



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER
BHS12112

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
ROBERTA WAGNER 304-558-0067

VENDOR

*223130422 304-345-1396
 JOE BOGGS & ASSOCIATES INC
 1703 WOODVALE DRIVE

 CHARLESTON WV 25314

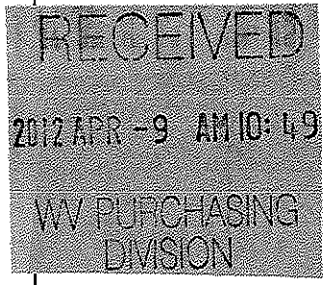
SHIP TO

HEALTH AND HUMAN RESOURCES
 BBH/HF
 VARIOUS LOCALES AS INDICATED
 BY ORDER

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
03/01/2012				

BID OPENING DATE: **04/10/2012** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>THE STATE OF WEST VIRGINIA AND ITS AGENCY THE DEPARTMENT OF HEALTH AND HUMAN RESOURCES (DHHR), BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES (BHBF), AND THE SEVEN STATE OWNED AND OPERATED HOSPITALS LISTED BELOW REQUEST A QUOTE TO ENGAGE THE SERVICES OF A VENDOR TO PROVIDE DRUG AND ALCOHOL TESTING FOR NEW EMPLOYEE HIRES AS WELL AS 24 HR/7 DAY PER WEEK AVAILABLE TESTING FOR REASONABLE SUSPICION OR CAUSE.</p> <p>THE STATE OWNED AND OPERATED HOSPITALS ARE:</p> <p>HOPEMONT HOSPITAL, HOPEMONT, WV LAKIN HOSPITAL, LAKIN, WV JOHN MANCHIN SENIOR HEALTH CARE HOSPITAL, FAIRMONT, WV JACKIE WITHROW HOSPITAL, BECKLEY, WV MILDRED MITCHELL-BATEMAN HOSPITAL, HUNTINGTON, WV WILLIAM R. SHARPE, JR. HOSPITAL, WESTON, WV WELCH COMMUNITY HOSPITAL, WELCH, WV</p> <p>*****MANDATORY PRE-BID MEETING*****</p> <p>A MANDATORY PRE-BID MEETING WILL BE HELD ON MARCH 20, 2012 AT 1:00 PM IN ROOM 350 AT THE DIAMOND BUILDING, 350 CAPITOL STREET, CHARLESTON, WV</p> <p>*****BID OPENING: APRIL 10, 2012***** AT 1:30 PM</p> <p>LOCATION: PURCHASING DIVISION, BUILDING #15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305</p>						



SEE REVERSE SIDE FOR TERMS AND CONDITIONS			
SIGNATURE	TELEPHONE	DATE	
<i>Joe Boggs</i>	304-345-1396	04-09-12	
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE	
CEO	55-066-4639		

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

GENERAL TERMS & CONDITIONS REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods this Purchase Order/Contract becomes void and of no effect after June 30.
5. Payment may only be made after the delivery and acceptance of goods or services.
6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
12. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.html and is hereby made part of the agreement provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
14. **CONFIDENTIALITY:** The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.
15. **LICENSING:** Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, and the West Virginia Insurance Commission. The vendor must provide all necessary releases to obtain information to enable the director or spending unit to verify that the vendor is licensed and in good standing with the above entities.
16. **ANTITRUST:** In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).



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PRIORITY

*223130422 304-345-1396
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 1703 WOODVALE DRIVE

 CHARLESTON WV 25314

SHIP TO

HEALTH AND HUMAN RESOURCES
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03/01/2012				

BID OPENING DATE: **04/10/2012** **BID OPENING TIME 01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	YR		680-24	140.00	115,675.00
CONTRACT FOR DRUG AND ALCOHOL TESTING SERVICES EXHIBIT 3 LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE UPON AWARD AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE. UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT BY THE STATE OF WEST VIRGINIA, ITS AGENCIES, OR POLITICAL SUBDIVISIONS, THE TERMS, CONDITIONS, AND PRICING SET FORTH HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT. RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS. CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
	304-345-1396	04-09-12
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
CFO	55-066-4639	

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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PROPERTY

*223130422 304-345-1396
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<p>TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</p> <p>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THE STATE MAY DEEM THE CONTRACT NULL AND VOID, AND TERMINATE SUCH CONTRACT WITHOUT FURTHER ORDER.</p> <p>THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE 	TELEPHONE 304-345-1396	DATE 04-09-12
TITLE CEO	FEIN 55-066-4639	ADDRESS CHANGES TO BE NOTED ABOVE

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<p>ELECTRONIC MEDIUM SUCH AS CD-ROM.</p> <p>REV. 01/17/2012</p> <p>PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR MUST ACCEPT THE STATE OF WEST VIRGINIA VISA PURCHASING CARD FOR PAYMENT OF ALL ORDERS PLACED BY ANY STATE AGENCY AS A CONDITION OF AWARD.</p> <p>ANY INDIVIDUAL SIGNING THIS BID IS CERTIFYING THAT: (1) HE OR SHE IS AUTHORIZED BY THE BIDDER TO EXECUTE THE BID OR ANY DOCUMENTS RELATED THERE TO ON BEHALF OF THE BIDDER, (2) THAT HE OR SHE IS AUTHORIZED TO BIND THE BIDDER IN A CONTRACTUAL RELATIONSHIP, AND (3) THAT THE BIDDER HAS PROPERLY REGISTERED WITH ANY STATE AGENCIES THAT MAY REQUIRE REGISTRATION.</p> <p style="text-align: center;">NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p style="text-align: center;">DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130</p> <p>THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:</p>						

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SIGNATURE 	TELEPHONE 304-345-1396	DATE 04-09-12
TITLE CEO	FEIN 55-066-4639	ADDRESS CHANGES TO BE NOTED ABOVE

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<p>PRE-BID. FAILURE TO PROVIDE YOUR COMPANY AND REPRESENTATIVE NAME ON THE ATTENDANCE SHEET WILL RESULT IN DISQUALIFICATION OF THE BID. THE STATE WILL NOT ACCEPT ANY OTHER DOCUMENTATION TO VERIFY ATTENDANCE. THE BIDDER IS RESPONSIBLE FOR ENSURING THEY HAVE COMPLETED THE INFORMATION REQUIRED ON THE ATTENDANCE SHEET. THE PURCHASING DIVISION AND THE STATE AGENCY WILL NOT ASSUME ANY RESPONSIBILITY FOR A BIDDER-S FAILURE TO COMPLETE THE PRE-BID ATTENDANCE SHEET. IN ADDITION, WE REQUEST THAT ALL POTENTIAL BIDDERS INCLUDE THEIR E-MAIL ADDRESS AND FAX NUMBER.</p> <p>ALL POTENTIAL BIDDERS ARE REQUESTED TO ARRIVE PRIOR TO THE STARTING TIME FOR THE PRE-BID. BIDDERS WHO ARRIVE LATE, BUT PRIOR TO THE DISMISSAL OF THE TECHNICAL PORTION OF THE PRE-BID WILL BE PERMITTED TO SIGN IN. BIDDERS WHO ARRIVE AFTER CONCLUSION OF THE TECHNICAL PORTION OF THE PRE-BID, BUT DURING ANY SUBSEQUENT PART OF THE PRE-BID WILL NOT BE PERMITTED TO SIGN THE ATTENDANCE SHEET.</p> <p>EXHIBIT 4</p> <p>LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL AND OTHER LOCAL GOVERNMENT BODIES, THE BID SHALL EXTEND TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO ALL POLITICAL SUBDIVISIONS OF THE STATE, THE VENDOR MUST CLEARLY INDICATE SUCH REFUSAL IN HIS BID. SUCH REFUSAL SHALL NOT PREJUDICE THE AWARD OF THIS CONTRACT IN ANY MANNER.</p> <p>REV. 3/88</p>						

SIGNATURE <i>Joe Boggs</i>				TELEPHONE 304-345-1396		DATE 04-09-12	
TITLE CEO		FEIN 55-066-4639		ADDRESS CHANGES TO BE NOTED ABOVE			

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 Department of Administration
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<p>INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 03/23/2012. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO:</p> <p>CONNIE HILL DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311</p> <p>FAX (304) 558-4115 E-MAIL: CONNIE.S.HILL@WV.GOV</p>						
***** THIS IS THE END OF RFQ BHS12112 ***** TOTAL:						<u>115,675.00</u>

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE 	TELEPHONE 304-345-1396	DATE 04-09-12
TITLE CEO	FEIN 55-066-4639	ADDRESS CHANGES TO BE NOTED ABOVE

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WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
350 CAPITOL STREET, ROOM 350
CHARLESTON, WEST VIRGINIA 25301-3702
BHS12112

Request for Quotation
BHS12112
(Replacing BHS90102)

ADMINISTRATIVE AND CONTRACTUAL TERMS

Purpose:

To provide an open end contract to engage the services of a vendor to provide drug and alcohol testing services for all new employee hires as well as for 24 hour / 7 day a week available testing for reasonable suspicion/cause. These services will be made available to the Department of Health and Human Resources (DHHR), Bureau for Behavioral Health and Health Facilities (BBHFF) and the seven State owned and operated hospitals.

Background:

The Bureau for Behavioral Health and Health Facilities has a Policy titled Drug and Alcohol Testing Policy which requires the testing of all newly hired employees as well as the testing for any staff member who may be suspected of being under the influence of drugs or alcohol while on the job.

Location of State Facilities and Projected Number of Tests:

Facility	Estimated Number of Yearly Tests	
	Drug	Alcohol
1. Hopemont Hospital Hopemont, West Virginia 26764	40	40
2. Lakin Hospital Lakin, West Virginia 25287	100	100
3. John Manchin Senior Health Care Hospital Fairmont, West Virginia 26554	50	50
4. Jackie Withrow Hospital Beckley, West Virginia 25801	120	120
5. Mildred Mitchell-Bateman Hospital Huntington, West Virginia 25709	180	180

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
350 CAPITOL STREET, ROOM 350
CHARLESTON, WEST VIRGINIA 25301-3702
BHS12112

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6. William R. Sharpe, Jr. Hospital Weston, West Virginia 26452	175	175
7. Welch Community Hospital Welch, West Virginia 24901	100	100
8. Testing for reasonable suspicion/cause Any Facility	35	35

Subcontracts Prohibited:

The successful vendor will be solely responsible for all work performed under the contract. The vendor shall not enter into any written subcontracts for performance or work under the contract without prior written permission.

Schedule of Events:

Release of the RFQ	<u>03/02/2012</u>
Mandatory Pre-bid Conference	<u>03/20/2012</u>
Vendor's Written Questions Submission Deadline	<u>03/23/2012</u>
Bid Opening Date	<u>04/10/2012</u>

Mandatory Pre-bid Conference:

A mandatory pre-bid conference shall be conducted on the date specified above at the following location:

Diamond Building, Room 350
350 Capitol Street,
Charleston, WV 25301

Potential vendors should report to the Security window in the main lobby to obtain a visitor's pass and instructions on meeting location.

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
350 CAPITOL STREET, ROOM 350
CHARLESTON, WEST VIRGINIA 25301-3702
BHS12112

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Inquiries:

Additional information inquiries regarding specifications of this RFQ must be submitted in writing to the State Buyer with the exception of questions regarding Quotation submission which may be oral. The deadline for written inquiries is identified in the Schedule of Events (above). All inquiries of specification clarification must be addressed to:

Connie Hill, Senior Buyer
Purchasing Division
2019 Washington Street, East
PO Box 50130
Charleston WV 25305-0130
Fax: (304)558-4115

Record Retention and Confidentiality:

Vendor shall maintain records pertaining to the contract for five (5) years following the end of the contract period. Should there be any litigation or issues related to the contract vendor shall maintain the records for five (5) years following the termination of any litigation that has not terminated within the above five (5) year period.

HIPAA Agreement:

The West Virginia State Government Health Insurance Portability and Accountability Act (HIPAA) Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of this agreement. Provided that, the Agency meets the definition of a Covered Entity (45 CFR § 160.103) and will be disclosing Protected Health Information (45 CFR § 160.103) to the vendor.

Invoices and Payments:

The vendor shall submit monthly invoices, in arrears, to the BBHFF for all services provided pursuant to the terms of the contract. Each invoice will contain sufficient documentation to determine the dates, type of tests, and cost per test. The BBHFF reserves the right to reject any or all invoices for which proper documentation has not been provided. The vendor will be notified within ten (10) working days of any invoice deficiencies.

State law forbids payment of invoices prior to receipt of services.

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
350 CAPITOL STREET, ROOM 350
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BHS12112

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Procurement Specifications

Required Experience/Qualifications:

The selected vendor shall be a qualified drug and alcohol testing vendor with demonstrated expertise including five (5) years' experience in drug and alcohol testing. The vendor must have no successful claims against their professional liability insurance within the last two (2) years.

The selected vendor must also be able to comply with all applicable medical standards, federal, state and local government safety codes, laws and regulations, relating to drug and alcohol testing.

The selected vendor should provide documented proof they have sufficient staff and capabilities to handle testing for the entire Bureau of approximately 1700 employees. The vendor shall provide at least three (3) references and/or clients who have a similar staff volume, listing telephone numbers, and contact person that can verify the documentation.

The selected vendor must follow US Department of Transportation collection protocols. Please refer to the following link http://www.dot.gov/odapc/NEW_DOCS/part40.html.

Mandatory Requirements:

1. Vendor shall provide all forms, collections kits and miscellaneous supplies for the collection, transportation, and analyses of specimens.
2. Vendor shall provide for the collection of specimens to meet the requirements in 49 CFR Part 40, which is the U.S. Department of Transportation's Rule regarding procedures for conducting workplace drug and alcohol testing for collecting and storing urine specimens and testing for drugs and alcohol and ensuring confidentiality. The vendor may use a mobile collection vehicle, off-site or on-site collection facilities as long as all conditions of the facilities and privacy, confidentiality and chain of custody are met.
3. Vendor shall provide scheduled service Monday through Friday, between 7:00 AM and 5:00 p.m. The vendor shall also provide a 24-hour specimen collection for reasonable suspicion testing on an as-needed basis. The vendor shall supply an emergency telephone number for each collection facility to provide specimen collection services after regular office hours.

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
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350 CAPITOL STREET, ROOM 350
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4. Vendor shall ensure that collection site personnel shall be trained in compliance with 49 CFR Part 40 and shall be regularly engaged in the business of providing the required controlled substances and alcohol testing.
5. Vendor shall provide for transportation for all specimens in accordance with applicable Federal regulations to the appropriate testing laboratory.
6. Vendor shall provide for testing of urine in compliance with 49 CFR Part 40. This includes necessary collection and identification supplies and transportation costs from the collection site to a Substance Abuse and Mental Health Services Administration (SAMHSA) certified laboratory. The split sample method of collection, handling, and storage is to be utilized.
7. Vendor shall utilize a laboratory that is certified by DHHS/SAMHSA (Department of Health and Human Services). The laboratory shall test and store specimens (primary and split specimens) and have in place equipment that meets applicable regulations. Additionally, the laboratory shall have a quality control program in place that is in accordance with 49 CFR Part 40.
8. Vendor shall perform chemical analyses of urine specimens to determine whether the person from whom the specimen was taken has been using any of the ten drugs listed:
 - A. Amphetamines
 - B. Cannabinoids (THC)
 - C. Cocaine
 - D. Opiates
 - E. Phencyclidines (PCP)
 - F. Barbiturates
 - G. Benzodiazepines
 - H. Methadone
 - I. Propoxyphene
 - J. Methaqualone
9. Vendor shall submit blind performance test specimens to the laboratory in accordance with Federal regulations.
10. Vendor shall provide for alcohol testing that is to be conducted using equipment approved by the US Department of Transportation and found on their Conforming Products List using the collection protocols, found in 49CFR Part 40.

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
350 CAPITOL STREET, ROOM 350
CHARLESTON, WEST VIRGINIA 25301-3702
BHS12112**

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11. Vendor shall provide, as part of their services, a Certified Medical Review Officer (MRO). The MRO shall be a licensed physician with knowledge of substance abuse disorders and have appropriate medical training necessary to interpret and evaluate controlled substances test results. The MRO shall be certified in accordance with 49 CFR Part 40.
12. Vendor shall provide confirmed test results to the facility administrator or designee, via confidential means, immediately upon confirmation by the MRO (please refer to the link listed above), but not later than 72 hours after receipt of the specimen by the laboratory. The vendor must inform the state agency contact if turnaround time for positive test result confirmation will exceed 72 hours.
13. Vendor shall ensure that all laboratory records are maintained for the appropriate period of time to comply with 49 CFR Part 40, and that those records are provided to the BBHFF upon written request.
14. Vendor shall provide for an account manager (or designee) to be available to the facilities during normal business hours, (Monday through Friday, between 7:00 AM and 5:00 PM) to answer questions and resolve problems.
15. Vendor shall provide each facility with a written recapitulation of the testing program activity on a monthly basis and provide a comprehensive listing to the BBHFF Human Resources Director.
16. Vendor shall, upon request, prepare a litigation package to include copies of all chain of custody documents, batch specimen review sheets, data review files (graphic charts), resumes and credentials of all technicians involved in testing of specimens, laboratory testing reports to include the initial immunoassay screen and the conformation gas chromatography/mass spectrometry test.
17. Vendor shall provide, upon request, expert witness testimony regarding the accuracy of specific employee test results should the results and subsequent actions be challenged by the employee.
18. Vendor shall maintain records, documents and other files directly related to the performance of work under this agreement in accordance with 49 CFR Part 40 and accepted professional practice and appropriate accounting procedures.
19. Vendor, as an independent contractor, shall be solely liable for the acts and omissions of its employees and agents. Vendor shall maintain and furnish proof of coverage of liability insurance for loss, damage, or injury (including death) of third parties arising from acts and omissions on the part of vendor, its agents and employees in the following amounts:

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
350 CAPITOL STREET, ROOM 350
CHARLESTON, WEST VIRGINIA 25301-3702
BHS12112

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For bodily injury (including death): Minimum of \$1,000,000 per occurrence.
For property damage: Minimum of \$1,000,000 (one million dollars) per occurrence.

Professional liability: Minimum of \$1,000,000 (one million dollars) per occurrence.

The State of West Virginia must be named the Certificate Holder.

20. Vendor shall provide any or all records produced or held in execution of this agreement within 10 days of written notice by the BBHFF or its designee.

Bureau for Behavioral Health & Health Facilities Requirements:

1. BBHFF will not reimburse the vendor for initial set-up fee or for any renewal fees if the contract is renewed.
2. BBHFF will not reimburse vendor for specimen adulteration assays.
3. BBHFF will not reimburse vendor for handling of rejected specimens or those otherwise unfit for testing.
4. BBHFF will not reimburse vendor for collection time. A collection is complete only after every employee has met his/her testing obligations.
5. BBHFF will reimburse the vendor a "no show" fee of the amount equal to the scheduled procedure in the event that vendor is called to the hospital for a scheduled pre-employment or an on-call reasonable suspicion/for cause collection/testing procedure and the new employee hire or employee fails to appear for the collection/testing procedure after a reasonable waiting period of at least forty-five (45) minutes.
6. BBHFF reserves the right to seek clarifications of vendor submissions. Nothing may be submitted after the bid opening date and time to alter the vendor's proposal.

VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

1. Application is made for 2.5% resident vendor preference for the reason checked:

- Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or**,
 Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or**,
 Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or**,

2. Application is made for 2.5% resident vendor preference for the reason checked:

- Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or**,

3. Application is made for 2.5% resident vendor preference for the reason checked:

- Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or**,

4. Application is made for 5% resident vendor preference for the reason checked:

- Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or**,

5. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:

- Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or**,

6. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:

- Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Joe Boggs & Associates, Inc.Signed: Date: 04-09-12Title: CEO

*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

West Virginia Code §5A-3-10a states: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owed is an amount greater than one thousand dollars in the aggregate.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

EXCEPTION: The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

Under penalty of law for false swearing (*West Virginia Code §61-5-3*), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

WITNESS THE FOLLOWING SIGNATURE

Vendor's Name: Joe Boggs & Associates, Inc.

Authorized Signature: [Signature] Date: 03/22/12

State of West Virginia

County of Kanawha, to-wit:

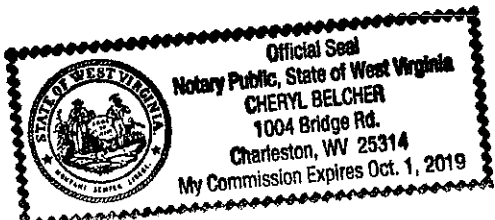
Taken, subscribed, and sworn to before me this 22 day of March, 2012

My Commission expires Oct 1, 2019.

AFFIX SEAL HERE

NOTARY PUBLIC

[Signature: Cheryl Belcher]





State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER
 BHS12112

PAGE
 1

ADDRESS CORRESPONDENCE TO ATTENTION OF
 ROBERTA WAGNER
 304-558-0067

*223130422 304-345-1396
 JOE BOGGS & ASSOCIATES INC
 1703 WOODVALE DR
 CHARLESTON WV 25314

VENDOR

SHIP TO

HEALTH AND HUMAN RESOURCES
 BBH/HF
 VARIOUS LOCALES AS INDICATED
 BY ORDER

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
03/27/2012				

BID OPENING DATE: 04/10/2012 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1						
1. QUESTIONS AND ANSWERS ARE ATTACHED. 2. ADDENDUM ACKNOWLEDGMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID. 3. MANDATORY PRE-BID SIGN-IN SHEETS ARE ATTACHED.						
EXHIBIT 10						
REQUISITION NO.: BHS12112						
ADDENDUM ACKNOWLEDGEMENT						
I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.						
ADDENDUM NO.'S:						
NO. 1.....						
NO. 2.....						
NO. 3.....						
NO. 4.....						
NO. 5.....						
I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE 	TELEPHONE 304-345-1396	DATE 04-09-12
TITLE CEO	FEIN 55-066-4639	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER
 BHS12112

PAGE
 2

ADDRESS CORRESPONDENCE TO ATTENTION OF:
 ROBERTA WAGNER
 304-558-0067

*223130422 304-345-1396
 JOE BOGGS & ASSOCIATES INC
 1703 WOODVALE DR
 CHARLESTON WV 25314

VENDOR

SHIP TO

HEALTH AND HUMAN RESOURCES
 BBH/HF
 VARIOUS LOCALES AS INDICATED
 BY ORDER

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
03/27/2012				

BID OPENING DATE: 04/10/2012 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSIONS HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p> <p>..... SIGNATURE Joe Boggs & Associates, Inc. COMPANY 04-09-12 DATE</p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.</p> <p>REV. 09/21/2009</p> <p>END OF ADDENDUM NO. 1</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
<i>Joe Boggs</i>	304-345-1396	04-09-12
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
CEO	55-066-4639	

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

ADDENDUM #1

BHS12112

1. Question: What is the pricing of the current contract for this RFQ?

Answer: It should be noted that the specifications of BHS90102 have been revised for the current RFQ. See attached cost sheet from BHS90102

2. Question: Is the testing done at the Hospitals and are they random test, or are they done by appointment or suspicion?

Answer: The testing shall be performed on-site at each facility. Testing will be primarily pre-employment and scheduled ahead of time. For cause testing must be made available and will be utilized as needed.

3. Question: Can you clarify the rules regarding the use of subcontractors?

Answer: Responsible bidder will be solely responsible for all work performed under the contract. Any written subcontract must receive prior approval and shall not waive the winning bidders responsibilities to perform the contract as specified.

4. Question: Is there a limit to the amount of time a donor has to provide a specimen in the instance of dry or shy bladder?

Answer: When necessary, it is expected that responsible bidder will wait a minimum of thirty minutes for the collection of specimens.

5. Question: Do collections have to be performed at the vendors facility or can donors travel to an off-site collection center?

Answer: The testing shall be performed on-site at each facility.

6. Question: The drug panel listed in the RFQ does not include Oxycodone is this correct?

Answer: The drug panel listed does not specifically include Oxycodone; however, it does include opiates.

Bid Schedule

Any anticipated travel must be incorporated into the vendor's fee. No travel will be reimbursed by the State and is the sole responsibility of the vendor. The vendor's quotation must include bids for the following information as outlined:

	Usage	Cost	Extension
1. Drug Screening After Hours	775 tests	<u>78.00</u>	<u>60,450.00</u>
	35 tests	<u>88.00</u>	<u>3,080.00</u>
2. Alcohol Testing After Hours	775 tests	<u>25.00</u>	<u>19,375.00</u>
	35 tests	<u>35.00</u>	<u>1,225.00</u>
3. Expert Witness Testimony	5 hrs	<u>185.00</u>	<u>925.00</u>
4. Collector Testimony	5 hrs.	<u>85.00</u>	<u>425.00</u>
5. Deposition	5 hrs.	<u>185.00</u>	<u>925.00</u>
Total			<u>86,405.00</u>

THIS SHALL BE A PROGRESSIVE AWARD AND WILL BE MADE ACCORDING TO EACH VENDOR'S BID RESPONSE AND LOWEST COSTS. LOW BID WILL BE DESIGNATED AS BHS90102A, NEXT LOWEST BID WILL BE BHS90102B, AND SO ON. AGENCY WILL CONTACT VENDOR "A" FIRST TO PROVIDE THEIR NEEDS. IF VENDOR "A" CANNOT PROVIDE SERVICES, AGENCY WILL GO TO VENDOR "B" AND SO ON.

If applicable, sign and submit the attached Resident Vendor Preference Certificate with the Quotation.

The State does reserve the right to accept or reject any or all of the Quotations, in whole or in part, without prejudice if to do so is felt to be in the best interest of the State. Vendor's failure to provide complete and accurate information may be considered grounds for disqualification. The State reserves the right if necessary to ask vendors for additional information to clarify their Quotations. Nothing may be added to alter the written solution or method contained in the original Quotation after the bid opening.

PRE-BID CONFERENCE
SIGN IN SHEET

Request for Quotation Number: BHS12112

Date: MARCH 20, 2012

PLEASE PRINT LEGIBLY. THIS INFORMATION IS ESSENTIAL TO CONTACT THE ATTENDEES IN A TIMELY MANNER. FAILURE TO DO SO MAY RESULT IN DELAYS IN YOUR COMPANY GETTING IMPORTANT BID INFORMATION.

Firm Name:	<u>Analabs</u>
Firm Address:	<u>PO Box 1235</u> <u>Crab Orchard WV 25827</u>
Representative Attending:	<u>Kelli Harrison</u>
Phone Number:	<u>304-255-4821</u>
Fax Number:	<u>304-255-2410</u>
Email Address:	<u>kharrison@analabsinc.com</u>

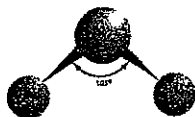
Firm Name:	<u>Analabs</u>
Firm Address:	<u>P.O. Box 1235</u> <u>Crab Orchard WV 25827</u>
Representative Attending:	<u>Lori Isom</u>
Phone Number:	<u>304-255-4821</u>
Fax Number:	<u>304-255-2410</u>
Email Address:	<u>lisom@analabsinc.com</u>

Firm Name:	<u>ANALABS</u>
Firm Address:	<u>PO Box 1235</u> <u>CRAB ORCHARD WV 25827</u>
Representative Attending:	<u>ROBERT WORRELLS</u>
Phone Number:	<u>304-255-4821</u>
Fax Number:	<u>304-255-2410</u>
Email Address:	<u>RWORRELLS@ANALABSINC.COM</u>

Firm Name:	<u>Drug Testing Centers of America</u>
Firm Address:	<u>1703 Woodvale Dr</u> <u>Charleston WV 25314</u>
Representative Attending:	<u>Sandy Dingus</u>
Phone Number:	<u>304-345-1396</u>
Fax Number:	<u>304-345-8907</u>
Email Address:	<u>rsbaggus@suddenlinkmail.com</u>

Firm Name:	<u>Joe Baggus & Associates Inc</u>
Firm Address:	<u>1703 Woodvale Dr</u> <u>Charleston WV 25314</u>
Representative Attending:	<u>Etchic Baggus</u>
Phone Number:	<u>304-345-1396</u>
Fax Number:	<u>304-345-8907</u>
Email Address:	<u>rsbaggus@suddenlinkmail.com</u>

Firm Name:	<u>Joe Baggus & Associates Inc</u>
Firm Address:	<u>1703 Woodvale Dr</u> <u>Charleston WV 25314</u>
Representative Attending:	<u>Linda Baggus</u>
Phone Number:	<u>304-345-1396</u>
Fax Number:	<u>304-345-8907</u>
Email Address:	<u>l.baggus@suddenlinkmail.com</u>



ANALABS, INC.

"Our People Are The Difference"

Website: www.analabsinc.com
E-mail: lisom@analabsinc.com

LORI ISOM

Office Manager/Drug Program Coordinator
Office: (304) 255-4821 • Fax: (304) 255-2410
1-800-880-6406 • Cell: (304) 890-4287

Mailing Address:
P.O. Box 1235
Crab Orchard, WV 25827

Shipping Address:
196 Dayton Street
Crab Orchard, WV 25827



Sandra G. Dingus, RN

sandy@drugtestingcenters.com
Mobile: 606.793.3309

Can you *really* tell just by looking?



JOE BOGGS & ASSOCIATES, INC.

P.O. Box 771 • Charleston, WV 25323

Custom Drug & Alcohol Programs
Custom Safety Programs – Safety Related Services
H/M, DOT, MSHA, OSHA, DOE Regulations, CDL
Visit our web site: www.joeboggsandassociates.com

Linda Boggs
Secretary & Treasurer,
Officer Manager
304/345-1396
FAX 304/345-8907
1-800-321-7694
CELL 304/545-1563



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JOE BOGGS & ASSOCIATES, INC.

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Custom Drug & Alcohol Programs
Custom Safety Programs – Safety Related Services
H/M, DOT, MSHA, OSHA, DOE Regulations, CDL
Visit our web site: www.joeboggsandassociates.com

Ritchie Boggs
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**JOE BOGGS &
ASSOCIATES, INC.**

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Charleston, West Virginia 25323-0771

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(304) 345-8986
(304) 345-1396
1-800-321-7694
FAX (304) 345-8907

**QUOTATION OF SERVICES
DRUG & ALCOHOL TESTING**

**FOR: WEST VIRGINIA HEALTH AND HUMAN
RESOURCES DHHR BUREAU FOR
BEHAVIORAL HEALTH & HEALTH
FACILITIES**

RFQ#	BHS12112
BUYER	Connie Hill
BID OPENING	April 10th 2012 at 01:30 pm
LOCATION	Dept of Administration Purchasing Division 2019 Washington Street, East Charleston, WV 25305-0130

INTRODUCTION

We at Joe Boggs & Associates, Inc. are pleased to present this quotation for drug and alcohol testing to the WV DHHR/BHMF. As an experienced Third Party Administrator with years of experience in both regulated and non-regulated drug and alcohol testing our program will provide excellent service in the most flexible and non-disruptive manner available.

Joe Boggs & Associates, Inc. offers access to the most technically sound and legally defensible drug and alcohol services available. Our program utilizes fully trained collectors, certified Medical Review Officers, and SAMSHA certified laboratories. This quotation offers a comprehensive program to fulfill the requirements of the US DOT and the same time keeps costs and interference in the day-to-day activities of the operating agencies to a minimum.

As a company that is truly locally owned and operated, Joe Boggs & Associates, Inc. is not a subsidiary or franchise of any other entity and must stand on our own merit. In today's competitive marketplace our success has come from delivering quality services while maintaining personal customer relations with clients whether large or small. Delivering these services in a state with such diverse geography, varying population densities, different client needs, and changing regulations often requires us to think outside the box. We are committed to making drug and alcohol testing as efficient and free of problems as possible.

Joe Boggs is founder and President of Joe Boggs & Associates, Inc. He also has been elected to the Board of Directors of the Drug and Alcohol Testing Industry Association located in Washington, DC.

CONTENTS

Introduction

Scope of Work

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Insurance Coverage	8
Bid Cost	9

Appendix A- Medical Review Officer Certification

Appendix B- Laboratories Certification

Appendix C- Laboratories Certification

Appendix D- Medtox Certification

Appendix E- Medtox Certification

Specific Services:

The Vendor shall be required to:

1. Joe Boggs & Associates, Inc. uses Medtox Laboratories in St Paul MN for testing of urine in compliance with 49 CFR Part 40 which is the U.S. Department of Transportation's Rule regarding procedures for conducting workplace drug and alcohol testing. This includes necessary collection and identification supplies and transportation costs for the collection site to a Substance Abuse and Mental Health Services Administration (SAMHSA) certified laboratory. The split sample method of collection, handling, and storage is to be utilized. US Department of Transportation collections protocols will be followed unless specifically requested by the DHHR/BHMF. The vendor is to provide a confirmatory test on all positive drug screens using gas chromatography/mass spectrometry technology.
2. The vendor provide each collector with a RBT-IV alcohol tester that confirms to all requests from DHHR/BHMF.
3. Joe Boggs & Associate, Inc. will not charge for specimen adulteration assays.
4. Joe Boggs & Associates, Inc. will not charge DHHR/BHMF for rejected specimen.
5. Joe Boggs & Associates, Inc. have a in-house MRO and the costs are included.
6. Joe Boggs & Associates, Inc. will provide mobile testing for regular hours and after hours for reasonable suspicion.
7. Joe Boggs & Associates, Inc. can provide for blood specimens.
8. Joe Boggs & Associates, Inc. will provide for blind samples as required.
9. Joe Boggs & Associates, Inc. will provide other services as required (including MRO testimony, laboratory litigation, package and etc. at no charge.

10. Joe Boggs & Associates, Inc. will provide written recapitulation of the test program activity on a monthly basis.
11. Joe Boggs & Associates, Inc. uses approved software from DrugPak that meets all record keeping for DHHR/BHMF.
12. Joe Boggs & Associates, Inc. understands DHHR/BHMF will not pay for waiting time.
13. Joe Boggs & Associates, Inc. understands the reimburse fee for no show and the 45 minutes waiting time.
14. Joe Boggs & Associates, Inc. does not charge for set up fee if contract is renewed.
15. Joe Boggs & Associates, Inc. is covered by Acord Corp/BB&T Insurance for amount DHHR/BHMF requires.
16. Joe Boggs & Associates, Inc. does have sufficient staff to provide services for 1600 to 1700 employees or more. We have been providing them to DHHR/BHMF for the past 5 years. See list of employees and list of companies.

Procurement Specifications

Required Experience/Qualifications:

The selected vendor shall be a drug and alcohol testing vendor with demonstrated expertise with five (5) years experience in drug and alcohol testing. The vendor must have no successful claims against their professional liability insurance within the last two (2) years.

General Services:

1. Joe Boggs & Associates, Inc. agrees to provide timely drug screening and alcohol testing for approximately 775 new employee hires at the seven State owned and operated facilities.
2. Joe Boggs & Associates, Inc. could have 35 drug screens and alcohol tests required for reasonable suspicion/cause. These tests may be required at any facility on any day and at any time.
3. Joe Boggs & Associates, Inc. is responsible for the timely collection, analysis, certification of results, and proper reporting of the results to the respective Human Resources Department of the facility.
4. Joe Boggs & Associates, Inc. can and will provide expert witness testimony regarding the accuracy of specific employee test results should the results and subsequent actions be challenged by the employee.
5. Joe Boggs & Associates, Inc. will follow all US Department of Transportation collection protocols.

CONFIDENTIALITY

If awarded this contract Joe Boggs & Associates, Inc. agrees not to use or disclose at any time during or after the termination of the contract any information discovered or developed in the course of performance of the contract without the express written consent of the DHHR/BHMF except as required by 49 CFR Part 40.331. Any and all reports related to this contract will be submitted to the DHHR/BHMF through the Program Coordinator of each respective Agency.

OWNERSHIP OF MATERIAL DEVELOPED

Joe Boggs & Associates, Inc. agrees that if awarded this contract any materials and communication developed by the vendor in the course of performance of this contract shall be the property of the DHHR/BHMF. It is further agreed that the DHHR/BHMF shall be free to use such materials and communications as it sees fit.

IMPLEMENTATION

Joe Boggs & Associates, Inc. will begin implementation of the contract upon award. Testing can begin within 10 business days of contract.

EVALUATION CRITERIA

PROPOSED METHOD OF PERFORMANCE

Joe Boggs & Associates, Inc. plans to implement the DHHR/BHHF's Drug and Alcohol Testing Programs by communicating with the Program Managers identified by the Agency. Coordination of activities in a manner that protects the sensitive information developed in this type employee program is essential to the method of performance our organization can provide. We anticipate communicating daily with the DHHR/BHHF and are prepared to direct the necessary company resources to manage the Agency's Programs in a cost-effective manner. Joe Boggs & Associates, Inc. (Vendor) will implement the DHHR/BHHF's Drug and alcohol Testing programs for safety-sensitive employees in the following ways as defined by this RFQ:

- **Method of Collection:** Vendor will collect all breath and/or urine samples in compliance with 49 CFR Part 40 protocols. Collections will be conducted at the specific State hospitals unless noted. The split sample method of urine collection will be followed as described in the aforementioned regulation. Non-regulated breath and/or urine collections (if required by the DHHR/BHHF) will be conducted using the same protocols to ensure program consistency unless the Vendor is directed to deviate from these protocols by the Agency.
- **Equipment to be Used:** All breath alcohol testing will be performed with an evidential breath test (EBT) device. Specifically Joe Boggs & Associates, Inc. uses the Alco-Sensor IV manufactured by Intoximeters, Inc. of St. Louis, MO. This device is included in the National Highway Traffic Safety Administration's "List of Conforming Products" alcohol testing. Each EBT is connected to an Intoximeter RBT IV which is a battery powered unit that provides a printout of each test in accordance to 49 CFR 40.231(b). Joe Boggs & Associates, Inc. currently has 10 Alco-Sensor IV/RBT IV combinations in use. Joe Boggs & Associates, Inc. uses no other types of alcohol screening devices such as a saliva testing device since non-EBT's cannot be used for confirmation tests. Non-regulated alcohol tests are performed in an identical manner except the alcohol testing form specifically identifies the test as Non-DOT.

Urine collection will be conducted using standard test kits and Control and Custody Forms approved by the US DOT in 49 CFR part 40 (and Part 382 or 219 as applicable) for all regulated collections.

ORGANIZATION QUALIFICATIONS

The following is a list of personnel that will collect, certify and administer the drug and alcohol testing program at Joe Boggs & Associates, Inc. Collector certifications are found in Appendix A. MRO certifications are in Appendix B. MRO Resumes are in Appendix C. Breath Alcohol Technician certifications are in Appendix D.

Collectors and Breath Alcohol Technicians (all listed collectors have completed the training requirements of 49 CFR Part 40.33):

Joe Boggs	Ritchie Boggs
Tom DeVault	J D Kittle
Edward Pritt	Gary Silman
Glen Thaxton	Robert J Turner Sr

Random Selection

Ritchie Boggs

Collection Scheduling

Linda Boggs

Medical Review Officers

Dr Glen Wright, MD (primary) In-house

Dr Dennis M Demby, MD (back-up)

Dr James F Byers, MD (back-up)

Assistant Medical Review Officer

Ritchie Boggs

American Association of Medical Review Officers



THIS IS TO CERTIFY THAT

Glen Wright, M.D.

having presented to the Executive Board of the American Association of Medical Review Officers satisfactory evidence of prescribed qualifications and having passed an approved examination before the

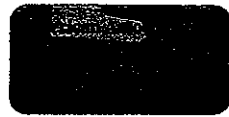
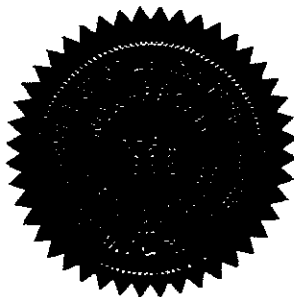
American Association of Medical Review Office

in accordance with national standards of competency and experience established for Medical Review Officers, is hereby accredited and designated as a

Certified Medical Review Officer

and by order of the AAMRO Board has been entered as such in the **AAMRO Registry of Certified Medical Review Officers**

Given and dated this 27th day of September 1998



Thomas F. Smith

Chairman

J. M. Cla...

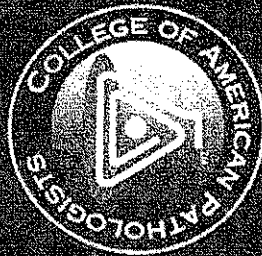
Executive Dir.

Witnessed and sealed with the Seal of the American Association of Medical Review Officers the day and date above written

Cindy Ferrell

Corporate Secretary

Certificate Number 980927



Advancing Excellence

Accredited Laboratory



The College of American Pathologists

certifies that the laboratory named below:

MEDTOX Laboratories, Inc.

Main Laboratory

Saint Paul, Minnesota

Mark G. Catlin, MD

LAP Number: 3039201

AU-ID: 1189554

CLIA Number: 24D0665278

has met all applicable standards for accreditation and is hereby fully accredited by the College of American Pathologists' Laboratory Accreditation Program. Reinspection should occur prior to February 4, 2009 to maintain accreditation.

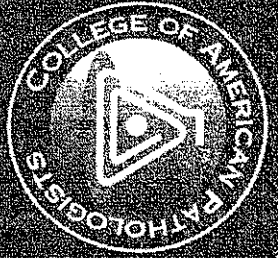
Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.

R. Ross Wilkins, MD

Chair, Commission on Laboratory Accreditation

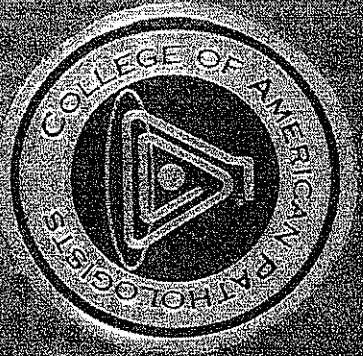
David N. Schwartz, MD PhD FACP

President, College of American Pathologists



Advancing Excellence

**Accredited
Laboratory**



The College of American Pathologists

certifies that the laboratory named below:

MEDPROX Laboratories, Inc.

Saint Paul, Minnesota

Jennifer A. Collins, Ph.D., HCLD (ABB)

LAP Number: 3039202

ALC ID: 1192042

CLIA Number: 24D0665278

has met all applicable standards for accreditation and is hereby fully accredited by the College of American Pathologists' Forensic Urine Drug Testing Accreditation Program. Reinspection should occur prior to February 4, 2009 to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.

W. Gary Williams, MD

Chief, Committee on Laboratory Accreditation

Thomas Soderstrom, MD, FRCPC

President, College of American Pathologists

MEDTOX[®] Laboratories, Inc.

CERTIFICATIONS / ACCREDITATIONS

- National Laboratory Certification Program (DHHS)
- HCFA CLIA ID# 24D0865278
- Medicare Provider# 890000038
- U.S. Drug Enforcement Administration License
- Minnesota Controlled Substance Permit (Drug Researcher License)
- CAP / AACC, Forensic Urine Drug Testing
- State of Florida, Agency for Healthcare Administration
- State of Maryland, Department of Health and Mental Hygiene
- Minnesota, Department of Health
- New York State, Department of Health
- Oklahoma, Department of Health
- State of Maine, Department of Human Services
- Commonwealth of Pennsylvania, Department of Health
- State of Vermont, Department of Health
- International Brotherhood of Teamsters and Trucking Management
- OSHA Blood Lead
- OSHA Cadmium
- California Department of Health Services, Blood Lead
- State of Hawaii, Department of Health
- State of New Hampshire Department of Health and Human Services, Blood Lead
- Ohio Department Health, Blood Lead

Drugs of Abuse Proficiency Testing

- National Laboratory Certification Program (DHHS)
- CAP / AACC, Forensic Urine Drug Testing
- CAP / AACC, Whole Blood Alcohol / Volatiles
- State of Florida, Agency for Health Care Administration
- New York State, Department of Health
- Commonwealth of Pennsylvania, Department of Health
- Minnesota Bureau of Criminal Apprehension, Alcohol
- Department of Transportation, Blood Alcohol

Therapeutic Drug Monitoring / Clinical Toxicology Proficiency Testing

- New York State, Department of Health
- CAP Therapeutic Drug Monitoring Comprehensive Special
- CAP Toxicology
- CAP Urine Toxicology
- CAP Immunosuppressive Drugs
- CAP Blood Oximetry
- CAP Pseudocholesterase

Metals Proficiency Testing

- CAP / AACC Blood Lead
- CAP Trace Metals
- CAP Cadmium
- New York State, Department of Health Blood Lead, Erythrocyte Protoporphyrin, Mercury
- Centre de Toxicologie du Quebec, OSHA Cadmium
- Centre de Toxicologie du Quebec, Inter-Laboratory Comparison Program, Heavy Metals

ACORDTM

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER BB&T Insurance 110 Dixie Street Carrollton, GA 30117 770 214-1991	CONTACT NAME: PHONE (A/C, No, Ext): 770 214-1991	FAX (A/C, No): 888-751-2997
	E-MAIL ADDRESS:	
INSURED Joe Boggs & Associates Inc PO Box 771 Charleston, WV 25323	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Markel Ins (Stringer Ware)	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
		NAIC # 38970

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional		3CD3301	03/19/2012	03/19/2013	\$1,000,000 Each Claim \$3,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Professional Liability-Testing Services; Claims Made; Retro Date: 03/19/12; Deductible: \$2,500; Background Check & MVR Endorsement; Training Endorsement
DATIA Member Number: 44837

CERTIFICATE HOLDER Drug & Alcohol Testing Industry Association (DATIA) 1325 G Street, NW, Suite 500#5001 Washington, DC 20005	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Paula D. Saylor</i>
---	--



400 Quarrier Street Charleston, WV 25301-2010

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INFORMATION PAGE WC 00 00 01 (A)

RENEWAL OF POLICY NUMBER: WC10217118-01
POLICY NUMBER: WC10217118-02

INSURER: BRICKSTREET MUTUAL INSURANCE COMPANY

- 1. INSURED: JOE BOGGS & ASSOCIATES INC
PRODUCER: BRICKSTREET MUTUAL INSURANCE COMPANY

Insured is a(n) CORPORATION

Other work places and identification numbers are shown in the schedule(s) attached.

- 2. The policy period is from 07/09/2011 to 07/09/2012 12:01 A.M. at the insured's mailing address.
3. A. WORKERS COMPENSATION INSURANCE: Part One of the policy applies to the Workers Compensation Law of the state(s) listed here: WEST VIRGINIA
B. EMPLOYERS LIABILITY INSURANCE: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:
Bodily Injury by Accident: \$1,000,000 Each Accident
Bodily Injury by Disease: \$1,000,000 Policy Limit
Bodily Injury by Disease: \$1,000,000 Each Employee
C. OTHER STATES INSURANCE: Part Three of the policy applies to the states, if any, listed here:
D. This policy includes these endorsements and schedules:
SEE LIST OF ENDORSEMENTS - EXTENSION OF INFORMATION PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made in accordance with Part Five of the Policy.

DATE OF ISSUE: 07/09/2011
ISSUING OFFICE: Charleston, WV
PRODUCER: BRICKSTREET MUTUAL INSURANCE COMPANY

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
350 CAPITOL STREET, ROOM 350
CHARLESTON, WEST VIRGINIA 25301-3702
BHS12112**

Bid Schedule

Any anticipated travel must be incorporated into the vendor's fee. No travel will be reimbursed by the State and is the sole responsibility of the vendor.

Vendor must include the cost of a certified Medical Review Officer (MRO) in their per test cost.

The vendor's quotation must include bids for the following information as outlined:

	Usage	Cost	Extension
1. Drug Screening	765 tests	<u>105.00</u>	<u>80,325.00</u>
After Hours	35 tests	<u>200.00</u>	<u>7,000.00</u>
2. Alcohol Testing	765 tests	<u>35.00</u>	<u>26,775.00</u>
After Hours	35 tests	<u>45.00</u>	<u>1,575.00</u>
3. Expert Witness Testimony	5 hrs.	<u>.00</u>	<u>.00</u>
4. Collector Testimony	5 hrs.	<u>.00</u>	<u>.00</u>
5. Deposition	5 hrs.	<u>.00</u>	<u>.00</u>
Total			<u><u>115,675.00</u></u>

If applicable, sign and submit the attached Resident Vendor Preference Certificate with the Quotation.

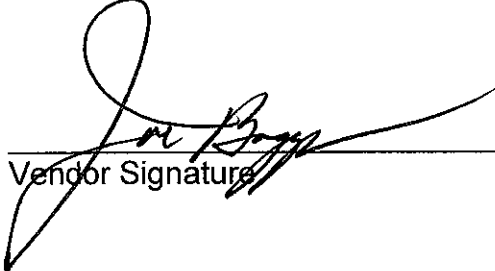
The State does reserve the right to accept or reject any or all of the Quotations, in whole or in part, without prejudice if to do so is felt to be in the best interest of the State. Vendor's failure to provide complete and accurate information may be considered grounds for disqualification. The State reserves the right if necessary to ask vendors for additional information to clarify their Quotations. Nothing may be added to alter the written solution or method contained in the original Quotation after the bid opening.

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
350 CAPITOL STREET, ROOM 350
CHARLESTON, WEST VIRGINIA 25301-3702
BHS12112

16

Joe Boggs & Associates, Inc.

Vendor Name



Vendor Signature

304-345-1396

Vendor Phone number

304-345-8907

Vendor Fax number

1.boggs@suddenlinkmail.com

Vendor Email address

Drug & Alcohol Testing Industry Association

Certificate of Membership

Joe Boggs & Associates, Inc.
Charleston, WVA

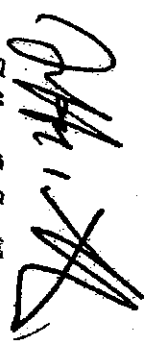
JS

Recognized as a Regular member
of the

Drug & Alcohol Testing Industry Association

Membership Expires: September 1, 2000




Jeffrey C. Smith
President
DQA, Alexandria, VA

Certificate of Completion

This certifies that on November 29, 2007

Ritchie Boggs

successfully completed the curriculum specified by the Department of Transportation (DOT) and curriculum specified by **Intoximeters, Inc.** for certification as a

Breath Alcohol Technician (BAT)
and
Factory Authorized Calibration Technician

The curriculum presented corresponds with the DOT's BAT model curriculum established pursuant to 49 CFR Part 40 Procedures. It also corresponds with Intoximeters, Inc.'s proficiency in the use of the Evidential Breath Testing (EBT) curriculum which includes a review of the Evidential Breath Test device's Quality Assurance Plan, and requires demonstration of proficiency in conducting calibrations, calibration checks and the operation of the:

ALCO SENSOR IV / RBT IV
ALCO SENSOR IV w/ MEMORY

The course curriculum was approved by Intoximeters, Inc., the manufacturer of the Evidential Breath Test Device, and complies with the manufacturer's standards for the operation of the instrument.


Betty Bailey
Intoximeters, Inc.

Expires: November / 2012


Floyd Wing, Instructor

13195

Certificate of Completion

This certifies that on November 29, 2007

ROBERT TURNER

successfully completed the curriculum specified by the Department of Transportation (DOT) and curriculum specified by **Intoximeters, Inc.** for certification as a

Breath Alcohol Technician (BAT)
and
Factory Authorized Calibration Technician

The curriculum presented corresponds with the DOT's BAT model curriculum established pursuant to 49 CFR Part 40 Procedures. It also corresponds with Intoximeters, Inc.'s proficiency in the use of the Evidential Breath Testing (EBT) curriculum which includes a review of the Evidential Breath Test device's Quality Assurance Plan, and requires demonstration of proficiency in conducting calibrations, calibration checks and the operation of the:

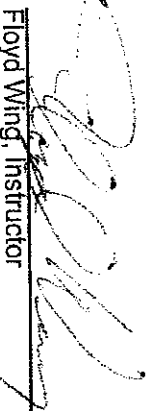
ALCO SENSOR IV / RBT IV
ALCO SENSOR IV w/ MEMORY

The course curriculum was approved by Intoximeters, Inc., the manufacturer of the Evidential Breath Test Device, and complies with the manufacturer's standards for the operation of the instrument.



Intoximeters, Inc.

Expires: November / 2012



Floyd Wing, Instructor

13194

Certificate of Completion

This Certifies that on December 5th 2007

JOE BOGGS

Successfully Completed the curriculum specified by the U.S. Department of Transportation (DOT)
for certification for

Breath Alcohol Technician (BAT)

Refresher Training

By demonstrating proficiency in the use of the Evidential Breath Testing (EBT), conduct seven error free tests, review of the device's Quality Assurance Plan, and demonstration of proficiency in conducting calibration/accuracy checks of the:

Intoximeters Alco-Sensor IV RBT IV



Richie A. Boggs, Trainer

Joe Boggs & Associates, Inc.
1703 Woodvale Drive
Charleston, West Virginia 25314

Accreditation Expiration Date: November 30th, 2012

Certificate of Completion

This Certifies that on August 22nd 2007

Edward Pitt

Successfully Completed the curriculum specified by the U.S. Department of Transportation (DOT)
for certification as a

Breath Alcohol Technician (BAT)

and

Evidential Breath Test (EBT) Operator


By demonstrating proficiency in the use of the Evidential Breath Testing (EBT), conduct seven error free tests, review of the device's Quality Assurance Plan, and demonstration of proficiency in conducting calibration/accuracy checks of the:

Intoximeters Alco-Sensor IV RBT IV

Joe Boggs & Associates, Inc.

1703 Woodvale Drive

Charleston, West Virginia 25314


Robert J. Turner, Sr., Trainer

Certification Expiration Date: August 22nd 2010

Certificate of Completion

This certifies that on November 11, 2011

Glen Thaxton

Successfully completed the curriculum specified by the Department of
Transportation (DOT) for certification as a
Breath Alcohol Technician (BAT)

The curriculum presented corresponds with the DOT's BAT model curriculum established pursuant to 49 CFR Part 40 Procedures.

It also corresponds with Intoximeters, Inc's proficiency in the use of the Evidential Breath Testing (EBT) curriculum which includes

A review of the Evidential Breath Test device's Quality Assurance Plan, and requires demonstration of proficiency in conducting

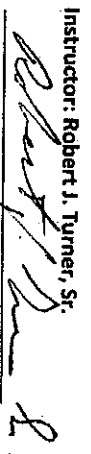
Calibrations, calibration checks and the operation of the:

ALCO-SENSOR IV/RBT IV

The course curriculum was approved by Intoximeters, Inc., manufacturer of the Evidential Breath Test Device, and complies with
the manufacturer's standards for operation of the instrument.

Certificate Number:050819

Date: November 11, 2011

Instructor: Robert J. Turner, Sr.


Certificate of Completion

This certifies that on November 11, 2011

Gary T. Silman

Successfully completed the curriculum specified by the Department of
Transportation (DOT) for certification as a
Breath Alcohol Technician (BAT)

The curriculum presented corresponds with the DOT's BAT model curriculum established pursuant to 49 CFR Part 40 Procedures.

It also corresponds with Intoximeters, Inc.'s proficiency in the use of the Evidential Breath Testing (EBT) curriculum which includes

A review of the Evidential Breath Test device's Quality Assurance Plan, and requires demonstration of proficiency in conducting

Calibrations, calibration checks and the operation of the:

ALCO-SENSOR IV/RBT IV

The course curriculum was approved by Intoximeters, Inc., manufacturer of the Evidential Breath Test Device, and complies with
the manufacturer's standards for operation of the instrument.

Certificate Number:050818

Date: November 11, 2011

Instructor: Robert J. Turner, Sr.



Certificate of Completion

This certifies that on November 11, 2011

Tom Devault

Successfully completed the curriculum specified by the Department of
Transportation (DOT) for certification as a
Breath Alcohol Technician (BAT)

The curriculum presented corresponds with the DOT's BAT model curriculum established pursuant to 49 CFR Part 40 Procedures.

It also corresponds with Intoximeters, Inc's proficiency in the use of the Evidential Breath Testing (EBT) curriculum which includes

A review of the Evidential Breath Test device's Quality Assurance Plan, and requires demonstration of proficiency in conducting

Calibrations, calibration checks and the operation of the:

ALCO-SENSOR IV/RBT IV

The course curriculum was approved by Intoximeters, Inc., manufacturer of the Evidential Breath Test Device, and complies with
the manufacturer's standards for operation of the instrument.

Certificate Number:050820

Date: November 11, 2011

Instructor: Robert J. Turner, Sr.



The Drug & Alcohol Testing
Industry Association

Certificate of Attendance

Ritchie Boggs

DATA

Excelling as an MRO Assistant Workshop

April 6, 2006

0.75 Continuing Education Units/7.5 Continuing Education Hours

Christy Manna
Christy Manna
Membership Director
DATA, Washington, DC

CERTIFICATE OF COMPLETION

Ritchie A. Boggs

This is to certify that on October 18, 2011, Ritchie A. Boggs successfully completed training for Urine Specimen Collection as required by 49CFR, Part 40.33. This training included Basic Information, DOT Urine Specimen Procedures Guidelines, Qualification Training, and Initial Proficiency Demonstration.

EMPLOYER

Joe Boggs & Associates, Inc.
PO Box 771
Charleston, WV 25323

INSTRUCTOR

Robert J. Turner, Sr. *Robert J. Turner, Sr.*
DATIA Certified Professional
Collector Trainer

CERTIFICATE OF COMPLETION


Tom Devault

This is to certify that on October 18, 2011, Tom Devault successfully completed training for Urine Specimen Collection as required by 49CFR, Part 40.33. This training included Basic Information, DOT Urine Specimen Procedures Guidelines, Qualification Training, and Initial Proficiency Demonstration.

EMPLOYER

Joe Boggs & Associates, Inc.
PO Box 771
Charleston, WV 25323

INSTRUCTOR

Ritchie A. Boggs 
DATIA Certified Professional
Collector Trainer

CERTIFICATE OF COMPLETION

Glen Thaxton

This is to certify that on October 18, 2011, Glen Thaxton successfully completed training for Urine Specimen Collection as required by 49CFR, Part 40.33. This training included Basic Information, DOT Urine Specimen Procedures Guidelines, Qualification Training, and Initial Proficiency Demonstration.

EMPLOYER

Joe Boggs & Associates, Inc.
PO Box 771
Charleston, WV 25323

INSTRUCTOR

Ritchie A. Boggs 
DATIA Certified Professional
Collector Trainer

CERTIFICATE OF COMPLETION


Edward Pritt

This is to certify that on October 18, 2011, Edward Pritt successfully completed training for Urine Specimen Collection as required by 49CFR, Part 40.33. This training included Basic Information, DOT Urine Specimen Procedures Guidelines, Qualification Training, and Initial Proficiency Demonstration.

EMPLOYER

Joe Boggs & Associates, Inc.
PO Box 771
Charleston, WV 25323

INSTRUCTOR

Ritchie A. Boggs 
DATA Certified Professional
Collector Trainer

CERTIFICATE OF COMPLETION

Robert J. Turner, Sr.

This is to certify that on October 18, 2011, Robert J. Turner, Sr. successfully completed training for Urine Specimen Collection as required by 49CFR, Part 40.33. This training included Basic Information, DOT Urine Specimen Procedures Guidelines, Qualification Training, and Initial Proficiency Demonstration.

EMPLOYER

Joe Boggs & Associates, Inc.
PO Box 771
Charleston, WV 25323

INSTRUCTOR

Ritchie A. Boggs
DATA Certified Professional
Collector Trainer

CERTIFICATE OF COMPLETION


Gary T. Silman

This is to certify that on October 18, 2011, Gary T. Silman successfully completed training for Urine Specimen Collection as required by 49CFR, Part 40.33. This training included Basic Information, DOT Urine Specimen Procedures Guidelines, Qualification Training, and Initial Proficiency Demonstration.

EMPLOYER

Joe Boggs & Associates, Inc.
PO Box 771
Charleston, WV 25323

INSTRUCTOR

Ritchie A. Boggs 
DATIA Certified Professional
Collector Trainer

CERTIFICATE OF COMPLETION

Ritchie A. Boggs

This is to certify that on October 18, 2011, Ritchie A. Boggs successfully completed training for Urine Specimen Collection as required by 49CFR, Part 40.33. This training included Basic Information, DOT Urine Specimen Procedures Guidelines, Qualification Training, and Initial Proficiency Demonstration.

EMPLOYER

Joe Boggs & Associates, Inc.
PO Box 771
Charleston, WV 25323

INSTRUCTOR

Robert J. Turner, Sr.
DATIA Certified Professional
Collector Trainer



Certificate of Completion

This certifies that on November 11, 2011

Tom Devault

Successfully completed the curriculum specified by the Department of
Transportation (DOT) for certification as a
Breath Alcohol Technician (BAT)

The curriculum presented corresponds with the DOT's BAT model curriculum established pursuant to 49 CFR Part 40 Procedures.

It also corresponds with Intoximeters, Inc's proficiency in the use of the Evidential Breath Testing (EBT) curriculum which includes

A review of the Evidential Breath Test device's Quality Assurance Plan, and requires demonstration of proficiency in conducting

Calibrations, calibration checks and the operation of the:

ALCO-SENSOR IV/RBT IV

The course curriculum was approved by Intoximeters, Inc., manufacturer of the Evidential Breath Test Device, and complies with
the manufacturer's standards for operation of the instrument.

Certificate Number:050820

Date: November 11, 2011

Instructor: Robert J. Turner, Sr.



Certificate of Completion

This certifies that on November 11, 2011

Glen Thaxton

Successfully completed the curriculum specified by the Department of
Transportation (DOT) for certification as a
Breath Alcohol Technician (BAT)

The curriculum presented corresponds with the DOT's BAT model curriculum established pursuant to 49 CFR Part 40 Procedures.
It also corresponds with Intoximeters, Inc's proficiency in the use of the Evidential Breath Testing (EBT) curriculum which includes
A review of the Evidential Breath Test device's Quality Assurance Plan, and requires demonstration of proficiency in conducting
Calibrations, calibration checks and the operation of the:

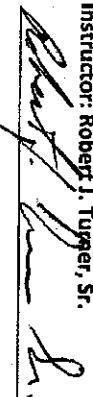
ALCO-SENSOR IV/RBT IV

The course curriculum was approved by Intoximeters, Inc, manufacturer of the Evidential Breath Test Device, and complies with
the manufacturer's standards for operation of the instrument.

Certificate Number:050819

Date: November 11, 2011

Instructor: Robert J. Turger, Sr.



Certificate of Completion

This certifies that on November 11, 2011

Gary T. Silman

Successfully completed the curriculum specified by the Department of
Transportation (DOT) for certification as a
Breath Alcohol Technician (BAT)

The curriculum presented corresponds with the DOT's BAT model curriculum established pursuant to 49 CFR Part 40 Procedures.

It also corresponds with Intoximeters, Inc.'s proficiency in the use of the Evidential Breath Testing (EBT) curriculum which includes

A review of the Evidential Breath Test device's Quality Assurance Plan, and requires demonstration of proficiency in conducting

Calibrations, calibration checks and the operation of the:

ALCO-SENSOR IV/RBT IV

The course curriculum was approved by Intoximeters, Inc., manufacturer of the Evidential Breath Test Device, and complies with
the manufacturer's standards for operation of the instrument.

Certificate Number:050818

Date: November 11, 2011

Instructor: Robert J. Turner, Sr.



CERTIFICATE OF COMPLETION


Joe Boggs

This is to certify that on October 18, 2011, Joe Boggs successfully completed training for Urine Specimen Collection as required by 49CFR, Part 40.33. This training included Basic Information, DOT Urine Specimen Procedures Guidelines, Qualification Training, and Initial Proficiency Demonstration.

EMPLOYER

Joe Boggs & Associates, Inc.
PO Box 771
Charleston, WV 25323

INSTRUCTOR

Ritchie A. Boggs 
DATIA Certified Professional
Collector Trainer