



iDATIA

Drug & Alcohol Testing Industry Association

International Drug and Alcohol Free Workplace Program Accreditation

**iDATIA**  
**INTERNATIONAL DRUG AND**  
**ALCOHOL DRUG FREE**  
**WORKPLACE POLICY**  
**ACCREDITATION PROGRAM**

**PROGRAM POLICIES, PROCEDURES,**  
**AND APPLICATION**

## **Section I: Introduction**

### **WHY iDATIA?**

The goal of DATIA's iDATIA Accreditation program is to have a set of industry developed international standards for drug and alcohol free workplace programs. There is a demonstrated need for standards in drug and alcohol testing program management, especially for programs operating on international levels. A clear consensus of opinion exists that standards need to be adhered to on issues of how to approach drug and alcohol free workplace programs, how to deal with positive test results, what drugs to test for, how to confirm drug tests, etc.

DATIA's iDATIA Accreditation program serves to provide a set of criteria that follow proven U.S. standards, while adapting to international policies and procedures. As the international community advances their drug and alcohol testing practices, the iDATIA program will mirror this progress and expand its program accordingly. The iDATIA program, in conjunction with DATIA's international outreach efforts, will strive to advance the standards of drug and alcohol free workplaces worldwide.

## **Section II: Application**

All applicants are required to complete the following application. If an applicant fails to meet any of the required components, then upon request, the application will be sent to DATIA's International and Standards committees for review. If an exemption is approved, accreditation will be awarded.

## **Section III: Renewal**

Accreditation status will be renewable every two years on June 1. To renew, each organization must provide proof that they continue to utilize the same policy as approved on the initial application. In addition, if significant changes have occurred to iDATIA's standards, then each organization must attest, in writing, to adherence of these new standards. This is of utmost importance as international standards are being developed and advanced on a continual basis.

**APPLICATION TO BECOME  
I-DATIA  
INTERNATIONAL DATIA ACCREDITED DRUG AND ALCOHOL FREE WORKPLACE PROGRAM**

Submitted by

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Company/Organization Name  
(Referred to as Company/Organization throughout application)

To

The Drug and Alcohol Testing Industry Association  
I-DATIA Review Division

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Date

As the industry standards, regulations, and legislation regarding the administration of drug and alcohol testing programs continue to develop, so will the criteria for becoming an International DATIA Accredited Drug and Alcohol Free Workplace Program (DAFWP). As such, the policies, procedures, and process of becoming I-DATIA may be revised. Please ensure that the application submitted for accreditation reflects the most current standards.

Applicants may contact DATIA at [info@datia.org](mailto:info@datia.org) or 800-355-1257 for more information and to ensure that they possess the most recent I-DATIA application.

Incomplete applications will be returned for submission of additional application. No application will be reviewed until all required materials have been submitted to DATIA.

NOTE: All applications must be signed by the DAFWP administrator. Incomplete applications will be rejected.

General Application Information

SECTION I: COMPANY/ORGANIZATION CONTACT INFORMATION

NAME OF APPLICANT COMPANY/ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WEB SITE: \_\_\_\_\_

NAME OF DAFWP ADMINISTRATOR: \_\_\_\_\_

TITLE: \_\_\_\_\_

Indicate your organization's number of employees: \_\_\_\_\_

Do you have an existing substance-free workplace program that has been in place for one or more years?       yes     no

If so, when did your program begin? \_\_\_\_\_

SECTION II: VERIFICATION OF ADHERENCE TO I-DATIA PROGRAM STANDARDS

**PART A: WRITTEN POLICY**

1. Does the written policy identify a DAFWP administrator and described that person's responsibilities and authority?  
 YES (PAGE REFERENCE \_\_\_\_) NO IF "NO", PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does the written policy state that supervisors will be trained on their responsibilities before the DAFWP or testing is implemented?  
 YES (PAGE REFERENCE \_\_\_\_) NO IF "NO", PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does the written policy identify who the policy applies to and the different scenarios under which testing should occur (i.e. pre-employment, post accident, random, etc.)?  
 YES (PAGE REFERENCE \_\_\_\_) NO IF "NO", PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Does the written policy identify prohibited conduct and consequences for violating the DAFWP? (This must include an employee's refusal to submit to testing)  
 YES (PAGE REFERENCE \_\_\_\_) NO IF "NO", PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Does the written policy describe the prohibited use/misuse of alcohol, prescription medications, over-the-counter medications, and illegal drugs as part of the employee education program?  
 YES (PAGE REFERENCE \_\_\_\_) NO IF "NO", PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Does the written policy identify methods of testing for drug and alcohol detection, drugs tested for, cut-off levels of each, and what testing procedure/protocols will be utilized?  
 YES (PAGE REFERENCE \_\_\_\_) NO IF "NO", PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Does the written policy follow all local laws and regulations?  
 YES (PAGE REFERENCE \_\_\_\_) NO IF "NO", PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Does the written policy address the confidentiality of program records and adhere to applicable rules and regulations to ensure the privacy rights of employees?  
 YES (PAGE REFERENCE \_\_\_\_) NO IF "NO", PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Does the written policy express the commitment of management to provide a drug and alcohol free workplace?  
 YES (PAGE REFERENCE \_\_\_\_) NO IF "NO", PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART B: COMMUNICATION, AWARENESS, AND COMMITMENT**

10. Does the written policy require that the policy and procedures be communicated to all employees and supervisors before implementation as part of the employee education?

YES (PAGE REFERENCE \_\_\_\_) NO IF "NO", PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

11. Does the written policy formalize the commitment of the company and employees to the DAFWP?

YES (PAGE REFERENCE \_\_\_\_) NO IF "NO", PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

**PART C: SUPERVISOR AND EMPLOYEE EDUCATION TRAINING**

12. Does the written policy provide for employee drug education and documentation of that training?

YES (PAGE REFERENCE \_\_\_\_) NO IF "NO", PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

13. Is the drug and alcohol prevention program an integral and ongoing part of the company's employee training and orientation program?

YES (PAGE REFERENCE \_\_\_\_) NO IF "NO", PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

14. Have supervisors been provided additional training on identifying drug and alcohol use and abuse? If "reasonable suspicion" testing is allowed, have supervisors been trained appropriately to identify and recognize drug and alcohol abuse.)

YES (PAGE REFERENCE \_\_\_\_) NO IF "NO", PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

15. Have procedures for providing supervisor and employee refresher training been established?

YES (PAGE REFERENCE \_\_\_\_) NO IF "NO", PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

**PART D: DRUG AND ALCOHOL TESTING**

16. Does the DAFWP require the company/organization to utilize a qualified Medical Review Officer (or international equivalent) to evaluate all non-negative test results without an admission of use?

YES (PAGE REFERENCE \_\_\_\_) NO IF "NO", PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

17. Within the DAFWP, are best practices of alcohol and drug specimen sample collection, testing methodology, chain-of-custody, and cut-off levels utilized?

YES (PAGE REFERENCE \_\_\_\_) NO IF "NO", PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

18. Is alcohol testing performed using an Evidentiary Breath Test (EBT)?

YES (PAGE REFERENCE \_\_\_\_) NO IF "NO", PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

19. Does the testing utilize an immunoassay screen or equivalent to verify if a drug is present and Gas Chromatography/Mass Spectrometry (GC/MS) or equivalent as a confirmatory test, without admission of use?

YES (PAGE REFERENCE \_\_\_\_) NO IF "NO", PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

20. Does the DAFWP include testing circumstances as identified in the written policy?

YES (PAGE REFERENCE \_\_\_\_) NO IF "NO", PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

**PART E: EMPLOYEE ASSISTANCE - OPTIONAL**

21. Does the policy provide a plan of action to assist employees who test positive and have a substance abuse issue?

YES (PAGE REFERENCE \_\_\_\_) NO IF "NO", PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

22. Does the plan include appropriate information for referral to local assessment and treatment centers?

YES (PAGE REFERENCE \_\_\_\_) NO IF "NO", PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

23. Does the plan include a procedure for rehabilitation and/or referrals for assessment and employee assistance?

YES (PAGE REFERENCE \_\_\_\_) NO IF "NO", PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

24. If an Employee Assistance Program (EAP) policy exists is it included in the DAFWP policy; or if not, is it clearly stated that there is no EAP policy?

YES (PAGE REFERENCE \_\_\_\_) NO IF "NO", PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

#### **PART F: DAFWP EVALUATION - OPTIONAL**

25. Does your DAFWP define a baseline of indicators (absenteeism, turnover, accidents, productivity) to compare and evaluate the impact the policy has had on the company?

YES (PAGE REFERENCE \_\_\_\_) NO IF "NO", PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

26. Does the organization consider the DAFWP program evaluation and the impact it has had on the organization, which is measured by indicators of implementation, management and economic results?

YES (PAGE REFERENCE \_\_\_\_) NO IF "NO", PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

SECTION III: DECLARATION AND RELEASE

By signing below, I attest that I am submitting this application on behalf of my Company/Organization to become an International DATIA Accredited Drug and Alcohol Free Workplace Program. I understand that information gathered in this application may be used by DATIA for statistical purposes and for evaluation of the iDATIA program and standards. I understand that DATIA will make every effort to keep specific information contained in this application concerning my company and its operations confidential. I further understand that DATIA reserves the right to verify any information contained in this application, and that providing false or misleading information or otherwise violating the rules and procedures of the iDATIA program may be grounds for the rejection of this application, revocation of accreditation, or other appropriate disciplinary actions. I understand that our company/organization must notify DATIA of any company changes that affect the information contained within this application.

Name of DAFWP Administrator: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

A copy of our Drug and Alcohol Free Workplace Program in English is attached with this application (Required).

SECTION IV: I-DATIA FEES

\$300 is enclosed.

MC       VISA       AMEX

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_