

## Southern California Subcontractor Drug Testing Program

---

In accordance with Turner Construction Company's Drug and Alcohol Abuse Policy, FC Background (FCB) performs annual and random drug testing on Turner subcontractors. This packet contains instructions to set up an account with FCB.

- ◆ Complete and fax back the **Service Agreement, Pricing Page, New Client Information Sheet, and Credit Card Authorization Form** to: **(972) 404-4415**. The credit card authorization form is required to set up your account. Providing incomplete information results in a delay setting up the account.
- ◆ **Allow one business day for new account setup. Once setup is completed FCB will communicate via e-mail with the subcontractor regarding required forms and drug testing locations.**
- ◆ FCB will also coordinate the onsite drug testing. This can be done either at the jobsite or at the subcontractor's office. Trip fee will apply if the minimum number of collections is not met for onsite drug testing. Drug testing can be done at a local drug testing clinic setup by FCB and no minimum number of tests/collections applies.
- ◆ Delays in results may include non-conclusive drug results shipped to the laboratory for additional testing. Drug test results are valid one year.
- ◆ FCB notifies Turner of all unpaid invoices

**FCB Contact Information: (972) 404-4479 | [customer.support@fcbackground.com](mailto:customer.support@fcbackground.com)**

**Turner Customer Support Team**  
Brandi Costner, Client Services Manager  
Melanie Laird, VP Construction Services  
Keith Hinton, VP Operations

**[turner.support@fcbackground.com](mailto:turner.support@fcbackground.com)**  
**[brandi.costner@fcbackground.com](mailto:brandi.costner@fcbackground.com)**  
**[melanie.laird@fcbackground.com](mailto:melanie.laird@fcbackground.com)**  
**[keith.hinton@fcbackground.com](mailto:keith.hinton@fcbackground.com)**

**Main (800) 388-8827**  
**Direct (214) 306-8206**  
**Direct (214) 306-8210**  
**Direct (214) 306-8180**



Full Service Workforce Screening, Testing & Verifications

# SERVICE AGREEMENT

FC Background, LLC, Park Central VII, 12750 Merit Drive, Suite 1215, Dallas, Texas, 75251, and

Company Name: \_\_\_\_\_

Hereinafter referred to as the "Contractor", for the considerations hereinafter expressed, agree together as follows: The purpose of this agreement is to allow the Contractor to use the services provided by **FC BACKGROUND (FCB)** as a risk management tool in screening individuals for jobsite access. **FCB** will arrange for and provide to the Contractor such services and information and at such fee(s) as listed below:

Contractor agrees to screen each subject who will work on any Turner Construction project. Contractor agrees to pay **\$40.00** for each drug screen, regardless of the result of the drug screen. **(please initial)**. Contractor shall also pay any fees incurred for onsite drug testing (if minimum required collections is not met) post-accident, random drug and/or alcohol testing as required by Turner Construction **(please initial)**. **FCB** will invoice weekly. **All invoices are due and payable upon receipt** **FCB** will automatically debit the credit card provided (see authorization attached) by the Contractor on the date of invoice **(please initial)**. An invoice identifying those charges together with a receipt of payment will be sent to the Contractor within seven (7) days of the invoice and payment date. Turner is notified of any unpaid invoices.

It is the sole responsibility of the Contractor to secure and to furnish **FCB** proper and correct information for each applicant sufficient for **FCB** to perform the services contracted. The Contractor certifies to **FCB** that it will comply with all applicable state and federal laws, including, but not limited to, the Fair Credit Reporting Act (15 USC 1681) and that information received from **FCB** will not be used in violation of any equal employment opportunity law or regulation. Contractor hereby releases **FCB** and its affiliated companies and the officers, agents, employees and independent contractors of **FCB** and its affiliated companies from liability for Contractor's noncompliance with all applicable laws, rules and regulations. **(please initial)**

It is understood and agreed that in order to evidence Contractor's compliance with the Turner mandated Drug and Alcohol Abuse Policy, **FCB** is hereby granted permission to share drug and breath alcohol test results and photos for ID purposes with Turner authorized personnel.

This agreement shall become effective on \_\_\_\_\_ and shall remain in force and effect until modified or suspended by either party with thirty days advance written notice. Prices quoted above shall remain fixed for one year from the date of this agreement.

Signed:

FC Background, LLC

Contractor:

By: *Melanie Laird*

6/30/2010 1:03 PM

\_\_\_\_\_  
By: Printed Name & Title

\_\_\_\_\_  
Signature & Date

**PLEASE PRINT**

Company / Organization Registered Name: \_\_\_\_\_

Billing Address \_\_\_\_\_

Billing Contact \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Authorized Contacts to Schedule Drug Testing & View Results:**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Email notification of completed reports? YES NO

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Email notification of completed reports? YES NO

Company Safety/Emergency Contact Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

No. Company-wide Emps \_\_\_\_\_ Est. # emps needing drug tests \_\_\_\_\_

Turner Contact \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Turner Project(s)**

\*\*\*\*\* FC Background Use Only \*\*\*\*\*

Client Type	Branch Code	Service Code	Judging
Turner - SoCal	TRNSOC	TRNSOC	Turner



Full Service Workforce Screening, Testing & Verifications

\*\*\* Required for Account Setup \*\*\*

**FC Background Recurring Payment Credit Card Authorization Form**  
**Fax this form to: (972) 404-4415**

To initiate service, complete the credit card information requested below. As set forth in the executed Service Agreement, your credit card will be charged the full amount of your invoice on the invoice date. Invoices and receipts are sent electronically or via US mail.

I would prefer to receive my invoices and receipts (check one):  electronically  via US mail

\_\_\_\_\_  
Name Email Address

**Company Name:** \_\_\_\_\_

**Credit Card Type**  **VISA**  **MasterCard**  
 **American Express**

**Credit Card Number:**

**Expiration Date:**

**Name as it Appears on Card:**

**Authorized Signature:**