06/17/99)

CHECKLIST FOR DRUG POLICY SUBMITTAL

TO: DARIEN HELTON
CCODT
611 WALKER, ROOM 2144-J
HOUSTON, TEXAS 77002

FROM: ASSISTANT DIRECTOR
[DIVISION NAME]
DEPARTMENT OF PUBLIC WORKS AND ENGINEERING

DATE: _____

CONTRACTOR: _____ [Low Bidder Name]

PROJECT NAME: _____ [Legal Project Name]

GFS NO.: _____

FILE NO.: _____

PROJECT MANAGER: [Project Manager Name] **TELEPHONE:** [Project Mgr Telephone] **FAX:** [Project Mgr Fax]

THE DOCUMENTS CHECKED BELOW ARE BEING SUBMITTED: (Project Manager, please check.)

- DOC. 00635 - DRUG POLICY COMPLIANCE AGREEMENT (Standard Form)
- DOC. 00636 - CONTRACTOR'S DRUG-FREE WORKPLACE POLICY (Contractor creates this Document)
- DOC. 00637 - LIST OF SAFETY IMPACT POSITIONS (Contractor creates this List)
"OR"
- DOC. 00638 - CONTRACTOR'S CERTIFICATION OF NO SAFETY IMPACT POSITIONS (Standard Form)

CCODT REVIEW: THE FOLLOWING CHECKED ITEM(S) ARE MISSING FROM SUBMISSION/POLICY AND NEED TO BE CORRECTED PRIOR TO AWARD:

- NAME OF DRUG TESTING LAB
REASON FOR TESTING:
 - RANDOM TESTING - 25% ANNUALLY
 - REASONABLE SUSPICION
 - POST ACCIDENT
- SAFETY IMPACT POSITIONS INCOMPLETE
- EMPLOYEE ACKNOWLEDGMENT FORM
- DRUG TESTING PROCEDURES
- CONSEQUENCE OF POSITIVE TEST: *PERMANENTLY REMOVED FROM ANY CONTRACT CITY WORKSITE.*
- CONSEQUENCE OF REFUSAL TO CONSENT: *PERMANENTLY REMOVED FROM ANY CONTRACT CITY WORKSITE.*
- OTHER: _____

REJECTED: _____

APPROVED: _____

COMMENTS: _____

DATE RECEIVED: _____

RESUBMITTAL DATE: _____