

# Account Set Up Form for Alaska Construction Industry Substance Abuse Program (AKCISAP)

3020 "C" St. 2<sup>nd</sup> Floor • Anchorage, Alaska 99503  
Phone (907) 563-8378 or Toll Free (888) 274-6662 • Fax (907) 563-8380

Administered by WorkSafe, Inc.

## **EMPLOYER PARTICIPATION/COMPLIANCE AGREEMENT and DESIGNATED EMPLOYER REPRESENTATIVE(S) FORM**

I hereby acknowledge participation in the Alaska Construction Industry Substance Abuse Program (AKCISAP) and agree to the funding requirements under Section 6, and as outlined in Addendum II Funding Schedule, of the Plan Document. I authorize **WorkSafe, Inc.** to contact the Designated Employer Representative(s), listed below, regarding issues relative to the AKCISAP.

I understand that in the absence of the Designated Employer Representative(s) listed below, I will be contacted regarding any issues associated with the AKCISAP.

Employer: \_\_\_\_\_  
Authorized by: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Company Official only, please)  
Fax: \_\_\_\_\_  
Title: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(please print)  
Signature: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
(street) (city) (state) (zip + 4 code)

Primary responsibilities of the Designated Employer Representatives are:

- to be the contact person(s) for confidential and sensitive issues, for example, when an employee is not in compliance with the AKCISAP;
- to provide timely and discreet notification to employees when they have been selected for a random drug test; and
- to verify new and current employees' compliance status.

**Please note:** The fax number provided for the first Designated Employer Representative will be the one used for notifying you of random selections unless you advise that we should use another fax number or e-mail.

If you wish to limit any individuals in your firm to specific responsibilities, for example, verifying employees' compliance status only, you may indicate their levels of authority by checking each applicable authorization box next to their names.

Designated Employer Representative:	_____ (please print)	<input type="checkbox"/> Full Authority, or <input type="checkbox"/> Contact Person <input type="checkbox"/> Random Notification <input type="checkbox"/> Verify Compliance Status	Phone: _____ Fax: _____ Email: _____
Designated Employer Representative:	_____ (please print)	<input type="checkbox"/> Full Authority, or <input type="checkbox"/> Contact Person <input type="checkbox"/> Random Notification <input type="checkbox"/> Verify Compliance Status	Phone: _____ Fax: _____ Email: _____

Please use and/or duplicate the form on the reverse side as needed to list additional Representatives.

When complete, please promptly return to: WorkSafe, Inc  
3020 "C" St. 2<sup>nd</sup> Floor, Anchorage, AK 99503 or fax to (907) 563-8380

Additional Employer Representatives for: \_\_\_\_\_  
(please print company name)

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Authorized by: \_\_\_\_\_

Designated Employer Representative:	_____	<input type="checkbox"/> Full Authority, or	Phone: _____
	(please print)	<input type="checkbox"/> Contact Person	Fax: _____
		<input type="checkbox"/> Random Notification	Email: _____
		<input type="checkbox"/> Verify Compliance Status	

Designated Employer Representative:	_____	<input type="checkbox"/> Full Authority, or	Phone: _____
	(please print)	<input type="checkbox"/> Contact Person	Fax: _____
		<input type="checkbox"/> Random Notification	Email: _____
		<input type="checkbox"/> Verify Compliance Status	

Designated Employer Representative:	_____	<input type="checkbox"/> Full Authority, or	Phone: _____
	(please print)	<input type="checkbox"/> Contact Person	Fax: _____
		<input type="checkbox"/> Random Notification	Email: _____
		<input type="checkbox"/> Verify Compliance Status	

Designated Employer Representative:	_____	<input type="checkbox"/> Full Authority, or	Phone: _____
	(please print)	<input type="checkbox"/> Contact Person	Fax: _____
		<input type="checkbox"/> Random Notification	Email: _____
		<input type="checkbox"/> Verify Compliance Status	

Designated Employer Representative:	_____	<input type="checkbox"/> Full Authority, or	Phone: _____
	(please print)	<input type="checkbox"/> Contact Person	Fax: _____
		<input type="checkbox"/> Random Notification	Email: _____
		<input type="checkbox"/> Verify Compliance Status	

Designated Employer Representative:	_____	<input type="checkbox"/> Full Authority, or	Phone: _____
	(please print)	<input type="checkbox"/> Contact Person	Fax: _____
		<input type="checkbox"/> Random Notification	Email: _____
		<input type="checkbox"/> Verify Compliance Status	

Designated Employer Representative:	_____	<input type="checkbox"/> Full Authority, or	Phone: _____
	(please print)	<input type="checkbox"/> Contact Person	Fax: _____
		<input type="checkbox"/> Random Notification	Email: _____
		<input type="checkbox"/> Verify Compliance Status	

Designated Employer Representative:	_____	<input type="checkbox"/> Full Authority, or	Phone: _____
	(please print)	<input type="checkbox"/> Contact Person	Fax: _____
		<input type="checkbox"/> Random Notification	Email: _____
		<input type="checkbox"/> Verify Compliance Status	