



The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at ***WVPurchasing.gov*** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

## Header 3

[General Information](#) [Contact](#) [Default Values](#) [Discount](#) [Document Information](#)

Procurement Folder: 399525

SO Doc Code: CRFQ

Procurement Type: Central Master Agreement

SO Dept: 0613

Vendor ID: VS0000007234

SO Doc ID: VNF1800000009

Legal Name: Norton Medical Industries

Published Date: 12/19/17

Alias/DBA:

Close Date: 1/3/18

Total Bid: \$23,178.00

Close Time: 13:30

Response Date: 01/02/2018

Status: Closed

Response Time: 20:34

Solicitation Description: ADDENDUM 1 DRUG AND ALCOHOL TESTING

Total of Header Attachments: 3

Total of All Attachments: 3



Purchasing Division  
2019 Washington Street East  
Post Office Box 50130  
Charleston, WV 25305-0130

State of West Virginia  
Solicitation Response

Proc Folder : 399525

Solicitation Description : ADDENDUM 1 DRUG AND ALCOHOL TESTING

Proc Type : Central Master Agreement

| Date issued | Solicitation Closes    | Solicitation Response                | Version |
|-------------|------------------------|--------------------------------------|---------|
|             | 2018-01-03<br>13:30:00 | SR      0613    ESR01021800000002935 | 1       |

VENDOR

VS0000007234

Norton Medical Industries

Solicitation Number:    CRFQ    0613      VNF1800000009

Total Bid :      \$23,178.00                      Response Date:    2018-01-02                      Response Time:    20:34:17

Comments:

FOR INFORMATION CONTACT THE BUYER

Crystal Rink  
(304) 558-2402  
crystal.g.rink@wv.gov

Signature on File

FEIN #

DATE

All offers subject to all terms and conditions contained in this solicitation

| Line | Comm Ln Desc                                    | Qty      | Unit Issue | Unit Price  | Ln Total Or Contract Amount |
|------|---|----------|------------|-------------|-----------------------------|
| 1    | Pre-Employment Drug Testing - Laboratory Screen | 75.00000 | EA         | \$62.000000 | \$4,650.00                  |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85121810  |              |               |         |

|                        |  |
|------------------------|--|
| Extended Description : | PLEASE SEE ATTACHED SPECS FOR MORE DETAILS |
|------------------------|--|

**Comments:** Local Site Price.

| Line | Comm Ln Desc                   | Qty      | Unit Issue | Unit Price  | Ln Total Or Contract Amount |
|------|--------------------------------|----------|------------|-------------|-----------------------------|
| 2    | PRE-EMPLOYMENT ALCOHOL TESTING | 75.00000 | EA         | \$52.000000 | \$3,900.00                  |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85121810  |              |               |         |

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| Extended Description : | PLEASE SEE ATTACHED SPECS FOR MORE DETAILS |
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**Comments:** Local Site Price.

| Line | Comm Ln Desc   | Qty      | Unit Issue | Unit Price   | Ln Total Or Contract Amount |
|------|--|----------|------------|--------------|-----------------------------|
| 3    | REASONABLE SUSPICION DRUG TESTING -PRELIMINARY ON SITE | 10.00000 | EA         | \$126.000000 | \$1,260.00                  |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85121810  |              |               |         |

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| Line | Comm Ln Desc  | Qty      | Unit Issue | Unit Price   | Ln Total Or Contract Amount |
|------|---|----------|------------|--------------|-----------------------------|
| 4    | REASONABLE SUSPICAON DRUG TESTING LABORATORY SCREEN | 10.00000 | EA         | \$126.000000 | \$1,260.00                  |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85121810  |              |               |         |

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| Extended Description : | PLEASE SEE ATTACHED SPECS FOR MORE DETAILS |
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| Line | Comm Ln Desc                            | Qty      | Unit Issue | Unit Price   | Ln Total Or Contract Amount |
|------|---|----------|------------|--------------|-----------------------------|
| 5    | REASONABLE SUSPICION<br>ALCOHOL TESTING | 15.00000 | EA         | \$126.000000 | \$1,890.00                  |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85121810  |              |               |         |

Extended Description : PLEASE SEE ATTACHED SPECS FOR MORE DETAILS

| Line | Comm Ln Desc   | Qty     | Unit Issue | Unit Price   | Ln Total Or Contract Amount |
|------|--|---------|------------|--------------|-----------------------------|
| 6    | POST ACCIDENT DRUG TESTING<br>PRELIMINARY ON SITE SCREEN | 5.00000 | EA         | \$126.000000 | \$630.00                    |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85121810  |              |               |         |

Extended Description : PLEASE SEE ATTACHED SPECS FOR MORE DETAILS

| Line | Comm Ln Desc                                    | Qty     | Unit Issue | Unit Price   | Ln Total Or Contract Amount |
|------|---|---------|------------|--------------|-----------------------------|
| 7    | POST ACCIDENT DRUG TESTING<br>LABORATORY SCREEN | 5.00000 | EA         | \$126.000000 | \$630.00                    |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85121810  |              |               |         |

Extended Description : PLEASE SEE ATTACHED SPECS FOR MORE DETAILS

| Line | Comm Ln Desc                     | Qty     | Unit Issue | Unit Price   | Ln Total Or Contract Amount |
|------|----------------------------------|---------|------------|--------------|-----------------------------|
| 8    | POST ACCIDENT ALCOHOL<br>TESTING | 5.00000 | EA         | \$126.000000 | \$630.00                    |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85121810  |              |               |         |

Extended Description : PLEASE SEE ATTACHED SPECS FOR MORE DETAILS

| Line | Comm Ln Desc                                  | Qty      | Unit Issue | Unit Price  | Ln Total Or Contract Amount |
|------|---|----------|------------|-------------|-----------------------------|
| 9    | RETURN TO WORK DRUG TESTING LABORATORY SCREEN | 25.00000 | EA         | \$71.000000 | \$1,775.00                  |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85121810  |              |               |         |

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| Extended Description : | PLEASE SEE ATTACHED SPECS FOR MORE DETAILS |
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**Comments:** Local Site Price.

| Line | Comm Ln Desc                   | Qty      | Unit Issue | Unit Price  | Ln Total Or Contract Amount |
|------|--------------------------------|----------|------------|-------------|-----------------------------|
| 10   | RETURN TO WORK ALCOHOL TESTING | 25.00000 | EA         | \$53.000000 | \$1,325.00                  |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85121810  |              |               |         |

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| Extended Description : | PLEASE SEE ATTACHED SPECS FOR MORE DETAILS |
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**Comments:** Local Site Price.

| Line | Comm Ln Desc                | Qty      | Unit Issue | Unit Price   | Ln Total Or Contract Amount |
|------|-----------------------------|----------|------------|--------------|-----------------------------|
| 11   | COLLECTION EXPERT TESTIMONY | 10.00000 | HOURL      | \$100.000000 | \$1,000.00                  |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85121810  |              |               |         |

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|------------------------|--|
| Extended Description : | PLEASE SEE ATTACHED SPECS FOR MORE DETAILS |
|------------------------|--|

| Line | Comm Ln Desc                | Qty      | Unit Issue | Unit Price   | Ln Total Or Contract Amount |
|------|-----------------------------|----------|------------|--------------|-----------------------------|
| 12   | LABORATORY EXPERT TESTIMONY | 10.00000 | HOURL      | \$100.000000 | \$1,000.00                  |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85121810  |              |               |         |

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|------------------------|--|
| Extended Description : | PLEASE SEE ATTACHED SPECS FOR MORE DETAILS |
|------------------------|--|

| Line | Comm Ln Desc         | Qty      | Unit Issue | Unit Price   | Ln Total Or Contract Amount |
|------|----------------------|----------|------------|--------------|-----------------------------|
| 13   | MRO EXPERT TESTIMONY | 10.00000 | HOUR       | \$100.000000 | \$1,000.00                  |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85121810  |              |               |         |

Extended Description : PLEASE SEE ATTACHED SPECS FOR MORE DETAILS

| Line | Comm Ln Desc                                 | Qty      | Unit Issue | Unit Price   | Ln Total Or Contract Amount |
|------|--|----------|------------|--------------|-----------------------------|
| 14   | COLLECTION EXPERT TESTIMONY<br>AT DEPOSITION | 10.00000 | HOUR       | \$100.000000 | \$1,000.00                  |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85121810  |              |               |         |

Extended Description : PLEASE SEE ATTACHED SPECS FOR MORE DETAILS

| Line | Comm Ln Desc                                 | Qty      | Unit Issue | Unit Price   | Ln Total Or Contract Amount |
|------|--|----------|------------|--------------|-----------------------------|
| 15   | LABORATORY EXPERT<br>TESTIMONY AT DEPOSITION | 10.00000 | HOUR       | \$100.000000 | \$1,000.00                  |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85121810  |              |               |         |

Extended Description : PLEASE SEE ATTACHED SPECS FOR MORE DETAILS

| Line | Comm Ln Desc                          | Qty      | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|------|---------------------------------------|----------|------------|------------|-----------------------------|
| 16   | MRO EXPERT TESTIMONY AT<br>DEPOSITION | 10.00000 | HOUR       | \$0.000000 | \$0.00                      |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85121810  |              |               |         |

Extended Description : PLEASE SEE ATTACHED SPECS FOR MORE DETAILS

**Comments:** MRO Expert Testimony at Deposition will be included at no additional cost.

| Line | Comm Ln Desc                                 | Qty     | Unit Issue | Unit Price  | Ln Total Or Contract Amount |
|------|--|---------|------------|-------------|-----------------------------|
| 17   | BLIND PERFORMANCE TEST -<br>ONCE PER QUARTER | 4.00000 | EA         | \$57.000000 | \$228.00                    |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 85121810  |              |               |         |

|                        |  |
|------------------------|--|
| Extended Description : | PLEASE SEE ATTACHED SPECS FOR MORE DETAILS |
|------------------------|--|

# ORIGINAL PROPOSAL



## NORTON MEDICAL INDUSTRIES

Drug Testing Programs to  
Comply with Federal Regulations

6265 SEPULVEDA BOULEVARD, SUITE 13  
VAN NUYS, CALIFORNIA 91411  
MRO DR. MARSHALL ZABLEN, M.D.  
800.243.7669 | FAX 818.779.1908 | ADMIN@NORTONMEDICAL.COM

**CRFQ: VNF1800000009**  
**Drug and Alcohol Testing Services**



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## Transmittal Letter

### Division of Veterans Affairs, West Virginia

Norton Medical Industries has been providing comprehensive drug testing services for DOT (Department of Transportation) clients for more than 25 years. We are an S corporation, a third-party administrator that provides a full-service, anti-drug and alcohol misuse prevention program. Norton has been assisting DOT regulated entities, educational institutions, police departments, and private companies to comply with drug and alcohol programs since 1989. Norton Medical Industries provides drug-testing services including next day reporting with a web-based dashboard. Random testing of your various employee pools can be managed by a manager page, which shows DOT worker pools and also non-DOT worker pools all on one secure website. We also have a full office staff manning our phones, fully trained to promptly handle any questions that you may have.

After careful examination of the specifications and requirements laid out by West Virginia Veteran Affairs Nursing Facility, we are confident that we are a qualified and capable bidder and are prepared to execute the contract in its entirety.

**State governmental clients include the State of New Mexico's Department of Transportation, Radcliffe VA Hospital in the State of Kentucky, and the State of Wyoming's Department of Corrections.** Our municipal FTA clients include the Golden Empire Transit serving the City of Bakersfield, California, SunLine Transit Agency serving Riverside County, California and Sun Metro Transit serving the County of El Paso, Texas; as well as the Los Angeles County Department of Transportation and County of Orange Taxi Administration Program in California. Our client base is expansive and located throughout the union.

Norton Medical Industries began providing federal compliance administration for county-level transit authorities in the early 1990s. There have been no mergers, acquisitions, or change of control of Norton Medical Industries within the last 10 years.

Norton Medical features an in-house, certified Medical Review Officer and MRO team that responds promptly when non-negative test results are received to deliver accurate, validated results, typically by the next day. Our MRO and staff, headed by Dr. Marshall Zablen MD, can provide litigation support in any case where a test is challenged.

**Norton Medical provides Premium data management software for our clients.**

**West Virginia Veteran Affairs Nursing Facility will have a secure online dashboard portal to see and edit employees, test results (once posted) and random selections posted as requested either monthly or quarterly.** We

constantly improve and refine our proprietary software to optimally fit the needs of companies regulated by the Federal Transit Authority, Federal Motor Carrier Safety

Administration, and the Federal Aviation Administration. All client information is located on your company's dashboard. In addition, randoms and test results are also available and maintained on this web-accessible secure server portal. Federal auditors have inspected Norton Medical Industries on several occasions over the years and offered suggestions for improvement as well as praise for our system's convenience, clarity, and usability.

The link below shows a video displaying the ease of use of the dashboard with a typical DOT client, "Magic School Bus"

**Magic School Bus video link:** <https://www.youtube.com/watch?v=si8Z4H-TZWA>

If West Virginia Veteran Affairs Nursing Facility wants to divide employees into different pools with different responsibilities, each pool of workers can be reviewed by the administrators of that pool only. A manager page can be created for your HR department where human resource managers can view all pools easily from one web site.

**Manager Control Panel link:** <https://www.youtube.com/watch?v=DMMNnfAYQP0>

**Norton Medical Industries has embraced technology to improve efficiency, but Norton has never abandoned its commitment to providing live, trained administrators based in our offices, answering our phones and addressing client concerns promptly.**

#### **How We Make It Easy**

- 1) Random List—All of your administrators will receive randoms electronically on their dashboard on the first day of the month. Alternates are given to you on the dashboard immediately.**
- 2) Edit Worker Lists—You can edit worker lists electronically on the dashboard. All things necessary for an audit are located on the client dashboard. MIS reports, statistical summaries, and random selection for all years are available as well.**
- 3) Manager page— West Virginia Veteran Affairs Nursing Facility human resources will have the means to see every division or company's dashboard on the web to see all divisions' compliance at anytime.**
- 4) Your statistical summary reports are available as a PDF on your dashboard, along with MIS forms, post accident decision sheets, shy lung rules, shy bladder rules, and reasonable cause reporting forms.**
- 5) You can print authorization forms for workers needing specifically requested alcohol or drug tests. Upon their arrival they will give this form to the collector,**



**which will be used to document their arrival and departure time from the collection site.**

Norton Medical Industries' corporate headquarters is its only location, and all correspondence should be directed to its office at:

**William Gallock Jr. and Ashley Foley**  
**Norton Medical Industries**  
**6265 Sepulveda Blvd Suite 13**  
**Van Nuys CA 91411**  
[admin@nortonmedical.com](mailto:admin@nortonmedical.com)  
**800-243-7669**

For clarifications or additional information regarding this proposal, please contact Norton Medical's Project Administrator William Gallock or Ashley Foley at the above number or through email.

The person authorized to contractually obligate Norton Medical Industries is Medical Director and MRO Dr. Marshall Zablen. Dr. Zablen can be reached at the above number or by email at [drzablen@nortonmedical.com](mailto:drzablen@nortonmedical.com).

Sincerely,



Dr. Marshall Zablen, M.D.  
Norton Medical Industries  
6265 Sepulveda blvd Suite 13  
Van Nuys CA 91411  
[DrZablen@NortonMedical.com](mailto:DrZablen@NortonMedical.com)  
800-243-7669

## Proposal

We understand the scope of this project and are prepared to execute it completely. Upon award of contract, Norton Medical will contact you to further discuss your specific needs and requirements. We want to make this transition as smooth and effortless as possible. We will provide a dashboard or individual dashboards for all your divisions or departments. In addition, we will set up a manager's dashboard that will allow overview of multiple divisions or departments if this is necessary. We will provide customized chain of custody forms with relevant information pre-printed upon them to minimize confusion and mistakes. After confirmation by the West Virginia Veteran Affairs Nursing Facility, the customized forms will be shipped to your divisions or departments, collection sites, the on-site collectors, and assigned personnel.

## Worker Data

We will need your workers' numbers, names, ID numbers, and telephone numbers in excel format to populate your dashboard on the web. This will allow us to perform random selections using a computer-based, verifiably random process approved by the DOT, either monthly or quarterly, as desired by WV VNF.

## Collection

Norton Medical Industries currently provides all of the requested types of testing: pre-employment, post-accident, reasonable suspicion, return-to-work, and random testing.

Additionally, we perform data management and MRO services directly, supply chain of custody forms and other necessary supplies, and facilitate collection, testing, storage and all other related services for all of WV VNF's entities. Medtox Laboratories will perform all laboratory screenings, which is SAMHSA certified and one of the most responsive laboratories in the country. MedTox will screen all received urine samples using the FTA-approved EMIT Method, and positive results confirmed via GC/MS. Medtox certification documents are included later in this proposal.

## Audit Support

Norton Medical provides for its clients an easy to use system for audit compliance. All the documents needed for your internal audit, such as M.I.S. reports and Statistical Summary Reports can be produced instantly through Norton's secure, password-protected website. Our people can help you personally with anything you need for an audit.

## Dashboard

Norton has an online dashboard that allows employers to see how they can comply with the random testing requirements with ease as the year progresses. The employer can edit worker lists on the secure website, and workers who have left the pool because of termination can be deleted from the active worker pool.

The random selection will be visible on the dashboard at the first of the month and your supervisor personnel can manage the dispatch of workers for the random commitment from the web page. Tests results are usually returned the next day.

Report cards show compliance on a month-by-month basis so companies can view them and make corrections as the year progresses.

The MRO officer's office publishes the website and handles all components required.

## Record Keeping and Reporting

Norton specializes specifically in federal compliance testing, record keeping and reporting. We use a proprietary relational database program that has been developed in-house by Norton across decades of drug testing administration.

Each Norton client is assigned a Client ID number and chooses a password that protects access to Norton's reporting website. After Norton receives results from the laboratory, a complete DOT-compliant results PDF, signed by Dr. Zablen, becomes available to print or download through Norton's website, plus you can get reports via email, as well as US mail.

## Randomization

A computer system generates random numbers for each name in the pool. The number ranges from 0 to 1 with an infinite number of decimal places. The names are then sorted numerically and those with the lowest numbers are designated for random testing.

## Data Management/Administration/Reporting

The individual who will act as your Program Manager is Paula Rojas, Norton's Senior Program Administrator and a 16-year veteran of the company. She can be reached directly at [paula@nortonmedical.com](mailto:paula@nortonmedical.com), and at (800) 243-7669 Ext. 231.

Every piece of information, from the exact time the officer is notified of the need to test, to the time he or she walks into a collection site, to the moment results are returned, is preserved as data in Norton Medical's system reports.

All data collected as part of this program will remain your property, and at the conclusion of the contract we will transfer it to your MRO, or TPA. Norton Medical's website makes the data available 24-hours-a-day and produces required MIS and statistical summary reports.

## **Training**

Dr. Zablen can perform live supervisor training sessions on how to identify a person under the influence of drugs and alcohol for probable cause as well as procedural matters related to drug testing, either in-person at your facilities or a remote webinar using a platform such as WebEx. If a client desires live training, Norton Medical can supply both supervisor and employee training workbooks, each of which features a quiz that serves as proof of training for auditors.

## **Litigation Support**

If testing results are ever challenged, Medtox Laboratory will furnish a “litigation package” featuring a wealth of data testifying to the accuracy of the testing process and adherence to regulations required by the DOT. Certifying scientists are available for testimony, if needed, as well as Dr. Zablen. In most cases, courts will accept Dr. Zablen’s testimony by phone. Drug testing has become an accepted safety requirement in the workplace, and challenges are very rare.

## Key Personnel

### **Esther Zablen** **Owner**

Norton Medical Industries is proud to be a woman-owned business. Esther Zablen, once aware of the affects of drug abuse concerning the American people, wanted to participate in making the workplace a drug free and safe environment. She recruited her husband, Dr. Marshall Zablen, to serve as Medical Director and put into place a third party administrator company to participate in the drug screening process. She is proud of the progress made by her company in making the world a better, safer place.

- Norton Medical Industries, Founder and Owner, Van Nuys, CA, 1989 to present

### **Marshall A. Zablen, M.D.** **Medical Director – Medical Review Officer**

- Van Nuys High School, Van Nuys, CA 1962
- University of California, Los Angeles, B.A., Zoology, LA, CA 1962-66
- University of Cincinnati College of Medicine, M.D., Cincinnati, OH 1966-70
- Los Angeles County USC Medical Center, Internship, LA, CA 1970-72
- Established HEW sponsored Migrant Health Center, General Practice, Lamont, CA, 1971-72
- Sepulveda VA Hospital, Internal Medicine Residency, Sepulveda, CA, 1972-74
- Certification, American Board of Internal Medicine 1974
- UCLA Center for the Health Sciences, Pathology Residency, Los Angeles, CA, 1974-75
- Harbor General Hospital, Pathology Residency, Torrance, CA, 1975-78
- Harbor General Hospital, Chief Resident, Pathology, Torrance, CA, 1978
- Internal Medicine Practice, Panorama City, CA, 1978-83
- Internal Medicine Practice, Sherman Oaks, CA, 1983-90
- Norton Medical Industries, Medical Director, Van Nuys, CA, 1989 to present

#### **ASSOCIATIONS:**

Certified, American Board of Internal Medicine  
Certified, American Association of Medical Review Officers  
DATIA Member  
SAPA Member

- Zablen M., Nieberg R.** *Aspergillosis of the Human Female Genital Tract Demonstrated by Endometrial Jet Washings and Pap Smear.* Acta Cytol 21:367-8, 1977
- Sarti D, Zablen, M.A.** "The Ultrasonic Findings In Intussuception of the Blind Loop In A Jejunal-Ileal Bypass For Obesity". *Journal Clinical Ultrasound* 7 (1):50-2, Feb. 1979
- Binder M.K., Zablen, M.A., Fleisher E., Sue D.Y., Dwyer R.M., Hanelin L.** "Colon Polyps, Sebaceous Cysts, Gastric Polyps and Malignant Brain Tumor in a Family". *American Journal Digestive Disorder* 23:460-6, May 1978
- Zablen M., Brand N.** "Cleft Lip and Palate with the Anticonvulsant Ethotoin". (Letter) *New England Journal of Medicine* 297:1404, 1977
- Piken E., Dwyer R., Zablen, M.A.** *Gastric Candidiasis. A Report of Two Cases.* JAMA 240 (20):2L8L-2, 10 November 1978.
- Zablen M., Brand N.** *Abstract Cleft Lip and Palate with the Anticonvulsant Ethotoin.* May, I.R.L. (c) 1978.

#### **PUBLICATIONS:**

- *Covered Worker Education Book for the United States Department of Transportation Anti-Drug and Alcohol Misuse Prevention Program, Discouraging Drug and Alcohol use in the Workplace.* Copyright 2016
- *Supervisor Workbook for the United States Department of Transportation Anti-Drug and Alcohol Misuse Prevention Program, Discouraging Drug and Alcohol use in the Workplace.* Copyright 2016
- *Anti-Drug and Alcohol Misuse Prevention Program: Policy Book to meet requirements of the Federal Aviation Administration.*

#### **Senior Program Administrator**

**Paula Rojas** is the Senior Program Manager at Norton Medical Industries (NMI). Ms. Rojas manages NMI's third-party administration and anti-drug and alcohol misuse prevention program. She specializes in program administration for Federal and Public Utilities Commission (PUC) mandated entities such as municipal transit authorities, school bus transportation, charter shuttle services, Taxi Companies, and Pipeline construction companies regulated by PHMSA - Pipeline and Hazardous Materials Safety Administration. She assists with staff and client management, coordinates training and maintains that our company follows all regulations mandated by the DOT, FAA and PUC. She received her degree in business management from California State University, Northridge. Ms. Rojas has been with Norton since December 1998.

### **Project Administrators**

**William Gallock Jr.** is a Norton Medical Industries Project Administrator. William is tasked with creating proposals, assisting new and current clients, and working on various other projects. William is trained in the Federal Drug & Alcohol Abatement Program consistent with 49 CFR Part 40 of the Federal Register, as well as a certified Breath Alcohol Technician. William received his degree in Philosophy from California State University, Northridge.

**Ashley Foley** is a Norton Medical Industries Project Administrator. She is in charge of creating proposals and assisting new and current clients. She is trained in the Federal Drug & Alcohol Abatement Program and 49 CFR Part 40 of the Federal Register, as well as a certified Breath Alcohol Technician. She received her degree in Linguistics from California State University, Northridge.

### **MRO Assistants**

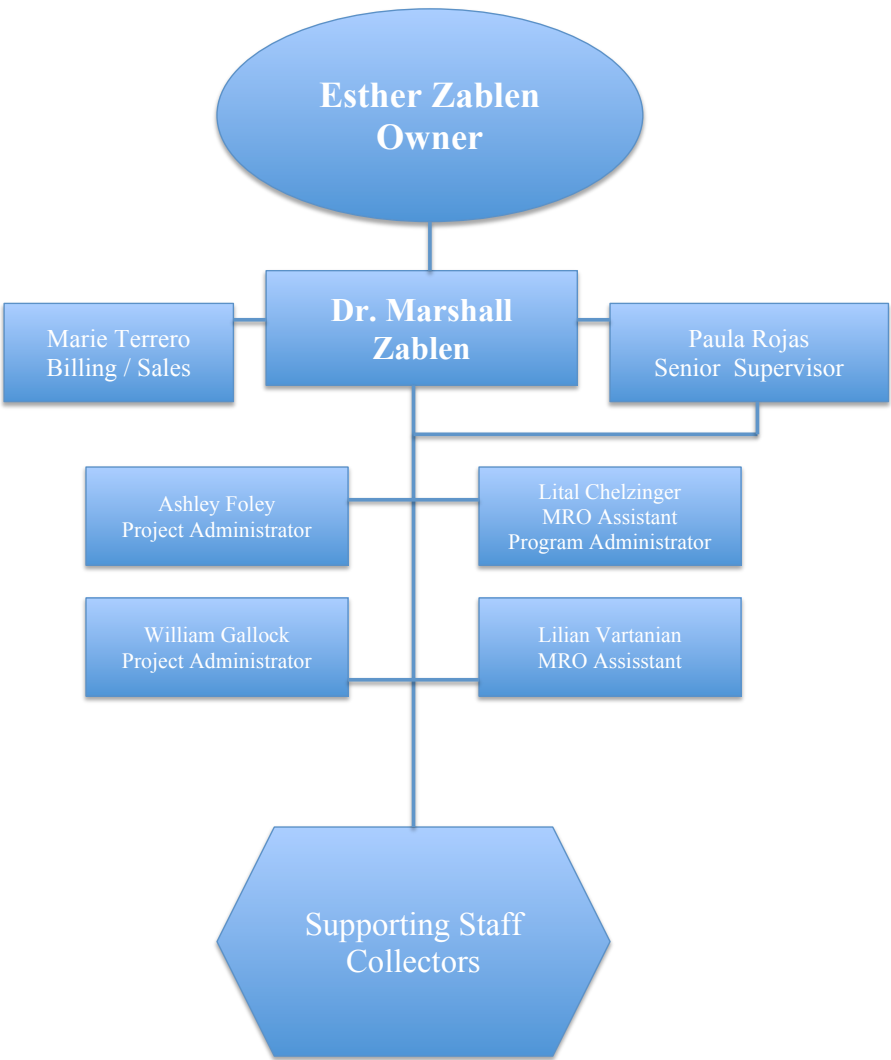
**Lital Chelzinger** is a Norton Medical Industries Medical Review Officer's assistant, and is also tasked with the maintenance of a large portion of NMI's Taxi division, managing client testing and result information, test coordination, and report distribution. She is currently trained in the Federal Drug & Alcohol Abatement Program and 49 CFR Part 40 of the Federal Register, as well as a certified Breath Alcohol Technician. She has been with the company since March 2008.

**Lilian Vartanian** is one of Norton Medical Industries' Medical Review Officer's assistants. She is also active in customer service, as well as collections. She is currently trained in the Federal Drug & Alcohol Abatement Program and 49 CFR Part 40 of the Federal Register, as well as a certified Breath Alcohol Technician.

### **Supporting Staff**

Norton Medical Industries' supporting staff is trained in the Federal Drug & Alcohol Abatement Program and 49 CFR Part 40 of the Federal Register, as well as a certified Breath Alcohol Technicians.

Internal Organizational Chart





## Designated Contact

**DESIGNATED CONTACT:** Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Paula Rojas Program Manager  
(Name, Title)  
Paula Rojas Program Manager  
(Printed Name and Title)  
6265 Sepulveda Blvd Ste. 13, Van Nuys, CA 91411  
(Address)  
800-243-7669 ext 231/ FAX:8187791908  
(Phone Number) / (Fax Number)  
Paula@nortonmedical.com  
(email address)

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Norton Medical Industries  
(Company)  
Marshall Zablen  
(Authorized Signature) (Representative Name, Title)  
Marshall Zablen Medical Director  
(Printed Name and Title of Authorized Representative)  
12/21/2017  
(Date)  
800-243-7669 / 818-779-1908  
(Phone Number) (Fax Number)

Revised 11/14/2017

## Quotation Requirements

### Sections 3 and 4 of Quotation Request

- **3.1** Norton Medical Industries is a qualified drug and alcohol-testing vendor with over 25 years of experience. Similar clients include Radcliffe Veterans Center, Texas Board of Nursing and Kanawha County.
- **3.2** Sub-contractor is identified below as COLLECTION SITE
- **4.1.1.1** Norton Medical Industries offices are open and fully staffed Monday through Friday from 8am until 5pm.
- **4.1.1.2** Norton Medical Industries will provide 24-hour un-scheduled specimen collection for reasonable suspicion/for cause testing.
- **4.1.1.3** For cause/reasonable suspicion testing will be conducted within two hours of receipt of request. WV Mobile Drug Testing will arrive on location and collect specimen within 24 hours of request.
- **4.1.1.4** Dr. Zablen may be reached 24/7 through our answering service. Our 24-hour phone number is: 800-243-7669. Should Dr. Zablen be unable to answer, the call will be forwarded to Program Administrator, Paula Rojas.
- **4.1.1.5** WV Mobile Drug Testing 24 Hour phone number: 304-933-3651
- **4.1.1.6** Testing procedures will be performed in a private, confidential manner and every effort will be made to protect the employee, the integrity of the drug testing procedure, and the validity of the test result. Information will not be released to any party without expressed written consent of WV VNF.
- **4.1.1.7** Norton Medical will prepare and keep accurate records, which are available online for designated personnel to access 24/7. We will practice professional and appropriate accounting procedures based on your WV VNF guidelines.
- **4.1.1.8** Records are maintained indefinitely.
- **4.1.1.9** Clients have 24/7 access to records online. Printed copies will be provided within 10 days of notice to WV VNF Assistant Administrator upon written request.
- **4.1.1.10** Norton Medical uses a proprietary web-based dashboard for reporting and records that WV VNF Assistant Administrator and other authorized individuals may view and manage. Screen captures are provided as well as demo videos. User instruction and technical support are also available to WV VNF at no additional cost. This site is secure and is maintained 24/7 to insure security of confidential information. Only designated personnel may log in.
- **4.1.1.11** Norton Medical will provide a detailed summary of services with each invoice.

- **4.1.1.12** All drug and alcohol testing policies and procedures outlined in attachment A of WV VNF will be followed with respect to conducting workplace collection, testing, and storing of specimens.
- **4.1.1.13** Using a mobile or on-site collection company, Norton Medical is able to collect specimens on WV VNF premises, unless all parties agree upon arrangements with an alternate collection site. Testing procedures will always be performed in a private, confidential manner. We will create and provide customized chain of custody forms as needed with relevant information pre-printed upon them.
- **4.1.1.14** Norton Medical will comply with all applicable laws, regulations and industry standards.
- **4.1.1.15** All specimen collection is completed in accordance with the Department of Health and Human Services, and all collection site personnel are professionally trained and certified in accordance with federal regulations that comply with 49 CFR Part 40.
- **4.1.1.16** Norton Medical shall provide all forms, collection kits, supplies for collection, transportation and analysis of specimens.
- **4.1.1.17- 4.1.1.17.9** If testing results are ever challenged, Medtox Laboratory will furnish a "litigation package" featuring a wealth of data testifying to the accuracy of the testing process. Certifying scientists are available for testimony. Norton Medical Industries has been conducting drug & alcohol testing for over 25 years, and have testified on hundreds of cases nationwide. Our MRO, Dr. Marshall Zablen, M.D. is an expert drug & alcohol testimony witness. In most cases, courts will accept Dr. Zablen's testimony by phone. Dr. Zablen's hourly rate for phone testimony is \$100.
- **4.1.2.1** All specimen collection is completed in accordance with the Department of Health and Human Services, and all collection site personnel are professionally trained and certified in accordance with federal regulations that comply with 49 CFR Part 40. All collection protocols and equipment used will conform to current US Department of Transportation regulations.
- **4.1.2.1** We will provide a confirmatory alcohol test on all positive breath concentrations tests above .01 or higher.
- **4.1.2.2** Using a mobile on-site collection company, we will provide for collection of urine on-site in compliance with WV VNF policy and guidelines.
- **4.1.2.3** Upon request and at no additional cost to WV VNF, preliminary drug test results will be available on-line.
- **4.1.2.4 – 4.1.2.6** A urine specimen will be collected using the split specimen collection method described in 49 CFR Part 40, as amended for safety sensitive employees. Each specimen will be accompanied by a DOT Chain of Custody and Control Form (CCF) and identified using a unique identification number (Specimen Identification Number) that attributes

the specimen to the correct individual. The specimen analysis will be conducted at an HHS-certified laboratory. An initial drug screen and validity test will be conducted on the primary urine specimen. For those split specimens that are not negative, a confirmatory Gas Chromatography/Mass Spectrometry (GC/MS) test will be performed.

- **4.1.2.7** In response to the concerns arising from laboratory fraud cases and resulting losses of data, time, and costs associated with fraudulently generated data, it was determined that guidance was necessary to deter and detect laboratory fraud. Norton Medical Industries participated in Performance Evaluation Samples (PES) to assess routine performance levels of our laboratories. We send double blinds, single blinds, duplicates, splits, co-located samples, or any combination thereof to different laboratories.

In single blind PES, the concentrations are unknown to the laboratory. Frequent use of this type of PES can be quite effective. If a laboratory has to put experienced personnel on the project and has to ensure proper instrument calibration to handle the single blinds, then laboratory fraud is deterred.

A double blind PES is a sample submitted to evaluate the performance of a laboratory to perform analyses on a sample of known concentration and identity (i.e., known only to the parties submitting the PES to the laboratory). The concentration and identity of the double blind PES is not known by the laboratory. Double blind PES labeling, packaging and chemical composition mimics those of the routine samples, masking the identity of the sample to the laboratory. Double blind PES are submitted concurrently with site samples to increase the overall level of confidence in the defensibility of data when the results submitted by the laboratory fall within acceptance ranges.

These performance tests will be conducted on at least a quarterly basis per request of WV VNF.

- **4.1.2.8** We will perform chemical analyses of specimens to determine use of the following drugs:
  - Amphetamines
  - Cannabinoids
  - Cocaine
  - Opiates
  - Phencyclidines
  - Barbituates
  - Benzodiazepines
  - Methadone
  - Propoxyphene
  - Methaqualone
  - Oxycodone



- Marijuana
- Alcohol
- Others as deemed prudent and/or necessary
- **4.1.2.9** A confirmatory Gas Chromatography/Mass Spectrometry (GC/MS) test will be performed on all positive results.
- **4.1.2.10**  
Norton Medical, as part of its services, will provide a Certified Medical Review Officer (MRO), certified in accordance with 49 CFR Part 40. Proof of certification is provided below.



- **4.1.2.11** After Norton receives results from the laboratory, a PDF of complete DOT-compliant results, signed by Dr. Zablen, becomes available to print or download through Norton's secure site. You can also get reports via email, as well as US mail. Tests results are usually returned the next day. The MRO officer's office publishes the website and handles all components required to ensure results will be viewable by WV VNF's designee within three business days. Norton will not reschedule or alter test dates for result reporting purposes.
- **4.1.2.12** Results will be reported as:
  - Positive
  - Negative
  - Abnormal
  - Safety concern
- **4.1.2.12.1** "Abnormal" result will be used when the results of chemical analysis indicate that the properties of the sample are inconsistent with normal human values or that the sample is otherwise invalid.
- **4.1.2.12.2** A "safety concern" result is used when the employee has a valid prescription for the medication but the levels present indicate it is not being taken as prescribed or the effects of the medication may pose a safety risk due to the nature of the employee's work.
- **4.1.2.13** If a test result is challenged by an employee, the original specimen may be retested at said employee's expense.
- **4.2 – 4.2.5** Norton Medical understands and confirms that WV VNF will not reimburse for initial set-up fees or renewal fees, furthermore, that WV VNF will not compensate for no-shows and refusals, nor specimen adulteration assays, improper collection, storage, labeling or testing which results in inaccurate results.  
Norton Medical will invoice WV VNF according to all prices quoted, based on a flat rate.

**REQUEST FOR QUOTATION  
CRFQ VNF1800000009  
Drug and Alcohol Testing Services**

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**10.1.4.** Failure to remedy deficient performance upon request.

**10.2.** The following remedies shall be available to Agency upon default.

**10.2.1.** Immediate cancellation of the Contract.

**10.2.2.** Immediate cancellation of one or more release orders issued under this Contract.

**10.2.3.** Any other remedies available in law or equity.

**11. MISCELLANEOUS:**

**11.1. Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

**Contract Manager:** Paula Rojas  
**Telephone Number:** 800-243-7669  
**Fax Number:** 818-779-1908  
**Email Address:** admin@nortonmedical.com



Rev. 04/14

State of West Virginia  
**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 Vendor Preference, if applicable.

1. **Application is made for 2.5% 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% 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% 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% 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% 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% 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.
7. **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with West Virginia Code §5A-3-59 and West Virginia Code of State Rules.**  
☒ Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

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: Norton Medical Industries

Date: 12/21/2017

Signed: \_\_\_\_\_

Title: Medical Director



## Collection Site

We have established testing with a mobile collection site to ensure West Virginia's Department of Transportation's workers are compliant with their testing. West Virginia Mobile Drug Testing employs 49 CFR Part 40 certified collectors and breath alcohol technicians. WV Mobile Drug Testing requests 24-hour notice for mobile Pre-Employment, Randoms and Return to Work Testing. For Reasonable Cause and Post Accident, call the after hours number. Local site testing is provided for all testing required at a convenient, affordable, local site. , Norton Medical below has provided WV VNF with convenient collection site option.

### ATTACHMENT 4-SITE LIST A

FOR DRUGS AND/OR ALCOHOL TESTING - URINE COLLECTION AND/OR BREATH ALCOHOL TESTING SITES

| Employer Site<br>County | Estimated<br>No. of<br>Employees<br>at site | NORMAL COLLECTION site<br>address / phone # normal<br>business hours   | After Hours<br>WEEKEND/HOLIDAY<br>Collections   |
|-------------------------|---|--|---|
| Bridgeport              |   | <p>Name Bridgeport Express Care</p> <p>Address 1370 Johnson Ave</p> <p>City.ST.Zip Bridgeport, WV 26330</p> <p>Phone 3048423330 Fax</p> <p>Hours M/F 0800-2000 Sat. Sun:</p> <p>Types</p>  |   |
| Bridgeport              |   | <p>Name WEST VIRGINIA MOBILE DRUG TESTING</p> <p>Address 1370 Johnson Ave</p> <p>City.ST.Zip Bridgeport, WV 26330</p> <p>Phone 3049333651 Fax 3049333657</p> <p>Hours M/F 0100-2400 Sat. 0900-1700 Sun: 0900-1700</p> <p>Types Both Urine &amp; Breath</p> | <p>WEST VIRGINIA MOBILE DRUG TESTING</p> <p>1370 Johnson Ave</p> <p>Bridgeport WV 26330</p> <p><b>Methods: Mobile &amp; 24HR</b></p> <p><b>Types: Both Urine &amp; Breath</b></p> |

## References

### **City of El Paso, Texas HR, Mass Transit, Fire**

El Paso, Texas – Client since 2014 (3 years)

**Contact:** Antimo Carreon, CarreonAD@elpasotexas.gov, (915) 212-0043

For three years, Norton Medical has been providing testing for those employed by El Paso's airport, fleet services, Parks & Recreation, Public Service Board (EPWU), Environmental Services and Department of Transportation, as well as their Fire department. All testing complies with relevant regulations from DOT, FTA and FAA, including "DOT lookalike" testing for the fire departments.

### **Wyoming Department of Corrections**

1934 Wyott Dr, Suite 100, Cheyenne, Wyoming – Client since 2001 (16 years)

**Contact Name:** Derek Teneyck, Derek.teneyck@wyo.gov, (307) 777-5485

Since 2001, Norton Medical Industries has been providing drug testing services for all correctional officers in the State of Wyoming. In order to guarantee favorable random selection for work sites with fewer numbers of employees, Norton Medical established a statewide consortium.

### **Golden Empire Transit – City of Bakersfield's Public Transit**

**Contact:** Jeanie Hill, jhill@getbus.org

**Telephone Number:** 661-869-6311

**Client Since:** 1996 (21 years)

Golden Empire Transit District became a client of Norton Medical's in 1996.

Golden Empire Transit District is a citywide bus system for the city of Bakersfield, California. Norton Medical Industries provides drug and alcohol testing programs for hundreds of Golden Empire Transit employees. The company requires pre-employment, random, reasonable suspicion, and post accident testing. All collection sites are coordinated based on the company's location. All collection sites provided adhere to federal DOT standards. In addition, all necessary educational materials as required by the agency are provided (i.e., covered worker books, supervisor training, and online access for full program review).

**Los Angeles City Department of Transportation Taxicab Regulation Division**

**Contact Name:** Brian Bass, Brian.Bass@lacity.org

**Contact Number:** 213-928-9735

**Client Since:** 2001 (16 years)

The City of Los Angeles Department approved Norton Medical Industries' Testing program in 2001 and began enrolling and referring taxi companies who had to meet their regulations. The LADOT has approximately 4,000-permitted taxi drivers currently enrolled in Norton Medical's testing program. Norton Medical Industries developed the random drug testing program for the Los Angeles DOT-Taxi Division and further expanded by meeting stricter testing requirements for the cities of Pasadena, West Hollywood, Beverly Hills, Culver City, and Santa Monica. LADOT requires pre-employment, random, annual, reasonable suspicion, and post accident testing. Norton Medical provides all necessary educational materials as required by the agency (i.e., covered worker books, supervisor training, and online access for full program review.)

**Orange County Taxi Administration Program**

**Orange County Transportation Authority (OCTA)**

**Contact Name:** JoAnne Bravo, jbravo@octa.net

**Contact Number:** 714-560-5029

**Client Since:** 2003 (14 years)

Orange County Taxi Administration Program (OCTAP) approved Norton Medical Industries' Testing program in 2003 and began enrolling and referring taxi companies who had to meet their regulations. OCTAP has approximately 1600 licensed taxi drivers currently enrolled in Norton Medical's testing program. Norton Medical industries developed the random drug-testing program of OCTAP and provided all necessary educational materials as required by the agency (i.e., covered worker books, supervisor training, and online access for full program review.) OCTAP required pre-employment, random, annual, reasonable suspicion, and post accident testing. Norton Medical utilizes hundreds of collection sites throughout Southern California to meet their testing needs, including 24-hour sites.

**Client Performance Appraisals**

**PAST PERFORMANCE EVALUATION FORM**

(Check appropriate box)

Offeror: Norton Medical Industries

| Performance Elements      | Excellent | Good | Acceptable | Poor | Unacceptable |
|---------------------------|-----------|------|------------|------|--------------|
| Quality of Services/ Work | X         |      |            |      |              |
| Timeliness of Performance | X         |      |            |      |              |
| Cost Control              | X         |      |            |      |              |
| Business Relations        | X         |      |            |      |              |
| Customer Satisfaction     | X         |      |            |      |              |

- Name & Title of Evaluator: Jeannine Brands
- Signature of Evaluator: Jeannine Brands
- Name of Organization: Los Angeles Dept. of Transportation
- Telephone Number of Evaluator: 213-972-8403
- State type of service received: drug testing program
- State Contract Number, Amount and period of Performance multiple accounts Since 2001 - present!
- Remarks on Excellent Performance: Provide data supporting this observation. Continue on separate sheet if needed)  
great service, great price, always on time!
- Remarks on unacceptable performance: Provide data supporting this observation. (Continue on separate sheet if needed)

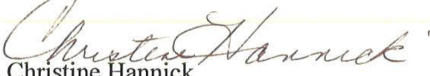
## PEPPERDINE UNIVERSITY

June 30, 2016

To whom it may concern:

Norton Medical Industries serves as our third party administrator for Pepperdine University's drug and alcohol testing program. The University has worked with Norton Medical since 1997, and we have been very pleased with their performance and customer service. The staff are highly knowledgeable and are eager to assist when we have needed their services.

Sincerely,



Christine Hannick  
Benefits Specialist  
Pepperdine University  
Malibu, CA 90263  
310.506.7358

24255 Pacific Coast Highway, Malibu, California 90263 ■ 310-506-4397



November 21, 2017

To: Whom It May Concern  
Re: Professional Business Reference

Dear Sirs:

I have professionally worked with Norton Medical directly for over 10 years. My company first opened our account in 2001. Since then we have opened 11 more, making a total of 12 active accounts and handling 1,726 drivers. They have always responded to my requests promptly and resolved any of my issues in a timely manner.

Additionally, we find their employees to be efficient, courteous and professional in all their dealings with us. I would highly recommend this company for your needs.

Any questions, feel free to contact me at (310)851-5081

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Kalvin". The signature is fluid and cursive, with a large initial "M" and "K".

Mark Kalvin  
Operations Manager

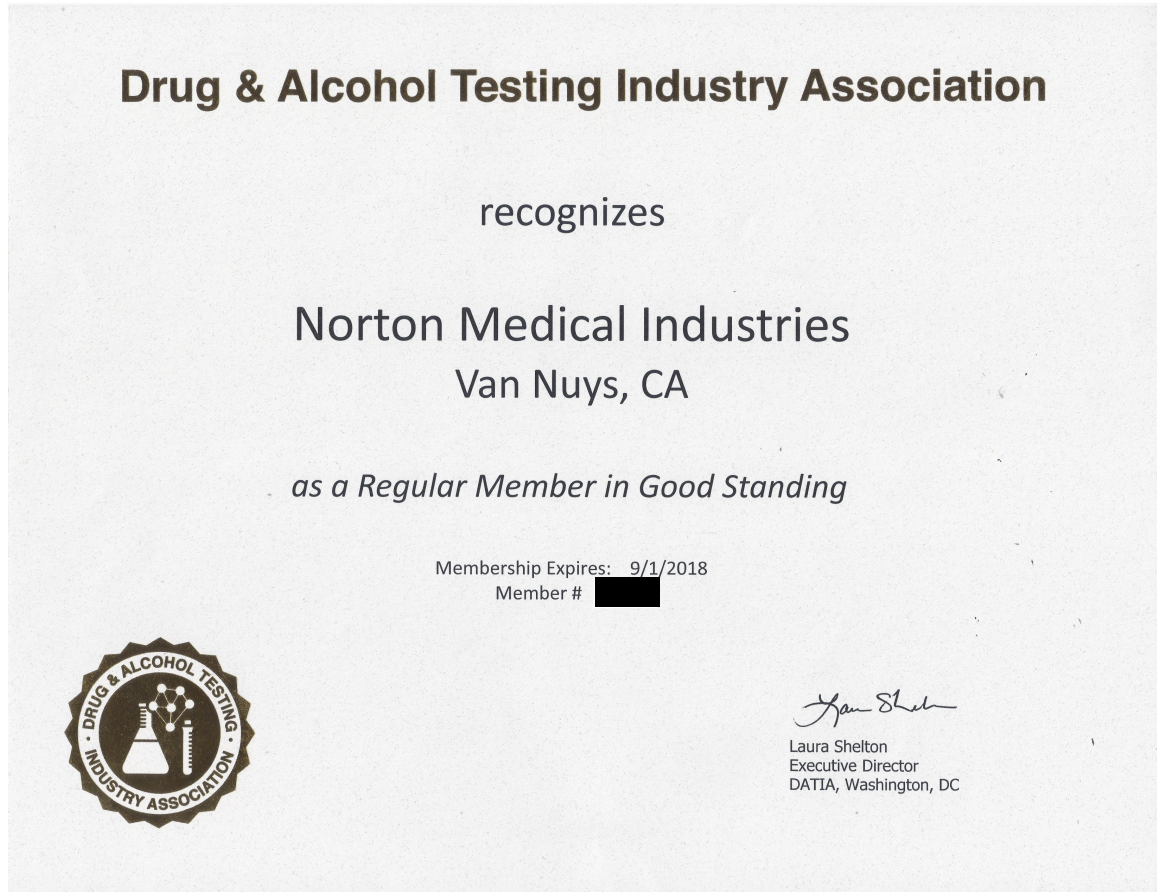
LA TAXI CO-OP DBA YELLOW CAB ■ LONG BEACH YELLOW CAB ■ SOUTH BAY YELLOW CAB CO-OP ■ UNITED CHECKER CAB CO-OP ■ FIESTA TAXI CO-OP  
MANHATTAN YELLOW CAB ■ 1-800-TAXICAB  
2129 W. ROSECRANS AVENUE ■ GARDENA, CA 90249 ■ (310) 715-1968



## Certifications

### Certificates and Certifications

#### Norton Medical DATIA Certification



**Laboratory SAMHSA Accreditation**





## Insurance Certificates

| ACORD®  |  | CERTIFICATE OF LIABILITY INSURANCE  |   | DATE (MM/DD/YYYY)<br>12/05/2017                |   |
|---|--|---|---|--|---|
| <p>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.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).</p> |  |   |   |  |   |
| <b>PRODUCER</b><br>ME Insurance Services<br>16060 Ventura Blvd., #193<br>Encino, CA 91436   |  | <b>CONTACT</b><br>NAME:<br>PHONE (A/C, No, Ext): 818.386.9630 FAX (A/C, No): 818.386.9635<br>E-MAIL: meinsurance1@gmail.com<br>ADDRESS:   |   | <b>INSURER(S) AFFORDING COVERAGE</b><br>NAIC # |   |
| <b>INSURED</b><br>Norton Medical Industries<br>6265 Sepulveda Blvd., #13<br>Sherman Oaks CA 91411   |  | <b>INSURER A:</b> Fireman's Fund<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |   |  |   |
| <b>COVERAGES</b>  |  | <b>CERTIFICATE NUMBER:</b>  |   | <b>REVISION NUMBER:</b>                        |   |
| <p>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.</p>  |  |   |   |  |   |
| INSR LTR  | TYPE OF INSURANCE  | ADDL SUBR INSD WVD  | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY)                        | POLICY EXP (MM/DD/YYYY)   |
| X   | COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |   | AZC80880202   | 12/15/2017                                     | 12/15/2018  |
|   |  |   |   |  | EACH OCCURRENCE \$ 2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 2,000,000<br>GENERAL AGGREGATE \$ 4,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
|   | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY  |   |   |  | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
|   | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$  |   |   |  | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
|   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br>N/A  |   |  | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)<br>Certificate Holder is hereby added as an "Additional Insured" in relation to "Contract 16-192".   |  |   |   |  |   |
| <b>CERTIFICATE HOLDER</b>   |  |   | <b>CANCELLATION</b>   |  |   |
| Harford County Maryland<br>220 S. Main street<br>Bel Air, MD 21014  |  |   | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE |  |   |

ACORD 25 (2016/03)

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/05/2017

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 have ADDITIONAL INSURED provisions or 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).

|   |  |   |  |
|---|--|---|--|
| <b>PRODUCER</b><br>Warner Pacific Insurance<br>32110 Agoura Rd<br><br>Westlake Village CA 91361         |  | <b>CONTACT</b><br>NAME:<br>PHONE (A/C, No, Ext):<br>E-MAIL:<br>ADDRESS:<br>INSURER(S) AFFORDING COVERAGE<br>INSURER A: Employers Preferred Insurance Company NAIC # 10346<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |  |
| <b>INSURED</b><br>NORTON MEDICAL INDUSTRIES INC<br>6265 SEPULVEDA BOULEVARD<br>#13<br>VAN NUYS CA 91411 |  |   |  |

COVERAGES CERTIFICATE NUMBER: CL1710506828 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 INSD WVD           | POLICY NUMBER      | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|------------------------------|--------------------|-------------------------|-------------------------|---|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:<br><br><b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY<br><br><b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ |                              |                    |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COM/OP AGG \$<br>COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>EACH OCCURRENCE \$<br>AGGREGATE \$<br>PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/> |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N <input type="checkbox"/> | N/A N EIG116191608 | 07/01/2017              | 07/01/2018              | E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b><br><br>Harford County, Maryland<br>220 S. Main St<br><br>Bel Air MD 21014 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|--|

ACORD 25 (2016/03)

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## Secure Website Demonstration

### Norton's Web Interface Video

<https://www.youtube.com/watch?v=si8Z4H-TZWA>

### Manager Control Center Video

<https://www.youtube.com/watch?v=DMMNnfAYQP0>

### Website Screen Captures

#### Employee Random List

|                            |                      |
|----------------------------|----------------------|
| Frequency: Monthly         | Total Workers: 386   |
| Tests Required This Month: | Selected to Test: 17 |

This is a record of random testing for Yellow Cab of Greater Orange. Please retain for your records.

If your company has random selections, please proceed to do the following:

1. Please retain for your records.
2. Random tests must be completed by end of this month.
3. Once you notify the worker/s selected, he/she must proceed to the collection site IMMEDIATELY.
4. Record the date and time you notify the worker. Keep this form for your records.
5. Attach the Employer Blue copy of the chain of custody form from the collection site to this notification to verify the worker has been tested.

Workers marked Sel are the ones required to test. The DER must call (800) 243-7669 or e-mail paula@nortonmedical.com to request an alternate selection if the worker/s selected cannot complete the random selection this month.

**NOTE:** When you click = 'SET DNG + ALT', the current person will be unselected and marked as 'DNG' (did not go) and a new Alternate will be automatically selected from the pool, and marked as selected (w/ Alt. note).  
If you have any questions, please contact our office (800) 243-7669.

Workers selected to test for this period: 17

**Random Selection**  
Can record when a worker went for a test  
Can record why a worker did not test  
**Automatic Alternate Selection**

| Client ID | First Name | Last Name | Cell Phone   | Driver ID | Corp ID | Drivers Licence | Required       | Taken | Date Taken | Time Taken | Date/Time Sent | Edit Date/Time | Reason (did not go)        | SET to DNG & ADD Alternate | Edit Only Reason No Alternate | Drug-Alcohol Authorization Form | Med Exam Authorization Form |
|-----------|------------|-----------|--------------|-----------|---------|-----------------|----------------|-------|------------|------------|----------------|----------------|----------------------------|----------------------------|-------------------------------|---------------------------------|-----------------------------|
| 622       | ...        | ...       | 744-666-0178 | 621...    | ...     | ...             | Drug DNG (ALT) | No    |            |            |                | Edit Date      | Vacation                   | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 13832     | ...        | ...       | ...          | 625...    | ...     | ...             | Drug Sel       | Yes   | 08/28/2015 | 12:24      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 14342     | ...        | ...       | ...          | 607...    | ...     | ...             | Drug Sel       | Yes   | 08/03/2015 | 10:45      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 15291     | ...        | ...       | 744-414-7261 | 548...    | ...     | ...             | Drug DNG       | No    |            |            |                | Edit Date      | Vacation                   | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 12215     | ...        | ...       | 844-414-7263 | 553...    | ...     | ...             | Drug Sel       | Yes   | 08/18/2015 | 10:52      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 14993     | ...        | ...       | ...          | 613...    | ...     | ...             | Drug Sel       | Yes   | 08/11/2015 | 16:37      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 14964     | ...        | ...       | ...          | 622...    | ...     | ...             | Drug Sel       | Yes   | 08/24/2015 | 14:02      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 17607     | ...        | ...       | 744-666-0177 | 565...    | ...     | ...             | Drug Sel       | Yes   | 08/12/2015 | 20:04      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 31883     | ...        | ...       | 244-666-0164 | 375...    | ...     | ...             | Drug DNG (ALT) | No    |            |            |                | Edit Date      | Vacation                   | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 39306     | ...        | ...       | 344-666-0169 | 619...    | ...     | ...             | Drug Sel       | Yes   | 08/21/2015 | 08:05      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 36933     | ...        | ...       | 344-666-0167 | 405...    | ...     | ...             | Drug Sel (ALT) | Yes   | 08/26/2015 | 12:43      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 15233     | ...        | ...       | ...          | 607...    | ...     | ...             | Drug Sel (ALT) | Yes   | 08/20/2015 | 17:14      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 10038     | ...        | ...       | 744-666-0169 | 573...    | ...     | ...             | Drug Sel       | Yes   | 08/30/2015 | 11:24      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 14836     | ...        | ...       | 744-666-0165 | 563...    | ...     | ...             | Drug Sel       | Yes   | 08/08/2015 | 11:48      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 15360     | ...        | ...       | ...          | 575...    | ...     | ...             | Drug Sel       | Yes   | 08/19/2015 | 14:45      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 13725     | ...        | ...       | ...          | 570...    | ...     | ...             | Drug Sel       | Yes   | 08/07/2015 | 06:24      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 3772      | ...        | ...       | 744-666-0163 | 553...    | ...     | ...             | Drug DNG (ALT) | No    |            |            |                | Edit Date      | Vacation                   | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 16159     | ...        | ...       | ...          | 617...    | ...     | ...             | Drug DNG       | No    |            |            |                | Edit Date      | OCTAP Permit Not Finalized | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 10038     | Gathogo    | ...       | ...          | 626...    | ...     | ...             | Drug Sel       | Yes   | 08/25/2015 | 22:09      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |



## Secure Website Demonstration

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### Website Screen Captures

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5. Attach the Employer Blue copy of the chain of custody form from the collection site to this notification to verify the worker has been tested.

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**NOTE:** When you click = 'SET DNG + ALT', the current person will be unselected and marked as 'DNG' (did not go) and a new Alternate will be automatically selected from the pool, and marked as selected (w/ Alt. note).  
If you have any questions, please contact our office (800) 243-7669.

Workers selected to test for this period: 17

#### Random Selection

Can record when a worker went for a test

Can record why a worker did not test

Automatic Alternate Selection

| Client ID | First Name | Last Name | Cell Phone   | Driver ID | Corp ID | Drivers Licence | Required       | Taken | Date Taken | Time Taken | Date/Time Sent | Edit Date/Time | Reason (did not go)        | SET to DNG & ADD Alternate | Edit Only Reason No Alternate | Drug-Alcohol Authorization Form | Med Exam Authorization Form |
|-----------|------------|-----------|--------------|-----------|---------|-----------------|----------------|-------|------------|------------|----------------|----------------|----------------------------|----------------------------|-------------------------------|---------------------------------|-----------------------------|
| 1622      | Dayton     | Paul      | 744-666-0178 | 621...    |         | 08/08/2015      | Drug DNG (ALT) | No    |            |            |                | Edit Date      | Vacation                   | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 13832     |            |           |              | 625...    |         | 08/08/2015      | Drug Sel       | Yes   | 08/28/2015 | 12:24      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 14342     |            |           |              | 607...    |         | 08/03/2015      | Drug Sel       | Yes   | 08/03/2015 | 10:45      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 15291     | Don        | Bagnoi    | 744-414-7261 | 548...    |         | 08/08/2015      | Drug DNG       | No    |            |            |                | Edit Date      | Vacation                   | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 12215     |            |           | 844-414-7263 | 553...    |         | 08/18/2015      | Drug Sel       | Yes   | 08/18/2015 | 10:52      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 14993     |            |           |              | 613...    |         | 08/11/2015      | Drug Sel       | Yes   | 08/11/2015 | 16:37      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 14964     |            |           |              | 622...    |         | 08/24/2015      | Drug Sel       | Yes   | 08/24/2015 | 14:02      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 17607     |            |           | 744-666-0177 | 565...    |         | 08/12/2015      | Drug Sel       | Yes   | 08/12/2015 | 20:04      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 11883     |            |           | 244-666-0164 | 375...    |         | 08/08/2015      | Drug DNG (ALT) | No    |            |            |                | Edit Date      | Vacation                   | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 19306     |            |           | 344-666-0169 | 619...    |         | 08/21/2015      | Drug Sel       | Yes   | 08/21/2015 | 08:05      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 16933     |            |           | 344-666-0167 | 405...    |         | 08/26/2015      | Drug Sel (ALT) | Yes   | 08/26/2015 | 12:43      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 15233     |            |           |              | 607...    |         | 08/20/2015      | Drug Sel (ALT) | Yes   | 08/20/2015 | 17:14      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 10038     |            |           | 744-666-0169 | 573...    |         | 08/30/2015      | Drug Sel       | Yes   | 08/30/2015 | 11:24      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 14836     | Deag       | Tom       | 744-666-0165 | 563...    |         | 08/08/2015      | Drug Sel       | Yes   | 08/08/2015 | 11:48      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 15360     |            |           |              | 575...    |         | 08/19/2015      | Drug Sel       | Yes   | 08/19/2015 | 14:45      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 13725     |            |           |              | 570...    |         | 08/07/2015      | Drug Sel       | Yes   | 08/07/2015 | 06:24      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 1772      |            |           | 744-666-0163 | 553...    |         | 08/08/2015      | Drug DNG (ALT) | No    |            |            |                | Edit Date      | Vacation                   | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 16159     |            |           |              | 617...    |         | 08/08/2015      | Drug DNG       | No    |            |            |                | Edit Date      | OCTAP Permit Not Finalized | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |
| 16159     | ody        | CP        |              | 626...    |         | 08/25/2015      | Drug Sel       | Yes   | 08/25/2015 | 22:09      |                | Edit Date      |                            | SET DNG + ALT              | Edit Reason                   | Auth Form                       | Med Auth                    |

## Active Employee List



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Today's Date is: **September 8th, 2015** x

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**Workers List - Active Workers: 266** - This Page: 100 Workers

[Selections](#)

You can terminate any worker by clicking the terminate link next to their name

Click to view [Recently Terminated](#) workers - [Printer Friendly Report](#)

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## Active Covered Worker List

**Workers can be removed from the pool on line**

| Terminate This Worker     | Client ID | First Name | Last Name  | Division | Division ID | Emp. ID | Status | Corp ID | Date Entered | Date Last Drug Test | D. |
|---------------------------|-----------|------------|------------|----------|-------------|---------|--------|---------|--------------|---------------------|----|
| <a href="#">Terminate</a> | 786       | [REDACTED] | [REDACTED] |          |             | 563...  | Active |         | 01/07/2015   | 06/22/2015          |    |
| <a href="#">Terminate</a> | 786       | [REDACTED] | [REDACTED] |          |             | 547...  | Active |         | 06/09/2015   | 06/08/2015          |    |
| <a href="#">Terminate</a> | 786       | [REDACTED] | [REDACTED] |          |             | 551...  | Active |         | 08/27/2015   | 08/25/2015          |    |
| <a href="#">Terminate</a> | 786       | [REDACTED] | [REDACTED] |          |             | 570...  | Active |         | 03/09/2015   | 03/16/2015          |    |
| <a href="#">Terminate</a> | 786       | [REDACTED] | [REDACTED] |          |             | 619...  | Active |         | 09/22/2009   | 01/26/2012          |    |
| <a href="#">Terminate</a> | 786       | [REDACTED] | [REDACTED] |          |             | 562...  | Active |         | 07/31/1996   | 08/13/2015          |    |
| <a href="#">Terminate</a> | 786       | [REDACTED] | [REDACTED] |          |             | 605...  | Active |         | 03/02/2015   | 02/26/2015          |    |
| <a href="#">Terminate</a> | 786       | [REDACTED] | [REDACTED] |          |             | 573...  | Active |         | 06/25/2014   | 06/23/2014          |    |
| <a href="#">Terminate</a> | 786       | [REDACTED] | [REDACTED] |          |             | 548...  | Active |         | 11/09/2000   | 12/11/2013          |    |
| <a href="#">Terminate</a> | 786       | [REDACTED] | [REDACTED] |          |             | 585...  | Active |         | 08/25/2015   | 08/24/2015          |    |
| <a href="#">Terminate</a> | 786       | [REDACTED] | [REDACTED] |          |             | 607...  | Active |         | 05/20/2015   | 05/19/2015          |    |
| <a href="#">Terminate</a> | 786       | [REDACTED] | [REDACTED] |          |             | 563...  | Active |         | 03/04/2014   | 03/03/2014          |    |
| <a href="#">Terminate</a> | 786       | [REDACTED] | [REDACTED] |          |             | 563...  | Active |         | 12/10/2009   | 04/17/2012          |    |
| <a href="#">Terminate</a> | 786       | [REDACTED] | [REDACTED] |          |             | 562...  | Active |         | 06/09/2015   | 06/02/2015          |    |
| <a href="#">Terminate</a> | 786       | [REDACTED] | [REDACTED] |          |             | 566...  | Active |         | 10/28/2009   | 08/24/2011          |    |
| <a href="#">Terminate</a> | 786       | [REDACTED] | [REDACTED] |          |             | 617...  | Active |         | 09/01/2006   | 01/15/2012          |    |

Results Page



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[Print DOT Drug-Alcohol Program](#)

Today is: 09/08/15

Our Company Policy for Negative Dilute Urine Drug Tests is: For negative dilute samples with creatinine 2-5 The worker has to return for another collection under direct observation with no prior notification.

**Tests Lists from June 2015 - Tests Found: 63 - This Page: 63 Tests**

| Print                 | Name       | Test Date  | Test Report Date | Type    | Kind           | Outcom   |
|-----------------------|------------|------------|------------------|---------|----------------|----------|
| <a href="#">Print</a> | [REDACTED] | 09/02/2015 | 09/03/2015       | Alcohol | Random         | Negative |
| <a href="#">Print</a> | [REDACTED] | 09/02/2015 | 09/03/2015       | Drug    | Random         | Negative |
| <a href="#">Print</a> | [REDACTED] | 09/01/2015 | 09/02/2015       | Drug    | Pre Employment | Negative |
| <a href="#">Print</a> | [REDACTED] | 08/26/2015 | 08/27/2015       | Drug    | Random         | Negative |
| <a href="#">Print</a> | [REDACTED] | 08/25/2015 | 08/26/2015       | Drug    | Pre Employment | Negative |
| <a href="#">Print</a> | [REDACTED] | 08/25/2015 | 08/26/2015       | Drug    | Pre Employment | Negative |
| <a href="#">Print</a> | [REDACTED] | 08/25/2015 | 08/26/2015       | Drug    | Pre Employment | Negative |
| <a href="#">Print</a> | [REDACTED] | 08/25/2015 | 08/26/2015       | Drug    | Pre Employment | Negative |
| <a href="#">Print</a> | [REDACTED] | 08/25/2015 | 08/26/2015       | Drug    | Pre Employment | Negative |
| <a href="#">Print</a> | [REDACTED] | 08/24/2015 | 08/25/2015       | Drug    | Pre Employment | Negative |
| <a href="#">Print</a> | [REDACTED] | 08/24/2015 | 08/25/2015       | Drug    | Pre Employment | Negative |



### Random Report Card Feature

sts

Current

Search

Today's Date is: **September 8th, 2015**

Note: DNG = Did Not Go and ALT = Alternate

01/01/2015

Drug Test

Active: 398

SEL: 18

Complete: **18**

Incomplete: **0**

ndoms

Selections

New! Random Report Card

vers

Current List

Expiring

Search

Recently Terminated

Recently Enrolled

Archive List

Termination List

her

MORE FORMS

SAP Collection Sites

Info

| ID    | Emp ID | Last | First | Required | Test Date  | Note |
|-------|--------|------|-------|----------|------------|------|
| 43891 |        |      |       | Drug DNG | ---        |      |
| 42794 |        |      |       | Drug Sel | 01/31/2015 | ALT  |
| 40473 |        |      |       | Drug DNG | ---        | ALT  |
| 39593 |        |      |       | Drug Sel | 01/02/2015 |      |
| 44723 |        |      |       | Drug DNG | ---        | ALT  |
| 42435 |        |      |       | Drug DNG | ---        |      |
| 42788 |        |      |       | Drug Sel | 01/01/2015 |      |
| 44467 |        |      |       | Drug DNG | ---        |      |
| 31212 |        |      |       | Drug Sel | 01/01/2015 |      |
| 10149 |        |      |       | Drug Sel | 01/30/2015 | ALT  |
| 43628 |        |      |       | Drug Sel | 01/12/2015 |      |
| 35995 |        |      |       | Drug Sel | 01/15/2015 |      |
| 16427 |        |      |       | Drug Sel | 01/28/2015 | ALT  |
| 43191 |        |      |       | Drug Sel | 01/21/2015 | ALT  |
| 17416 |        |      |       | Drug Sel | 01/09/2015 |      |
| 44593 |        |      |       | Drug DNG | ---        |      |
| 40545 |        |      |       | Drug Sel | 01/09/2015 |      |
| 9792  |        |      |       | Drug Sel | 01/15/2015 |      |
| 31144 |        |      |       | Drug Sel | 01/03/2015 |      |
| 18711 |        |      |       | Drug Sel | 01/23/2015 | ALT  |
| 9773  |        |      |       | Drug Sel | 01/11/2015 |      |
| 44636 |        |      |       | Drug DNG | ---        | ALT  |
| 9714  |        |      |       | Drug DNG | ---        | ALT  |
| 10214 |        |      |       | Drug Sel | 01/23/2015 | ALT  |
| 27790 |        |      |       | Drug Sel | 01/04/2015 |      |
| 29052 |        |      |       | Drug Sel | 01/01/2015 |      |

MIS Reports

**Good Business** (Client ID#: **11586**)

**John Smith**  
123 Main St  
Anytown, CA 12345

Today's Date is: **01/24/13**

**M.I.S. REPORTS**

Choose a Range...

Hint: For Date Range Seaches: Fill in all \*6\* Fields

|                                       | Month                | Day                  | Year                 |
|---------------------------------------|----------------------|----------------------|----------------------|
| Start:                                | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| End:                                  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Or Pick Full Year...                  |                      |                      |                      |
| Full Year:                            | <input type="text"/> |                      |                      |
| Division:                             | <input type="text"/> |                      |                      |
| <input type="button" value="Search"/> |                      |                      |                      |



## Sample M.I.S. Report:

**Return**

U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM

Calendar Year Covered by this Report: **2010**

OMB No. 2105-0529

### I. Employer:

Company Name: **Good Business** (Client ID# **11586**)

Doing Business As (DBA) Name (if applicable):

Address: **123 Main St Anytown, CA 12345**

E-mail: **johnsmith@goodbusiness.com**

Name of Certifying Official: **John Smith**

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

Telephone: ( ) **818-123-4567**

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

Prepared by (if different): \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

C/TPA Name and Telephone (if applicable): **Norton Medical Industries**

( ) **818 779 1900**

**Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:**

FMCSA – Motor Carrier: DOT #: \_\_\_\_\_ Owner-operator: (circle one) YES or NO Exempt (Circle One) YES or NO

FAA – Aviation: Certificate # (if applicable): \_\_\_\_\_ Plan / Registration # (if applicable): \_\_\_\_\_

RSPA – Pipeline: (Check) Gas Gathering \_\_\_\_\_ Gas Transmission \_\_\_\_\_ Gas Distribution \_\_\_\_\_ Transport Hazardous Liquids \_\_\_\_\_ Transport Carbon Dioxide \_\_\_\_\_

FRA – Railroad: Total Number of observed/documentated Part 219 “Rule G” Observations for covered employees: \_\_\_\_\_

USCG – Maritime: Vessel ID # (USCG- or State-Issued): \_\_\_\_\_ (If more than one vessel, list separately.)

FTA – Transit

### II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:

### (B) Enter Total Number of Employee Categories:

### (C)

| Employee Category | Total Number of Employees in this Category |
|-------------------|--|
|                   |  |

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

### III. Drug Testing Data:

1 2 3 4 5 6 7 8 9 10 11 12 13

| Type of Test           | Total Number Of Test Results (Sum of Columns 2, 3, 9, 10, 11, and 12) | Verified Negative Results | Verified Positive Results – For One Or More Drugs | Positive For Marijuana | Positive For Cocaine | Positive For PCP | Positive For Opiates | Positive For Amphetamines | Refusal Results |             |   |                                     |                   |
|------------------------|---|---------------------------|---|------------------------|----------------------|------------------|----------------------|---------------------------|-----------------|-------------|---|-------------------------------------|-------------------|
|                        |   |                           |   |                        |                      |                  |                      |                           | Adulterated     | Substituted | “Sly Bladder” – With No Medical Explanation | Other Refusals To Submit To Testing | Cancelled Results |
| Pre-Employment         | 9   | 6                         | 2   | 1                      | 1                    | 0                | 0                    | 0                         | 0               | 0           | 0   | 0                                   | 0                 |
| Random                 | 3   | 3                         | 0   | 0                      | 0                    | 0                | 0                    | 0                         | 0               | 0           | 0   | 0                                   | 0                 |
| Post-Accident          | 0   | 0                         | 0   | 0                      | 0                    | 0                | 0                    | 0                         | 0               | 0           | 0   | 0                                   | 0                 |
| Reasonable Susp./Cause | 0   | 0                         | 0   | 0                      | 0                    | 0                | 0                    | 0                         | 0               | 0           | 0   | 0                                   | 0                 |
| Return-to-Duty         | 0   | 0                         | 0   | 0                      | 0                    | 0                | 0                    | 0                         | 0               | 0           | 0   | 0                                   | 0                 |
| Follow-Up              | 0   | 0                         | 0   | 0                      | 0                    | 0                | 0                    | 0                         | 0               | 0           | 0   | 0                                   | 0                 |
| TOTAL                  | 12  | 9                         | 7   | 1                      | 1                    | 0                | 0                    | 0                         | 0               | 0           | 0   | 0                                   | 0                 |

### IV. Alcohol Testing Data:

1 2 3 4 5 6 7 8 9

| Type of Test           | Total Number Of Screening Test Results (Should equal the sum of Columns 2, 3, 7, and 8) | Screening Tests With Results Below 0.02 | Screening Tests With Results 0.02 Or Greater | Number Of Confirmation Tests Results | Confirmation Tests With Results 0.02 Through 0.039 | Confirmation Tests With Results 0.04 Or Greater | Refusal Results                          |                                     |                   |
|------------------------|---|---|--|--------------------------------------|--|---|--|-------------------------------------|-------------------|
|                        |   |   |  |                                      |  |   | “Sly Lung” – With No Medical Explanation | Other Refusals To Submit To Testing | Cancelled Results |
| Pre-Employment         | 0   | 0                                       |  | 0                                    |  | 0   | 0  |                                     |                   |
| Random                 | 0   | 0                                       |  | 0                                    |  | 0   | 0  |                                     |                   |
| Post-Accident          | 0   | 0                                       |  | 0                                    |  | 0   | 0  |                                     |                   |
| Reasonable Susp./Cause | 0   | 0                                       |  | 0                                    |  | 0   | 0  |                                     |                   |
| Return-to-Duty         | 0   | 0                                       |  | 0                                    |  | 0   | 0  |                                     |                   |
| Follow-Up              | 0   | 0                                       |  | 0                                    |  | 0   | 0  |                                     |                   |
| TOTAL                  | 0   | 0                                       |  | 0                                    |  | 0   | 0  |                                     |                   |

## Blank Authorization Form

### NORTON MEDICAL INDUSTRIES

Drug Programs To Comply With Federal Regulations  
6265 Sepulveda Blvd. Van Nuys Ca. 91411-1130  
(800) 243-7669 • (818) 779-1900 • Fax (818) 779-1908

#### Drug & Alcohol Testing Authorization Form

**Company Information:**

Client #:

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

D.E.R is: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Drivers License#: \_\_\_\_\_ Social Security# \_\_\_\_\_

Notification Date: \_\_\_\_\_ Notification Time: \_\_\_\_\_ AM/PM

Signature of D.E.R: \_\_\_\_\_

**Following test(s) to be performed:** ☐ NON-DOT ☐ FMCSA ☐ FTA ☐ FAA ☐ PHMSA ☐ USCG

**Reason For Test:**

**Type of Test:**

☐ Random

☐ Drug

☐ Pre Employment

☐ Breath Alcohol

☐ Post Accident

☐ Drug & Breath Alcohol

☐ Return to Duty

☐ Physical

☐ Reasonable Cause

☐ Follow-up

☐ Other(Specify)

**DIRECT OBSERVATION is required by DOT for Return to Duty' and 'Follow Up' Tests**

Is this test for **DIRECT OBSERVATION**? DIRECT OBSERVATION (Yes or NO): \_\_\_\_\_

**Program Manager Signature:** \_\_\_\_\_



***Attention Collector***

**Fax back to:** \_\_\_\_\_ **once service is complete**

**Arrival Date:** \_\_\_\_\_ **Arrival Time:** \_\_\_\_\_ **Departure Time:** \_\_\_\_\_

**Signature of clinic rep.:** \_\_\_\_\_

**FAX BACK TO THE FOLLOWING #** \_\_\_\_\_

**ONCE SERVICES COMPLETE**

## Cost – Exhibit A

### Exhibit A CRFQ VNF1800000009

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 the per test cost.

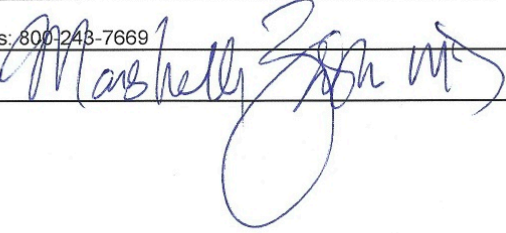
The vendor's quotation must include bids for the following information as outlined:

| Item       | Service  | Estimated Quantity | Unit  | Unit Price       | Total Price  |
|------------|--|--------------------|-------|------------------|--------------|
| 1.1 A      | Pre-Employment Drug Testing - Laboratory Screen (Local Site)   | 75                 | tests | \$57.00          | \$ 4,275.00  |
| 1.1 B      | Pre-Employment Alcohol Testing (Local Site)                    | 75                 | tests | \$49.00          | \$ 3,675.00  |
|            |  |                    |       |                  |              |
| 1.2 A      | Reasonable Suspicion Drug Testing - Preliminary On-Site Screen | 10                 | tests | \$125.00         | \$ 1,250.00  |
| 1.2 B      | Reasonable Suspicion Drug Testing - Laboratory Screen          | 10                 | tests | \$125.00         | \$ 1,250.00  |
| 1.2 C      | Reasonable Suspicion Alcohol Testing                           | 15                 | tests | \$125.00         | \$ 1,875.00  |
|            |  |                    |       |                  |              |
| 1.3 A      | Post-Accident Drug Testing - Preliminary On-Site Screen        | 5                  | tests | \$125.00         | \$ 625.00    |
| 1.3 B      | Post-Accident Drug Testing - Laboratory Screen                 | 5                  | tests | \$125.00         | \$ 625.00    |
| 1.3 C      | Post-Accident Alcohol Testing                                  | 5                  | tests | \$125.00         | \$ 625.00    |
|            |  |                    |       |                  |              |
| 1.4 A      | Return to Work Drug Testing - Laboratory Screen (Local Site)   | 25                 | tests | \$69.00          | \$ 1,725.00  |
| 1.4 B      | Return to Work Alcohol Testing (Local Site)                    | 25                 | tests | \$49.00          | \$ 1,225.00  |
|            |  |                    |       |                  |              |
| 4.1.1.17.1 | Collection Expert Testimony                                    | 10                 | hours | \$100.00         | \$ 1,000.00  |
| 4.1.1.17.2 | Laboratory Expert Testimony                                    | 10                 | hours | \$100.00         | \$ 1,000.00  |
| 4.1.1.17.3 | MRO Expert Testimony   | 10                 | hours | \$100.00         | \$ 1,000.00  |
| 4.1.1.17.4 | Collection Expert Testimony at Deposition                      | 10                 | hours | \$100.00         | \$ 1,000.00  |
| 4.1.1.17.5 | Laboratory Expert Testimony at Deposition                      | 10                 | hours | \$100.00         | \$ 1,000.00  |
| 4.1.1.17.6 | MRO Expert Testimony at Deposition                             | 10                 | hours | \$0.00           | \$ -         |
| 4.1.2.8    | Blind Performance Tests (One Per Quarter)                      | 4                  | tests | \$57.00          | \$ 228.00    |
|            |  |                    |       | Total Bid Amount | \$ 22,378.00 |

\* Blind Samples are not DOT Required as of 2018.

\* MRO Expert Testimony at Deposition will be included at no additional cost.

\*Any sample collected at local site is at local site costs. Observed Tests are additional fee included in unit price.

|  |                  |
|--|------------------|
| CONTACT INFORMATION  |                  |
| Vendor Name: Norton Medical Industries   |                  |
| Vendor Address: 6265 Sepulveda Blvd Ste 13   |                  |
| Van Nuys, CA 91411   |                  |
|  |                  |
| Vendor Contact Name: Dr. Marshall Zablen, MD   |                  |
| Vendor Phone Number: 800-243-7669  |                  |
| Vendor Fax Number: 818-779-1908  |                  |
| Vendor Email Address: admin@nortonmedical.com  |                  |
| 24-Hr Phone Number for Callback Services: 800-243-7669   |                  |
| Signature of Authorized Vendor Agent:  | Date: 12/29/2017 |

## Purchasing Affidavit

STATE OF WEST VIRGINIA  
Purchasing Division

### PURCHASING AFFIDAVIT

**CONSTRUCTION CONTRACTS:** Under W. Va. Code § 5-22-1(f), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

**ALL OTHER CONTRACTS:** Under W. Va. Code §5A-3-10a, 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: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

**EXCEPTION:** The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. 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.

**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.

"**Employer default**" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"**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.

**AFFIRMATION:** By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

**WITNESS THE FOLLOWING SIGNATURE:**

Vendor's Name: Norton Medical Industries

Authorized Signature: Marsheel Z... Date: 12/28/17

State of California

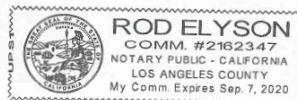
County of Los Angeles, to-wit:

Taken, subscribed, and sworn to before me this 28<sup>th</sup> day of December, 2017

My Commission expires \_\_\_\_\_, 20\_\_\_\_.

AFFIX SEAL HERE

NOTARY PUBLIC



*Rod Elyson*  
Purchasing Affidavit (Revised 07/07/2017)

## Addendum Acknowledgement

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ADDENDUM ACKNOWLEDGEMENT FORM  
SOLICITATION NO.: CRFQ VNF1800000009

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:  
(Check the box next to each addendum received)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input type="checkbox"/> Addendum No. 2            | <input type="checkbox"/> Addendum No. 7  |
| <input type="checkbox"/> Addendum No. 3            | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion 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.

Norton Medical Industries

Company

Authorized Signature

12/29/17

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

Revised 11/14/2017