BNSFCONTRACTOR.COM 219 COMPLIANCE PLAN BLANK

PLEASE NOTE: THIS DOCUMENT IS FOR REFERENCE ONLY. TO COMPLETE THE FORM YOU MUST LOGIN TO YOUR BNSFCONTRACTOR.COM ACCOUNT.

219 Reporting Period:	Year			Which half of the year? 1 or 2.			
Supplier Name: Railroad Portal							
Primary Contact Info:	Name		Phone			Email	
Company Address: Address			City & State			Zip	
Maintains a copy of a release of information: -Please select an option-							~
Maintains documentation of a negative DOT FRA Pre-employment drug for each employee: -Please select an option-							~
What authority does company use for conduction reasonable cause testing: Company							~
Using TPA with more than 200 Roadway Workers in Consortium: -Please select an option-							~
Employees: # of HOS	Employees	# of MOW Employees			Т	Total Employees	
DER Info: Name	I	Phone			Er	Email	
Certified Lab: -Please select an option-							~
Lab Details: Lab Name	Lab Details: Lab Name				F	Phone #	
MRO Info: Name	MRO Info: Name Pi				E	mail	
Submitted FRA Plan: -Please select an option-							~
Submitted Plan Date: mm/dd/yyyy							1
FRA Acceptance Letter Uploaded: -Please select an option-							~
Date Eligible for Testing: mm/dd/yyyy							
Employee Type: HOS -Please select an option-							
Employee Type: Roadway -Please select an option-							
Employee Type: Combined -Please select an option-							
Associated with Consortium Hours of Service Alcohol Testing							
Year			First or Second Ha	lf -Pl	lease select ar	n option-	~
Consortium Pool Tota	al # in Cosortium Pool	#	Selected from Cosorti	um Pool		Ratio of Consortium Pool to Selected	
Company Pool # Select	Company Pool # Selected from Company # Collected from Company Ratio of Complany Se				Ratio of Complany Selected to Collected		
Pool AVG VTD			Pool VTD % Se	lected			

Associated with Consortium Roadway Workers Alcohol Testing						
Year		Fire	st or Second Half	-Please select	an option-	
Consortium Pool	Total # in Cosortium Pool	# Selec	ted from Cosortium	Pool	Ratio of Consortium Pool to Selected	
Company Pool	# Selected from Company	# Collect	ed from Company		Ratio of Complany Selected to Collected	
Pool AVG YTD			Pool YTD % Selec	ted		
Associated with Consortium Combined Alcohol Testing						
Year		Firs	st or Second Half	-Please select	an option-	
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Pool AVG YTD			Pool YTD % Selec	ted		

Not Associated with Consortium Hours of Service Alcohol Testing								
Year			-Please select		an option-			
Consortium Pool	Total # in Cosortium Pool	# Selec	ted from Cosortium Pool		Ratio of Consortium Pool to Selected			
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