

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	Total Employees
DER Info:	Name	Phone	Email
Certified Lab:	-Please select an option-		
Lab Details:	Lab Name	Address	Phone #
MRO Info:	Name	Phone	Email
Submitted FRA Plan:	-Please select an option-		
Submitted Plan Date:	mm/dd/yyyy		
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 Half	-Please select an option-
Consortium Pool	Total # in Consortium Pool	# Selected from Consortium Pool	Ratio of Consortium Pool to Selected
Company Pool	# Selected from Company	# Collected from Company	Ratio of Complanly Selected to Collected
Pool AVG YTD		Pool YTD % Selected	

Associated with Consortium Roadway Workers Alcohol Testing

Year		First or Second Half	-Please select an option-
Consortium Pool	Total # in Consortium Pool	# Selected from Consortium Pool	Ratio of Consortium Pool to Selected
Company Pool	# Selected from Company	# Collected from Company	Ratio of Company Selected to Collected
Pool AVG YTD		Pool YTD % Selected	

Associated with Consortium Combined Alcohol Testing

Year		First or Second Half	-Please select an option-
Consortium Pool	Total # in Consortium Pool	# Selected from Consortium Pool	Ratio of Consortium Pool to Selected
Company Pool	# Selected from Company	# Collected from Company	Ratio of Company Selected to Collected
Pool AVG YTD		Pool YTD % Selected	

Associated with Consortium Hours of Service Drug Testing

Year		First or Second Half	-Please select an option-
Consortium Pool	Total # in Consortium Pool	# Selected from Consortium Pool	Ratio of Consortium Pool to Selected
Company Pool	# Selected from Company	# Collected from Company	Ratio of Company Selected to Collected
Pool AVG YTD		Pool YTD % Selected	

Associated with Consortium Roadway Workers Drug Testing

Year		First or Second Half	-Please select an option-
Consortium Pool	Total # in Consortium Pool	# Selected from Consortium Pool	Ratio of Consortium Pool to Selected
Company Pool	# Selected from Company	# Collected from Company	Ratio of Company Selected to Collected
Pool AVG YTD		Pool YTD % Selected	

Associated with Consortium Combined Drug Testing

Year		First or Second Half	-Please select an option-
Consortium Pool	Total # in Consortium Pool	# Selected from Consortium Pool	Ratio of Consortium Pool to Selected
Company Pool	# Selected from Company	# Collected from Company	Ratio of Company Selected to Collected
Pool AVG YTD		Pool YTD % Selected	

Not Associated with Consortium Hours of Service Alcohol Testing

Year		First or Second Half	-Please select an option- ▼
Consortium Pool	Total # in Consortium Pool	# Selected from Consortium Pool	Ratio of Consortium Pool to Selected
Company Pool	# Selected from Company	# Collected from Company	Ratio of Company Selected to Collected
Pool AVG YTD		Pool YTD % Selected	

Not Associated with Consortium Roadway Workers Alcohol Testing

Year		First or Second Half	-Please select an option- ▼
Consortium Pool	Total # in Consortium Pool	# Selected from Consortium Pool	Ratio of Consortium Pool to Selected
Company Pool	# Selected from Company	# Collected from Company	Ratio of Company Selected to Collected
Pool AVG YTD		Pool YTD % Selected	

Not Associated with Consortium Combined Alcohol Testing

Year		First or Second Half	-Please select an option- ▼
Consortium Pool	Total # in Consortium Pool	# Selected from Consortium Pool	Ratio of Consortium Pool to Selected
Company Pool	# Selected from Company	# Collected from Company	Ratio of Company Selected to Collected
Pool AVG YTD		Pool YTD % Selected	

Not Associated with Consortium Hours of Service Drug Testing

Year		First or Second Half	-Please select an option- ▼
Consortium Pool	Total # in Consortium Pool	# Selected from Consortium Pool	Ratio of Consortium Pool to Selected
Company Pool	# Selected from Company	# Collected from Company	Ratio of Company Selected to Collected
Pool AVG YTD		Pool YTD % Selected	

Not Associated with Consortium Roadway Workers Drug Testing

Year		First or Second Half	-Please select an option- ▼
Consortium Pool	Total # in Consortium Pool	# Selected from Consortium Pool	Ratio of Consortium Pool to Selected
Company Pool	# Selected from Company	# Collected from Company	Ratio of Company Selected to Collected
Pool AVG YTD		Pool YTD % Selected	

Not Associated with Consortium Combined Drug Testing

Year	<input type="text"/>	First or Second Half	-Please select an option- ▼
-------------	----------------------	-----------------------------	--

Consortium Pool	Total # in Consortium Pool	# Selected from Consortium Pool	Ratio of Consortium Pool to Selected
------------------------	----------------------------	---------------------------------	--------------------------------------

Company Pool	# Selected from Company	# Collected from Company	Ratio of Company Selected to Collected
---------------------	-------------------------	--------------------------	--

Pool AVG YTD	<input type="text"/>	Pool YTD % Selected	<input type="text"/>
---------------------	----------------------	----------------------------	----------------------