



**Organizational Health Incorporated 10111 97A Avenue, Edmonton, AB. T5K 2T3  
Toll Free Phone – 1-800-476-6640 Toll Free Fax – 1-888-429-1747**

Organizational Health Incorporated (OHI) is an independent, Canadian health management company based in Edmonton supplying health and disability management solutions to employers, unions, insurance carriers, and physicians across Canada.

The third party case administration process for RSAP will be under the leadership of OHI.

**All of the attached forms are to be completed and faxed to  
Organizational Health Incorporated**

**1-888-429-1747**

All of the information received is confidential and only your ability to return to work will be discussed with the contractor.





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## RSAP Participant Form

### Participant worker voluntary participation agreement

The Rapid Site Access Program (RSAP) is established to help provide a safe workplace free from risks associated with alcohol and other drug misuse. RSAP is intended to replace redundant site access testing for referral to all jobs where the participant contractor and participant owner agree to participate in the RSAP. In return for not having to undergo site access testing, the signatory participant worker agrees to accept the terms of the voluntary random testing program established by the RSAP Administrative Committee.

Prior to admittance into the program, the worker must provide to the third party case administration alcohol and drug results from a test laboratory approved by third party case administration, taken within the previous ninety days. Alternatively, if the applicant is currently employed by a participant contractor on a site that required a site access testing order to qualify for access to that site, said applicant may request his or her employer submit that test to the third party case administration on his or her behalf.

While it is intended that RSAP become accepted industry-wide, currently RSAP is only effective where both the referring participant contractor and participant owner agree to participate in and be bound by the RSAP Procedural Rules.

RSAP will be administered by a third party case administration, testing administrator, SAE team, and treatment team who are hereby authorized to keep relevant records, disclose personal information to approved stakeholders, and manage and administer the random drug testing, as well as, if applicable, the assessment, treatment and after-care segments of the system. The third party case administration, testing administration, SAE team and treatment team are subject to the Procedural Rules.

RSAP supplements the Canadian Model, which remains in effect.



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The participant worker will be taken off active status in RSAP if any of the following occur:

- A refusal to test when required,
- A test sample has been tampered with by the testee, or
- A positive test result occurred for either drugs or alcohol on any requested test.

Any decision to take a participant worker off active status is final and is subject to limited review only as provided for in the Procedural Rules. Reactivation will be the decision of the third party case administration and may be subject to certain conditions being met.

Participant workers in compliance with RSAP, who are not currently employed by a participating participant contractor, may opt out of RSAP by making their request in writing and submitting it to the third party case administration. Participant workers not in compliance with RSAP, who are currently employed by a participating participant contractor and/or who are signatory to a return-to-work agreement with third party case administration, shall not be permitted to opt out of the program. A participant worker who is no longer a participant in the RSAP will revert to any existing rules for dispatch with respect to site access testing.

I \_\_\_\_\_, having read the above and agree that I fully understand the above conditions, hereby apply for admittance into the RSAP. I hereby agree to be bound by the conditions that are established from time to time with respect to my remaining in the RSAP and such conditions as are necessary for the administration and operation of RSAP. I understand that my request to enter RSAP is made voluntarily and of my own free will. I agree to the release and use of my personal information that is reasonably necessary for RSAP administration as between my union, the third party case administration, service providers, third party auditors, participant employers and testing facilities. I understand that my union has agreed to my entering into this agreement

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant



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**Personnel Information**

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*Fist Name*

*Middle Name*

*Last Name*

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*Street Address*

*City*

*Province*

*Postal Code*

( )	( )	
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*Home Phone Number*

*Cell Phone Number*

*Email address*

Leave Message? (Circle) Yes or No

Leave Message? (Circle) Yes or No

/ /	MM/DD/YEAR	
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*Social insurance number*

*Date of Birth MM/DD/YEAR*

**Emergency Contact**

		( )
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*Full Name*

*Relationship to you*

*Phone Number*

**Trade**

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*Trade Qualification(s)*

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<b>Permit Worker</b>	<b>Traveller Worker</b>
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<i>Home Union:</i>	<i>Home Union:</i>
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**Union Office Use only**

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