

AGREEMENT NUMBER <b>S1150006</b>
REGISTRATION NUMBER <i>EP 1197434</i>

1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME  
**Department of Personnel Administration**

CONTRACTOR'S NAME  
**Comprehensive Drug Testing, Inc.**

2. The term of this Agreement is: **February 1, 2012** through **June 30, 2014**

3. The maximum amount of this Agreement is: **\$ 1,206,597.50**  
 One Million Two Hundred Six Thousand Five Hundred Ninety-Seven Dollars and Fifty Cents

4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.

Exhibit A – Scope of Work	12 Pages
Attachment 1 – Urine Collection/Breath Alcohol Testing Site Lists A, B & C	294 Pages
Exhibit B – Budget Detail and Payment Provisions	2 Pages
Attachment 1 – Contractor Cost Worksheet	7 Pages
Attachment 2 – Performance Guarantees	2 Pages
Exhibit C - General Terms and Conditions	4 Pages
Exhibit D – Special Terms and Conditions	2 Pages
Exhibit E – Contractor Evaluation	1 Page

**IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.**

**CONTRACTOR**

CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.)  
**Comprehensive Drug Testing, Inc.**

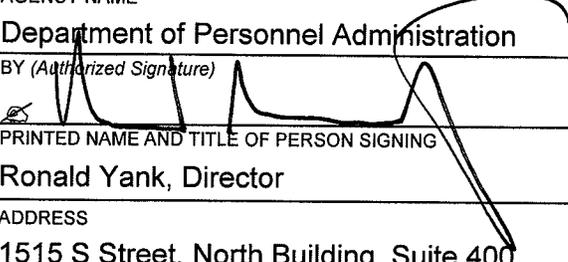
BY (Authorized Signature)  DATE SIGNED (Do not type)  
*1-17-12*

PRINTED NAME AND TITLE OF PERSON SIGNING  
**Julie Montez, Chief Operating Officer**

ADDRESS  
**250 North Golden Circle Drive, Suite 210  
 Santa Ana, CA 92705**

**STATE OF CALIFORNIA**

AGENCY NAME  
**Department of Personnel Administration**

BY (Authorized Signature)  DATE SIGNED (Do not type)  
*2/6/12*

PRINTED NAME AND TITLE OF PERSON SIGNING  
**Ronald Yank, Director**

ADDRESS  
**1515 S Street, North Building, Suite 400  
 Sacramento, CA 95811**

*California Department of General Services Use Only*

**EXEMPT FROM DGS  
 REVIEW/APPROVAL  
 PCC 10295 (C) (4)**

Exempt per:

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**EXHIBIT A  
(Standard Agreement)**

**SCOPE OF WORK**

Comprehensive Drug Testing, Inc. (hereby referred to as "CDT" or "Contractor") agrees to provide to the Department of Personnel Administration (hereby referred to as "DPA" or "State") drug and alcohol testing services as described herein:

**Scope of Work**

The Contractor will provide drug and alcohol testing services in accordance with DPA Regulations 599.960 – 599.966, SPB Regulations 213 – 213.6, FMCSA Regulations 49 CFR Parts 40 and Part 382, USCG Regulations 49 CFR Parts 16 and 4, and BU 06 provisions. The drug and alcohol testing services will consist of collection of urine specimens for drug testing, breath alcohol testing, a SAMHSA-certified laboratory for drug analysis, and California-based MROs for mandatory drug and alcohol testing of State employees in safety-sensitive positions. These services must be operational by contract implementation date.

The Contractor must provide these services statewide (including many remote locations) for the term of this contract. The Contractor must provide urine collection, breath alcohol testing, and laboratory analysis 24 hours a day, 7 days a week. Collection of urine specimens and breath alcohol testing are conducted randomly throughout the State during the program year.

The Contractor must provide a website that allows DPA and State departments to access drug and alcohol test result information online. The website must be fully functional at contract implementation date.

The Contractor must provide a collection site listing that is accessible on the web. Logon instructions for accessing the collection site listing will be posted on the web. The collection site listing and instructions for accessing the collection site listing must be fully functional at contract implementation date.

The Contractor must provide a SAMHSA-certified laboratory to conduct laboratory analysis of urine specimens for mandatory drug testing of State employees.

The Contractor must provide a California-based MRO and an alternate California-based MRO who will provide MRO services and/or an expert witness for testimony as needed by the State. The MRO, alternate MRO and/or expert witness must be available for testimony as needed by the State.

The Contractor must handle every component of the collection, laboratory analysis, and final determination of specimen results. In other words, the Contractor will coordinate the functions of collection, breath alcohol testing, laboratory analysis, and the MRO. The Contractor will assign a point of contact that will be responsible for coordinating and resolving all day-to-day issues that arise for all work performed under the contract.

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The Contractor will provide to DPA summaries of all proposed and final Federal regulations that impact the Federal testing programs administered by DPA.

The Contractor will participate in annual Stewardship meetings as scheduled by DPA.

The Contractor will agree to participate in Performance Guarantees as specified by DPA.

The Contractor will provide training and employee information services to employees, supervisors, managers, and trainers (training-for-trainers) as specified by DPA.

Specific Requirements

The Contractor shall provide the combined consortium services as described below.

- Urine collection and breath alcohol testing facilities located geographically throughout the entire State. These facilities are identified in Attachment 2 (A, B and C). The collection sites shall be operational by contract implementation date;
- Laboratory services;
- MRO services;
- Expert witness testimony and consultation; and
- Training and information services.

Drug and Alcohol Program Services

The Contractor shall provide the program services as specified below:

1. Urine Collection and Breath Alcohol Testing Services
  - a. The Contractor will comply with Federal drug testing standards and procedures as established by 49 CFR Part 40 and applicable SAMHSA Guidelines and as specified by DPA. Should the Federal standards change during the term of this agreement, the Contractor will conform to the new testing standards. Any dispute over what those standards require will be decided by DPA.
  - b. Urine collection and breath alcohol testing services that include 24 hours a day, 7 days a week availability of urine collection and breath alcohol testing services using EBT devices and trained Breath Alcohol Technicians (BATs). It is desired that urine collection/breath alcohol testing services are provided by the collection site within 45 minutes of an employee's arrival or scheduled appointment time.
  - c. Statewide urine collection and breath alcohol testing must be available at all designated sites and times as specified in Attachment 2 (A, B and C). Attachment 2 (A, B and C) shall be submitted by proposal submission date. All sites shall be

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operational by contract implementation date.

- d. The Contractor shall maintain all required forms, collection kits, and miscellaneous supplies for collection and testing services provided under this agreement.
  - e. The Contractor must ensure that all BATs are trained in accordance with and adhere to collection procedures as defined in 49 CFR Part 40 Subpart J. The Contractor must ensure that all devices used for collection of breath alcohol testing meet the requirements as defined in 49 CFR Part 40, Subpart K and that the Quality Assurance Plan (QAP) for EBT devices complies with 49 CFR Part 40 Subpart K.
  - f. The Contractor shall maintain all records of inspection and maintenance of EBT's, including documentation of compliance with QAP, and training records of BATs as required by Federal regulations.
  - g. The Contractor shall, on a quarterly basis, monitor and review log sheets of all collection facilities using EBTs. The Contractor shall, on a quarterly basis, perform a random audit of collection facilities to ensure that EBTs are properly calibrated. Results of the audits are to be reported to DPA each quarter.
  - h. The Contractor shall submit blind performance test specimens to the testing lab as required by 49 CFR Part 40 and applicable SAMHSA Guidelines. The Contractor must report to DPA quarterly, the results of such tests, except in the event of a false positive or failure by the lab to detect the presence of a controlled substance which shall be reported to DPA within three (3) days of receiving such results.
  - i. The Contractor shall provide qualified medical personnel only (physicians, physicians' assistant, nurse, emergency medical technician, or other staff) to collect urine samples and/or administer breath alcohol tests. Site management must be knowledgeable of collection/breath alcohol testing procedures as specified in Federal and State regulations and bargaining unit agreements. Site management must also be knowledgeable of procedures for the authorization forms used in the State and Federal testing programs.
  - j. The Contractor shall provide a collection site listing which is accessible on the web and includes logon instructions. Logon instructions for the collection site listing will be posted on the DPA website and Department websites.
2. Laboratory Services for Chemical Analysis of Urine Specimens
- a. The laboratory must be certified by SAMHSA and must conduct urine testing under in conformance with CFR 49 Part 40 regulations, as they now exist or may exist in the future, and as specified by DPA. In addition, the laboratory must:
    - (1) Be capable of same site initial screening and confirmatory tests;

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- (2) Utilize FDA-approved immunoassay tests;
  - (3) Participate in a laboratory proficiency testing program; and
  - (4) Not be a component organization of a State department.
- b. The Contractor shall perform chemical analyses of urine specimens submitted by the State to determine whether a person from whom the specimen was taken has been using: 1) any of five drugs as specified below for State pre-employment drug testing; 2) any of nine drugs as specified below for BU 06 drug testing and DPA Rule 599.963; and 3) the panel of drugs specified in 49 CFR Part 40 and 46 CFR Parts 4 and 16 regulations as they now exist or may exist in the future. The Contractor will also perform chemical analysis of urine samples for adulterants. All specimens identified as positive on the screen test shall be confirmed by a second test.

Basic Panel A – SPB Pre-employment Drug Testing and DOT Testing

Substance

1. Amphetamines/Methamphetamines
2. Cannabinoids
3. Cocaine (Benzoyllecgonine)
4. Opiates
5. Phencyclidine (PCP)

Basic Panel B -- Incumbent Drug and Reasonable Suspicion Testing

Substance

1. Amphetamines/Methamphetamines
2. Cannabinoids
3. Cocaine (Benzoyllecgonine)
4. Opiates
5. Phencyclidine (PCP)
6. Benzodiazepines

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7. Methaqualone
8. Barbiturates

The panel lists of substances and cut off levels are subject to modification by DPA at its discretion.

- c. Positive specimens must be stored for one (1) year to assure availability for retesting in case of appeal, or at the discretion of DPA. Upon notification of a challenge or at the discretion of DPA, the laboratory agrees to maintain storage for an indefinite period.
- e. The Contractor shall complete all specimen analyses within forty-eight (48) hours following delivery of the specimen (excluding State and Federal holidays, Saturdays and Sundays), unless a positive test result occurs in which case up to 72 hours will be allowed.
- f. The Contractor shall ensure that all test results, including confirmation, screening, and quality control data are reviewed by a qualified senior chemist or the laboratory director and are certified as being accurate.
- g. All analytical results shall be expressed in terms of generic or chemical name of any substance found to be present. The analytical results **SHALL NOT** be expressed in equivocal terms, e.g., "possible," "trace," or "+."

Analytical results **SHALL** be reported in terms of the laboratory cutoff limit of the substance, i.e., "\_\_\_\_\_ (drug or metabolite) not detected at a concentration of \_\_\_\_\_ nanograms per milliliter."

**OR**

"\_\_\_\_\_ (drug or metabolite) detected at a concentration of \_\_\_\_\_ nanograms per milliliter and confirmed by GC/MS at a concentration of \_\_\_\_\_ nanograms per milliliter."

Except as otherwise agreed to by DPA and the Contractor, the original report, including positives and negatives, shall be delivered by overnight courier or electronic transmission to the designated MRO. One (1) copy shall be retained by the Contractor for a period of three (3) years and shall be available to DPA for audit purposes. The Contractor will bear all costs of forms, reports, and courier service.

The Contractor shall furnish postpaid, and at no additional costs to DPA, all necessary supplies of forms, specimen containers, labels, courier bags, and seals. The Contractor shall also pay for courier service to pick up specimens from designated collection sites, delivery of specimen to the laboratory, and delivery of the results to the State or its designated representative. Furthermore, specimen

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containers shall be leakproof and of such composition/design to avoid breakage and leakage. Additionally, specimen containers shall be convenient for use by females; if not, alternative bottles shall be made available.

- h. The Contractor shall establish and maintain chain of custody (COC) procedures that are consistent with the COC procedures as specified in the 49 CFR Part 40 as they now exist or may exist in the future.
- i. The Contractor shall maintain all necessary safeguards, records, and controls relative to the handling and processing of submitted urine specimens for a period of three (3) years from the initial testing in order to assure their availability to DPA in the event the result of any urinalysis is legally/administratively challenged, or at the discretion of DPA. The Contractor shall maintain a complete record of all samples analyzed, including sample number, date received, date analyzed, and date results were sent by courier to DPA or designated representative.
- j. The Contractor shall maintain records of "false positives" observed on initial screening by panel substance and test method. The report(s) will be forwarded to the State Program Manager. The Contractor will not reveal or discuss the results of any analysis with any person except those designated in writing by DPA.
- k. The Contractor shall maintain a Quality Assurance (QA) and Quality Control (QC) program which encompasses all aspects of the testing and storage process, specimen acquisition, COC, security, and reporting of results, in addition to the screening and confirmation of analytical results.
- l. Specimens received by the Contractor which cannot be identified by the State of California, donor or organization submitting the specimen may be discarded by the Contractor. For each such specimen DPA will compensate the Contractor at the contract rate for extra service.
- m. The Contractor shall test for adulterants as specified by 49 CFR Part 40 and specified by DPA.
- n. Upon request, the Contractor will provide training regarding drug testing and COC procedures to designated State employees and/or collection site personnel. This shall be provided at the rate specified by the Contractor in its cost proposal.
- o. The Contractor shall provide a quarterly statistical summary of all testing performed. The report shall include the total number of specimens submitted, the total number of specimens submitted by employer identifier number, and the total number of confirmed positive and negative tests by substance. For alcohol, the report shall include the total number of specimens submitted, the total number of specimens submitted by employer identifier number, and the total number of tests under .02, between .02 - .039 and .04 or higher. The quarterly statistical report shall be submitted within 10 business days following the end of the reporting period.

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- p. The Contractor shall provide a reconfirmation service on any specimen and only at the request of a designated MRO except for an employee initiated retest. Such a test will only employ Gas Chromatography/Mass Spectrometry (GC/MS) as the methodology, adhere to all specifications and standards of the contract, and be reported to the MRO. These reconfirmations will typically be requested in cases which may involve an appeal or court challenge.

These reconfirmations shall be billed for separately as "Extra Services – GC/MS Reconfirmation." The Contractor shall also provide a reconfirmation service on specimens at the request of an employee. Such reconfirmations will be at the expense of the employee.

- q. If required by DPA, the Contractor or its qualified representative(s) agree to attend an appeal hearing or court hearing and provide expert testimony concerning the methods used, reliability, and results of specific analyses. The State will pay fees for the services of an expert to provide consultation and/or testimony for such appeal or court hearing.
- r. The State shall reimburse the contractor for reasonable expenses for transportation, meals, parking and lodging actually incurred. Receipts for expenses are required.

3. MRO Services for the Review of Urine Test Results

- a. The MRO shall conduct MRO services under this contract in conformance with applicable FMCSA regulations, 49 CFR Part 40 as they now exist or may exist in the future and as specified by DPA.
- b. The MRO shall have proficient knowledge of the drug testing process and the Federal regulations and be a licensed physician (Doctor of Medicine or Doctor of Osteopathy) with the knowledge of substance abuse disorders and have appropriate medical training to interpret and evaluate an individual's confirmed positive test results together with his or her medical history and any other relevant biomedical information. The MRO shall not be an employee or agent or have any financial interest in the laboratory for which the MRO is reviewing drug testing results. Additionally, the MRO shall not derive any financial benefit by having an agency use a specific drug testing laboratory or have any agreement with the laboratory that may be construed as a potential conflict of interest.
- c. The MRO's staff shall have proficient knowledge of State drug testing programs and processes and the Federal regulations. The staff must be proficient in addressing all inquiries regarding the drug testing process from the point of collection through the specimen reporting.

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- d. The Contractor shall provide an MRO and alternate MRO that will provide back-up services as needed. The MRO and the alternate MRO shall be based in the State of California.

The MRO, or MRO staff will:

- receive test results from the laboratory;
- notify the employee of a confirmed positive test result;
- review and interpret all confirmed positive test results;
- provide an opportunity for employee to discuss positive test result;
- review employee's medical history as appropriate;
- review medical records as appropriate;
- verify laboratory results;
- notify employer of verified positive test;
- process employee request for split samples; and
- maintain records and notifications for positive and negative test results.

The MRO is not required to substantively interpret negative test results. However, the MRO or his/her representative shall administratively review the results. The MRO shall review drug/alcohol test results within 48 hours of receipt of the laboratory results.

- e. The MRO shall provide to the employer written notification within three business days of completion of the MRO's review. If the employee cannot be reached for an interview within the 72-hour time limit and/or the review cannot be completed within the three days, the MRO shall immediately notify the employer. If requested by DPA, the MRO shall also report all positive test results to the employer via fax machine.
- f. The MRO shall maintain all records and notifications relative to the handling and reporting of negative laboratory results for a period of three (3) years from the date of receiving the laboratory results so as to assure their availability to DPA in the event the result of any urinalysis is legally/administratively challenged, or at the discretion of DPA.
- g. If required by DPA, the MRO or his/her designated expert, agrees to attend appeal hearings, depositions, and/or court hearings and provide expert testimony

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concerning medical reviews performed under the contract.

- h. The Contractor will designate qualified individuals to provide expert testimony. In the event that an individual designated as the primary expert witness is unavailable, the Contractor must designate one or more "back-up" expert witnesses who will be available for testimony.
- i. The DPA will pay expert witness fees when the MRO serves as an expert witness at appeal hearings, depositions, and or court hearings and provide expert testimony concerning medical reviews performed under this agreement.
- j. The State agrees to reimburse the contractor for reasonable expenses for transportation, meals, parking and lodging actually incurred. Receipts for expenses are required.
- k. The terms of the contract shall continue for a minimum of three (3) years after its expiration for purposes of providing expert witness testimony by the MRO, laboratory personnel, breath alcohol technicians, collectors, and other individuals for tests conducted prior to the expiration date of the contract.

**4. Training and Information Services**

The Contractor shall provide training and information services as stated below:

Training must be sufficient to enable every employee, supervisor, manager and trainer to understand the requirements of the FMCSA regulations. This includes providing the knowledge and skills necessary for supervisors and managers to apply the FMCSA regulations. At a minimum, the subjects covered shall include an overview of the requirements of the Federal regulations, signs and symptoms of drug and alcohol use, and how to refer employees for drug or alcohol testing.

The training and information services may be offered through a system which includes on-site training, DVD's/CD's, or web-based self-study training materials. Training provided by the Contractor will be held at locations mutually agreed upon by each State department, DPA the Contractor. All training request must be approved by DPA. Training will be paid by State departments requesting training services.

**5. Areas of Service**

The Contractor shall provide scheduled and unscheduled urine collection and breath alcohol testing services at the geographical locations specified in Attachment 2 (A, B, and C). Mobile urine and or breath alcohol collection testing services shall be provided upon request at 100% (same sites) of the locations listed in Attachment 2 (A, B, and C) when scheduled by Departments with the Contractor.

The MRO and alternate MRO shall be based in California.

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The laboratory is located at a single location. The laboratory will receive and process specimens from affiliated or independent collection sites throughout the State.

Website

The Contractor shall develop and implement a customized Internet website for the State's account by contract implementation date.

- a. The test result reporting website shall have the ability for State departments, including DPA, to access test result information available within the Contractor's result reporting database. The collection site website shall have the ability for State Departments, including DPA, to access collection site information available within the Contractor's collection site database. Both websites shall be fully ADA compliant.
- b. The Contractor shall maintain compatibility with DPA's current information technology infrastructure and compatibility with DPA browsers (Internet Explorer version 7.0 or higher, and at a minimum, also maintain compatibility with the following browsers: Mac OS X Safari (all versions), FireFox 3.5 or higher, Opera 6.0 or higher, and Google Chrome browser) along with other commonly used browsers. This compatibility shall be maintained by the Contractor during the life of this contract. Compatibility will also include security requirements related to browser use and accessing successful Contractor's customized website. The custom website will include the requirement of having an independent password set-up capability for each authorized user and the ability for authorized DPA personnel to access and review drug and alcohol test results and collection site data.
- c. As of the first day of the agreement operation, the Contractor shall have a secure e-mail system in place and operating, and the ability for authorized DPA personnel to have within that system assigned secure e-mail box access, with the ability to send and receive secure e-mail to Contractor's staff.
- d. The Contractor warrants that every protection available to the Contractor for the websites shall be used to protect them from unauthorized activity, access, and electronic attacks from outside the State and the Contractor. These Internet websites, including the secure e-mail system, shall be fully secured by the most secure and highest level of electronic security measures and means possible, with an encryption standard used for the internet websites being not less than the 128-bit encryption standard. This standard shall apply for any electronic means of access used for accessing this site for eligibility data and information.
- e. The Contractor shall meet the State's requirement, which at minimum, includes World Wide Web Consortium's (W3C) Web Content Accessibility Guidelines, and adhere to security guidelines published by the Office of Technology

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Review, Oversight and Security, Department of General Services, or as directed by DPA, during the life of the contract.

- f. The website and entire infrastructure shall be secured with firewall protection(s), and encryption systems and/or similar electronic protections, to prevent unauthorized access to the eligibility information and eligibility data entry system.
- g. The Contractor shall hold-harmless, defend and indemnify the State and its officers and authorized employees for any damage, theft, or misuse of data and information accessible through the websites. All data and information, including abstracts of data, all communications, and the website content used for the State's account by the Contractor, shall continue to be the property of the State. The Contractor shall hold-harmless, defend and indemnify the State and its officers and authorized employees for any errors and/or damages created by data entry errors and/or date field errors.
- h. The Contractor will, in the event of a data or information breach, regardless of reason or degree of intrusion, immediately notify DPA of the breach or intrusion and steps taken by the Contractor to mitigate and control the situation. The Contractor also agrees to have in place within 60 days of contract inception a risk management plan related to data and information control, data systems damage, misuse, theft, security breaches and intrusions. The Contractor's risk management plan shall be in force during the term of the agreement. Modification to the risk management plan will be permitted from time to time as prudent without change to the agreement through amendment with written notice of any changes provided to DPA on a timely basis and with reservation by DPA of the right to approve the modifications being done.
- i. The Contractor will be required to present their data control and risk management plan, including implementation time line if not already in place, at the time of proposal submission. The Contractor shall present, as part of their risk management plan, their ability to reconstruct web intrusion incidents and security and intrusion event identification and audit procedures related to both internal and external sourced events, and the method of notification to the State and all employees upon detected intrusion or breach, and the method of indemnification of any employees effected, whether currently tested or data of previously tested employees.

Access to Individuals for Testimony

The Contractor will require that all persons participating in drug and alcohol testing sign a waiver agreeing that DPA may have access to their last known addresses and telephone numbers for the sole purpose of subpoenaing them for evidentiary hearings arising out of the drug and alcohol testing regardless of whether the specific employee is still employed by the Contractor or its subcontractors at the time of the hearing.

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Contract Termination

The State reserves the right to terminate the contract for any reason by giving the Contractor thirty (30) days written notice of the effective date of such termination. The State may terminate the contract for cause, by act of law, or under the terms of collective bargaining with (10) days written notice. The responder has the right to terminate the contract for cause within 180 days of written notice to the State, with notice signed by the Chief Executive Order for the responder and stating the reasons for termination.

Miscellaneous Contract Provisions

Request for Proposal (RFP) 500-11-01 entitled Drug and Alcohol Testing Services and Contractor's subsequent RFP are hereby incorporated and made part of this Agreement.

Project Representatives

The project representatives during the term of this agreement will be:

State Agency: DPA	Contractor: CDT
Name: Gordon Bray	Name: Julie Montez
Phone: (916) 324-0537	Phone: (714) 852-5203
Email: Gordon.bray@dpa.ca.gov	Email: Julie@cdtsolutions.com

Direct all inquiries to:

State Agency: DPA	Contractor: CDT
Section/Unit: Benefits Division	Section/Unit:
Attention: Gordon Bray	Attention: Julie Montez
Address: 1515 S Street, N Bldg, #400 Sacramento, CA 95811	Address: 250 N Golden Circle Drive, #210 Santa Ana, CA 92705
Phone: (916) 324-0537	Phone: (714) 852-5203
Email: Gordon.bray@dpa.ca.gov	Email: <u>Julie@cdtsolutions.com</u>

Contract Term and Amendment

The term of this Agreement shall be February 1, 2011 through June 30, 2014. DPA reserves the right, with mutual consent of the contractor and within the terms of RFP 500-11-01, to extend the term of the Agreement up to three (3) additional years.

This Agreement may be amended as to time, fees, and scope of services at the discretion of DPA and with mutual consent of the contractor. No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties, and approved as required. No oral understanding or Agreement is binding on any of the parties.

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(Standard Agreement)**

**ATTACHMENT 1**

**Urine Collection / Breath Alcohol Testing  
Site Lists A, B & C**

The following 293 pages constitute Exhibit A, Attachment 1 to Agreement S1150006  
Comprehensive Drug Testing, Inc.

Site List A, Metropolitan, Normal Hours	15 Pages
Site List A, Metropolitan, After Hours	16 Pages
Site List B, Rural, Normal Hours	17 Pages
Site List B, Rural, After Hours	59 Pages
Site List C, State Correctional Facilities, Normal Hours	93 Pages
Site List C, State Correctional Facilities, After Hours	93 Pages

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RFP 500-11-01  
ADDENDUM #1

ATTACHMENT 2 – NORMAL HOURS

SITE LIST A (METROPOLITAN) – URINE COLLECTION/BREATH ALCOHOL TESTING

**Submission of this attachment is mandatory. Failure to complete and return this attachment with your proposal will cause your proposal to be rejected and deemed nonresponsive.**

Both urine collection and breath alcohol testing services must be provided during normal weekday business hours from 8:00 a.m. to 5:00 p.m., weekends and holidays excluded, at the **same collection site**, within one (1) hour travel time or less of the same nominal city or town for 100 percent of the locations specified below.

Indicate the physical location of all providers. Indicate the name of the collection site (fixed facility/walk-in clinic), facility location (city), phone number, **DAYS AND HOURS SERVICES ARE AVAILABLE** and miles and travel time from the designated site.

All hours specified are Pacific Daylight Time (PST).

Miles must be calculated from the City Hall of designated collection site, or if City Hall is not available, then calculate from the Town Center or Chamber of Commerce of the collection site. The most direct all weather route should be used.

The State reserves the right to verify all travel times in excess of fifty (50) miles.

All collection sites **must** be located in the State of California.

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

**Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.**

# S A M P L E S

Drug and Alcohol Testing Program  
RFP 500-11-01 – Addendum #1

## ATTACHMENT 2 – NORMAL HOURS – SITE LIST A (METROPOLITAN)

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES
<b>SAMPLE: DRUG AND BREATH SERVICES AT SAME SITE, OPEN WEEKDAYS 8-5</b>		
Anaheim	Name: ABC Collectors Address: 1234 Maple Drive City, State, Zip Code: Anaheim, CA 92801 Phone Number: (714) 123-4567 <b>Days/Hours: M-F, 8-5</b>	Time: 10 min.  Miles: 4 mi.
<b>SAMPLE: DRUG AND BREATH ALCOHOL SERVICES AT THE SAME SITE, OPEN WEEKDAYS WITH DIFFERENT HOURS</b>		
Atwater	Name: DEF Collectors Address: 5678 State Street City, State, Zip Code: Atwater, CA 95301 Phone Number: (209) 777-7777 <b>Days/Hours: M W F 8-5, T TH 7-6</b>	Time: 5 min.  Miles: 1 mi.

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

**Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.**

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST A (METROPOLITAN)**

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES
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COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES
Anaheim	Name: E and J Medical Clinic Address: 8840 Warner Avenue Ste 100 City, State, Zip Code: Fountain Valley, CA 92708 Phone Number: (714) 657-6487 <b>Days/Hours: M-F, 8-6</b>	Time: 21  Miles: 14
Atwater	Name: Sutter Gould Address: 600 COFFEE RD City, State, Zip Code: Modesto, CA 95355 Phone Number: 209-521-6038 <b>Days/Hours: M-F, 8-5</b>	Time:40  Miles:32
Bakersfield	Name: Bakersfield Drug Testing Address:930 Truxtun Ave. #102 City, State, Zip Code: Bakersfield, CA 93301 Phone Number: (661) 321-0439 <b>Days/Hours: M-F, 7-6</b>	Time: 1  Miles: 1
Berkeley	Name: Global Drug Alcohol & DNA Services Address: 449 15 <sup>th</sup> St. Ste 201M City, State, Zip Code: Oakland, CA 94612 Phone Number: ( 510) 504-2073 <b>Days/Hours: M-F, 8-5</b>	Time:15  Miles:8

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

**Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.**

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST A (METROPOLITAN)**

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES
Burlingame	Name: Global Drug Alcohol & DNA Services Address: 449 15 <sup>th</sup> St. Ste 201M City, State, Zip Code: Oakland, CA 94612 Phone Number: ( 510) 504-2073 <b>Days/Hours: M-F 8-5</b>	Time:36  Miles:26
Camarillo	Name: Active Drug Tests, LLC Address: 801 S. Victoria Ave. #105 City, State, Zip Code: Ventura, CA 93003 Phone Number: (805) 339-9740 <b>Days/Hours: M-F 8-5</b>	Time:28  Miles:16
Chico	Name: Paramex Screening Address:1450 Sherman Ave. City, State, Zip Code: Chico, CA 95926 Phone Number: (530) 895-3203 <b>Days/Hours: M-F 8-5</b>	Time:4  Miles:2
Chino	Name: E and J Medical Address: 23341 Goldensprings DR City, State, Zip Code: Diamond Bar, CA 91765 Phone Number: 909-481-0088 <b>Days/Hours: M-F 8-6</b>	Time:12  Miles:9

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

**Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.**

ATTACHMENT 2 – NORMAL HOURS – SITE LIST A (METROPOLITAN)

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES
Chula Vista	Name: ADAT, Inc Address: 2667 Camino Del Rio South City, State, Zip Code: San Diego, CA 92108 Phone Number: (619) 295-9284 <b>Days/Hours: M-F 8-9</b>	Time:17 Miles:13
Concord	Name: ARC Point Address: 3237 ALHAMBRA AVE #3 City, State, Zip Code Martinez CA 94553 Phone Number: 925-957-6870 <b>Days/Hours: M-F 8-5</b>	Time: 11 Miles: 7
Crescent City	Name: North Coast Health Screening Address: 1325 Northcrest Dr. City, State, Zip Code: Crescent City, CA 95531 Phone Number: 707-465-1036 <b>Days/Hours: M-F 8-5</b>	Time:3 Miles:3
Daly City	Name: Global Drug Alcohol & DNA Services Address: 449 15 <sup>th</sup> St. Ste 201M City, State, Zip Code: Oakland, CA 94612 Phone Number: (510) 504-2073 <b>Days/Hours: M-F 8-5</b>	Time:28 Miles:18

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**ATTACHMENT 2 – NORMAL HOURS – SITE LIST A (METROPOLITAN)**

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES
Diamond Springs	Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code: Sacramento, CA 95825 Phone Number: (916) 487-3152 <b>Days/Hours: M-F 8-5</b>	Time:43  Miles:39
El Monte	Name: Glendale Mem Occ Med Group Address: 222 W Eulalia ST #101 City, State, Zip Code: Glendale, CA 91204 Phone Number: (818) 246-4800 <b>Days/Hours: M-F 7:30 – 10p</b>	Time:24  Miles:20
Fairfield	Name: C-DAT Address: 17 Tennessee Street City, State, Zip Code: Vallejo, CA 94590 Phone Number: (510) 504-2073 <b>Days/Hours: M-F 8-5</b>	Time:25  Miles:17
Fremont	Name: DNA and Drug Screening Services Address: 242 Meridian Ave #C City, State, Zip Code: San Jose, CA 95126 Phone Number: 408-993-9998 <b>Days/Hours: M-F 8-5</b>	Time:24  Miles:18

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

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**ATTACHMENT 2 – NORMAL HOURS – SITE LIST A (METROPOLITAN)**

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES
Fresno	Name: Functional Industrial Medical Association Address:6042 N. Fresno St. #101 City, State, Zip Code: Fresno, CA 93710 Phone Number: (559) 224-6754 <b>Days/Hours: M-F 8-5</b>	Time:3  Miles:3
Garden Grove	Name: E and J Medical Clinic Address:8840 Warner Avenue Ste 100 City, State, Zip Code: Fountain Valley, CA 92708 Phone Number: (714) 657-6487 <b>Days/Hours: M-F 8-6</b>	Time:9  Miles:5
Greenbrae	Name: C-DAT Address: 17 Tennessee Street City, State, Zip Code: City, State, Zip Code: Vallejo, CA 94590 Phone Number: (510) 504-2073 <b>Days/Hours: M-F 8-5</b>	Time:38  Miles:27
Hanford	Name: Functional Industrial Medical Association Address:6042 N. Fresno St. #101 City, State, Zip Code: Fresno, CA 93710 Phone Number: (559) 224-6754 <b>Days/Hours: M-F 8-5</b>	Time:47  Miles:40

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ATTACHMENT 2 – NORMAL HOURS – SITE LIST A (METROPOLITAN)

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES
Hayward	Name: Global Drug Alcohol & DNA Services Address: 449 15 <sup>th</sup> St. Ste 201M City, State, Zip Code: Oakland, CA 94612 Phone Number: (510) 504-2073 <b>Days/Hours: M-F 8-5</b>	Time:21  Miles:15
Long Beach	Name: E and J Medical Clinic Address:8840 Warner Avenue Ste 100 City, State, Zip Code: Fountain Valley, CA 92708 Phone Number: (714) 657-6487 <b>Days/Hours: M-F 8-6</b>	Time:28  Miles:17
Los Angeles	Name: Glendale Mem Occ Med Group Address: 222 W Eulalia ST #101 City, State, Zip Code: Glendale, CA 91204 Phone Number: (818-246-4800 <b>Days/Hours: M-F 7:30 – 10p</b>	Time:14  Miles:10
Marysville	Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code: Sacramento, CA 95825 Phone Number: (916) 487-3033 <b>Days/Hours: M-F 8-5</b>	Time:53  Miles: 46

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

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**ATTACHMENT 2 – NORMAL HOURS – SITE LIST A (METROPOLITAN)**

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES
Merced	Name: Sutter Gould Address: 600 COFFEE RD City, State, Zip Code: Modesto, CA 95355 Phone Number: 209-521-6038 <b>Days/Hours: M-F 8-5</b>	Time:49  Miles:41
Modesto	Name: Sutter Gould Address: 600 COFFEE RD City, State, Zip Code: Modesto, CA 95355 Phone Number: 209-521-6038 <b>Days/Hours: M-F 8-5</b>	Time:3  Miles:3
Oakland	Name: Global Drug Alcohol & DNA Services Address: 449 15 <sup>th</sup> St. Ste 201M City, State, Zip Code: Oakland, CA 94612 Phone Number: (510) 504-2073 <b>Days/Hours: M-F 8-5</b>	Time:3  Miles:3
Ontario	Name: Central Occ Med Providers Address: 59 S Milliken Avenue City, State, Zip Code: Ontario, CA 91761 Phone Number: (909) 605-8888 <b>Days/Hours: M-F 24 hrs</b>	Time:3  Miles:3
Pasadena	Name: Glendale Mem Occ Med Group Address: 222 W Eulalia ST #101 City, State, Zip Code: Glendale, CA 91204 Phone Number: (818-246-4800 <b>Days/Hours: M-F 7:30 – 10 p</b>	Time:12  Miles:7

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

**Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.**

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST A (METROPOLITAN)**

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES
Pittsburg	Name: ARC Point Address: 3237 ALHAMBRA AVE #3 City, State, Zip Code Martinez CA 94553 Phone Number: 925-957-6870 <b>Days/Hours: M-F 8-5</b>	Time: 17 Miles: 14
Rancho Cordova	Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code: Sacramento, CA 95825 Phone Number: (916) 487-3033 <b>Days/Hours: M-F 8-5</b>	Time:19 Miles:13
Redding	Name: North State DRUG TESTING Address: 2301 PARK MARINA DRIVE City, State, Zip Code: Redding, CA 96002 Phone Number: 530-243-8921 <b>Days/Hours: M-F 8-5</b>	Time:3 Miles:3
Redwood City	Name: DNA and Drug Screening Services Address: 242 Meridian Ave #C City, State, Zip Code: San Jose, CA 95126 Phone Number: 408-993-9998 <b>Days/Hours: M-F 8-5</b>	Time:28 Miles:24
Richmond	Name: Global Drug Alcohol & DNA Services Address: 449 15 <sup>th</sup> St. Ste 201M City, State, Zip Code: Oakland, CA 94612 Phone Number: (510) 504-2073 <b>Days/Hours: M-F 8-5</b>	Time:18 Miles:12

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

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**ATTACHMENT 2 – NORMAL HOURS – SITE LIST A (METROPOLITAN)**

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES
Riverside	Name: COMP- Central Occ Med Providers-Riverside Address: 4300 Central Ave. City, State, Zip Code: Riverside, CA 92506 Phone Number: (951)222-2206 <b>Days/Hours: M-F 8-5</b>	Time:3 Miles:3
Sacramento	Name: Collection Plus Address: 2129 Hacienda Way, Ste H City, State, Zip Code: Sacramento, CA 95825 Phone Number: (916) 487-3152 <b>Days/Hours: M-F 8-5</b>	Time:3 Miles:3
San Bernardino	Name: COMP-San Bernardino Address: 201 E. Airport Dr. Ste C City, State, Zip Code: San Bernardino, CA 92408 Phone Number: (909)723-1161 <b>Days/Hours: M-F 8-5</b>	Time:3 Miles:3
San Diego	Name: ADAT, Inc. Address: 2667 Camino Del Rio South City, State, Zip Code: San Diego, CA 92108 Phone Number: (619) 295-9284 <b>Days/Hours: M-F 8-5</b>	Time:3 Miles:3

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

**Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.**

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST A (METROPOLITAN)**

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES
San Francisco	Name: Global Drug Alcohol & DNA Services Address: 449 15 <sup>th</sup> St. Ste 201M City, State, Zip Code: Oakland, CA 94612 Phone Number: (510) 504-2073 <b>Days/Hours: M-F 8-5</b>	Time:20  Miles:12
San Jose	Name: DNA & Drug Screening SVCS, Inc Address: 242 Meridian Ave. Ste C City, State, Zip Code: San Jose, CA 95126 Phone Number: (408)993-9998 <b>Days/Hours: M-F 8-5</b>	Time:3  Miles:3
San Juan Capistrano	Name: E and J Medical Clinic Address: 8840 Warner Avenue Ste 100 City, State, Zip Code: Fountain Valley, CA 92708 Phone Number: (714) 657-6487 <b>Days/Hours: M-F 8-6</b>	Time:28  Miles:25
San Luis Obispo	Name: Gonzales Occupational Medicine Centers Address: 301 E. Cook St. Ste C City, State, Zip Code: Santa Maria, CA 93454 Phone Number: (805)345-3030 <b>Days/Hours: M-F 7:30 – 5:30</b>	Time:39  Miles:34

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

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**ATTACHMENT 2 – NORMAL HOURS – SITE LIST A (METROPOLITAN)**

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES
San Rafael	Name: C-DAT Address: 17 Tennessee Street City, State, Zip Code: Vallejo, CA 94590 Phone Number: (510) 504-2073 <b>Days/Hours: M-F 8-5</b>	Time:38  Miles:29
Santa Ana	Name: E and J Medical Clinic Address:8840 Warner Avenue Ste 100 City, State, Zip Code: Fountain Valley, CA 92708 Phone Number: (714) 657-6487 <b>Days/Hours: M-F 8-6</b>	Time:14  Miles:8
Santa Barbara	Name: Active Drug Tests, LLC Address: 801 S. Victoria Ave. #105 City, State, Zip Code: Ventura, CA 93003 Phone Number: (805) 339-9740 <b>Days/Hours: M-F 8-5</b>	Time:36  Miles:33
Santa Rosa	Name: Alcohol & Drug Testing Services ADTS Address: 6025 Labath Ave. Ste 104 City, State, Zip Code: Rohnert Park, CA 94928 Phone Number: (707) 588-1234 <b>Days/Hours: M-F 8-5</b>	Time:14  Miles:9

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

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**ATTACHMENT 2 – NORMAL HOURS – SITE LIST A (METROPOLITAN)**

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES
Stockton	Name: Accu Testing Services Address: 201 S. Guild Ave. #101 City, State, Zip Code: Lodi CA 95240 Phone Number: (916) 565-0400 <b>Days/Hours: M-F 8-5</b>	Time: 20  Miles: 15
Thousand Oaks	Name: Valley Occmed Center Inc Address: 1009 Glenoaks Blvd, City, State, Zip Code: San Fernando, CA 91340 Phone Number: ( 818) 361-3369 <b>Days/Hours: M-F 7-6</b>	Time:39 Miles: 34
Vacaville	Name: C-DAT Address: 17 Tennessee Street City, State, Zip Code: Vallejo, CA 94590 Phone Number: (510) 504-2073 <b>Days/Hours: M-F 8-5</b>	Time:29  Miles:24
Vallejo	Name: C-DAT Address: 17 Tennessee Street City, State, Zip Code: Vallejo, CA 94590 Phone Number: (510) 504-2073 <b>Days/Hours: M-F 8-5</b>	Time:3  Miles:3

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

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**ATTACHMENT 2 – NORMAL HOURS – SITE LIST A (METROPOLITAN)**

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES
Ventura	Name: Active Drug Testing Address: 801 S Victoria Ave #105 City, State, Zip Code: Ventura, CA 93003 Phone Number: 805-339-9740 <b>Days/Hours: M-F 8-5</b>	Time:3  Miles:3
Vista	Name: E and J Medical. Address: 800 Grand Ave Ste B-14 City, State, Zip Code: Carlsbad, CA 92008 Phone Number: 760-720-0560 <b>Days/Hours: M-F 8-6</b>	Time:12  Miles:9
Walnut Creek	Name: Global Drug Alcohol & DNA Services Address: 449 15 <sup>th</sup> St. Ste 201M City, State, Zip Code: Oakland, CA 94612 Phone Number: (510) 504-2073 <b>Days/Hours: M-F 8-5</b>	Time: 21  Miles:16

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

**Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.**

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RFP 500-11-01  
ADDENDUM #1

ATTACHMENT 2 – AFTER HOURS

**SITE LIST A (METROPOLITAN) – URINE COLLECTION/BREATH ALCOHOL TESTING**

**Submission of this attachment is mandatory. Failure to complete and return this attachment with your proposal will cause your proposal to be rejected and deemed nonresponsive.**

Both urine collection and breath alcohol testing services must be provided after hours, weekends, and holidays at the **same collection site** for 100 percent of the locations specified below.

Services must be available within two (2) hours travel time from the same nominal city or town, when done at a fixed facility (e.g., walk-in clinic) or within two (2) hours response time if done by mobile.

Indicate the physical location for all providers. If collection is done at a fixed facility, indicate the name of the collection site, facility location (city), phone number, **DAYS AND HOURS SERVICES ARE AVAILABLE** and miles and travel time from the designated site. If after hours collection is done by mobile collection, indicate the name of the mobile provider, location (city), phone number, **DAYS AND HOURS SERVICES ARE AVAILABLE**, and miles and travel time from the Town Center or Chamber of Commerce.

All hours specified are Pacific Daylight Time (PST).

Miles must be calculated from the City Hall of designated collection site, or if City Hall is not available, then calculate from the Town Center or Chamber of Commerce of the collection site. The most direct all weather route should be used.

The State reserves the right to verify all travel times in excess of fifty (50) miles.

All collection sites **must** be located in the State of California.

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

**Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.**

# S A M P L E S

Drug and Alcohol Testing Program  
RFP 500-11-01 – Addendum #1

## ATTACHMENT 2 – AFTER HOURS – SITE LIST A (METROPOLITAN)

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	MOBILE	TRAVEL TIME*/ MILES
<b>SAMPLE: DRUG AND BREATH SERVICES AT FIXED FACILITY, OPEN AFTER HOURS, WEEKENDS, HOLIDAYS.</b>				
Anaheim	Name: VWX Collectors Address: 1011 Disney Road City, State, Zip Code: Anaheim, CA 92801 Phone Number: (714) 444-1111 Days/Hours: Su-Sa 24/7	Time: 25 min  Miles: 30 mi.	Name: Address: City, State, Zip Code: Phone Number: (     ) Days/Hours:	Time:   Miles:
<b>SAMPLE: DRUG AND BREATH TESTING AT FIXED FACILITY AND MOBILE, OPEN AFTER HOURS, WEEKENDS, HOLIDAYS (BETWEEN BOTH)</b>				
Atwater	Name: YZA Collectors Address: 6789 River Way City, State, Zip Code: Atwater, CA 95301 Phone Number: (209) 123-1234 Days/Hours: M-F 24 hours, Sa 8-5, Su 8-5	Time: 7 min.  Miles: 2 mi.	Name: Mighty Mobile Services Address: 555 West First Street City, State, Zip Code: Pasadena, CA 91101 Phone Number: (626) 456-7788 Days/Hours: Su-Sa 24/7	Time: 43 min.  Miles: 35 mi.
<b>SAMPLE: DRUG AND BREATH TESTING AT FIXED FACILITY AND MOBILE, OPEN AFTER HOURS, WEEKENDS, HOLIDAYS (BETWEEN BOTH)</b>				
Bakersfield	Name: BCD Collectors Address: 1000 Daily Boulevard City, State, Zip Code: Bakersfield, CA 93263 Phone Number: (661) 661-6611 Days/Hours: M-F 24 hours	Time: 35 min.  Miles: 40 mi.	Name: Vista Mobile Vans Address: 4567 Peony Place City, State, Zip Code: Visalia, CA 93277 Phone Number: (559) 595-9595 Days/Hours: M-F 6-6, Sa 24 hours, Su 24 hours	Time: 83 min.  Miles: 80 mi.

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

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**ATTACHMENT 2 – AFTER HOURS – SITE LIST A (METROPOLITAN)**

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	MOBILE	TRAVEL TIME*/ MILES
COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	MOBILE	TRAVEL TIME*/ MILES
Anaheim	Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:	Time:  Miles:	Name: EMSI – Garden Grove Address: 11612 Knott St. # 13 City, State, Zip Code: Garden Grove, CA 92841 Phone Number: (714) 898-9203 Days/Hours: SU-SA 24/7	Time:17  Miles:7
Atwater	Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:	Time:  Miles:	Name: DNT Healthcheck Address: 400 12th St Ste #23 City, State, Zip Code: Modesto, CA 95354 Phone Number: (209) 492-9549 Days/Hours: SU-SA 24/7	Time:37  Miles:32
Bakersfield	Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:	Time:  Miles:	Name: Bakersfield Drug Testing Address: 930 Truxtun Ave. #102 City, State, Zip Code: Bakersfield, CA 93301 Phone Number: (661) 321-0439 Days/Hours: SU-SA 24/7	Time:1  Miles:1
Berkeley	Name: Address: City, State, Zip Code: Phone Number: Days/Hours:	Time:  Miles:	Name: ARCPOINT – MARTINEZ Address: 3237 ALHAMBRA AVE #3 City, State, Zip Code: Martinez, CA 94553 Phone Number: 925-957-6870 Days/Hours: SU-SA 24/7	Time:35  Miles:25

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

**Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.**

**ATTACHMENT 2 – AFTER HOURS – SITE LIST A (METROPOLITAN)**

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	MOBILE	TRAVEL TIME*/ MILES
Burlingame	Name: Address: City, State, Zip Code: Phone Number: Days/Hours:	Time:  Miles:	Name: ARCPPOINT - MARTINEZ Address: 3237 ALHAMBRA AVE #3 City, State, Zip Code: Martinez, CA 94553 Phone Number: 925-957-6870 Days/Hours: SU-SA 24/7	Time:60  Miles:48
Camarillo	Name: Address:4City, State, Zip Code: Phone Number: ( ) Days/Hours:	Time:  Miles:	Name: Active Drug Tests, LLC Address: 4882 MCGRAPH STE 190 City, State, Zip Code: Ventura, CA 93003 Phone Number: (805) 339-9740 Days/Hours: SU-SA 24/7	Time:24  Miles:14
Chico	Name: Address: City, State, Zip Code: Phone Number: Days/Hours:	Time:  Miles:	Name: Paramex Screening Address: 1450 Sherman Ave. City, State, Zip Code: Chico, CA 95926 Phone Number: (530) 895-3203 Days/Hours: SU/SA 24/7	Time:3  Miles:3
Chino	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:	Time:  Miles:	Name: IntegraTest Address: 2814 W Lincoln Avenue City, State, Zip Code: Anaheim, CA 92801 Phone Number: 714-828-1797 Days/Hours: SU-SA 24/7	Time:31  Miles:27

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

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ATTACHMENT 2 – AFTER HOURS – SITE LIST A (METROPOLITAN)

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	MOBILE	TRAVEL TIME*/ MILES
Chula Vista	Name: Address: City, State, Zip Code Phone Number: Days/Hours:	Time:  Miles:	Name: ADAT Address: 2667 CAMINO DEL RIO SOUTH City, State, Zip Code: San Diego, CA 92108 Phone Number: (619) 2959284 Days/Hours: SU-SA 24/7	Time:17  Miles:13
Concord	Name: Address: City, State, Zip Code: Phone Number: Days/Hours:	Time:  Miles:	Name: ARCPOINT - MARTINEZ Address: 3237 ALHAMBRA AVE #3 City, State, Zip Code: Martinez, CA 94553 Phone Number: 925-957-6870 Days/Hours: SU-SA 24/7	Time:15  Miles:9
Crescent City	Name: Address: City, State, Zip Code: Phone Number: Days/Hours:	Time:  Miles:	Name: North Coast Health Screening Address: 1325 Northcrest Dr. City, State, Zip Code: Crescent City, CA 95531 Phone Number: 707-465-1036 Days/Hours: SU-SA 24/7	Time: 3  Miles: 3
Daly City	Name: Address: City, State, Zip Code: Phone Number: Days/Hours:	Time:  Miles:	Name: ARCPOINT - MARTINEZ Address: 3237 ALHAMBRA AVE #3 City, State, Zip Code: Martinez, CA 94553 Phone Number: 925-957-6870 Days/Hours: SU-SA 24/7	Time:52  Miles:42

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

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**ATTACHMENT 2 – AFTER HOURS – SITE LIST A (METROPOLITAN)**

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	MOBILE	TRAVEL TIME*/ MILES
Diamond Springs	Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:	Time:  Miles:	Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code: Sacramento, CA 95825 Phone Number: (916) 487-3152 Days/Hours: SU-SA 24/7	Time:44  Miles:39
El Monte	Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:	Time:  Miles:	Name: Integra Test Address: 2814 W. Lincoln Ave City, State, Zip Code: Anaheim, CA 92801 Phone Number: (714)828-1797 Days/Hours: SU-SA 24/7	Time:27  Miles:26
Fairfield	Name: Address: City, State, Zip Code: Phone Number: Days/Hours:	Time:  Miles:	Name: C-DAT Address: 17 Tennessee Street City, State, Zip Code: Vallejo, CA 94590 Phone Number: (510) 504-2073 Days/Hours: SU-SA 24/7	Time:23  Miles:17
Fremont	Name: Address: City, State, Zip Code: Phone Number: Days/Hours:	Time:  Miles:	Name: ARCPOINT - MARTINEZ Address: 3237 ALHAMBRA AVE #3 City, State, Zip Code: Martinez, CA 94553 Phone Number: 925-957-6870 Days/Hours: SU-SA 24/7	Time:55  Miles:47

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.

**ATTACHMENT 2 – AFTER HOURS – SITE LIST A (METROPOLITAN)**

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	MOBILE	TRAVEL TIME*/ MILES
Fresno	Name: Address: City, State, Zip Code: Phone Number: Days/Hours:	Time:  Miles:	Name: FIRM ASSOC Address: 6042 N FRESNO ST STE 101 City, State, Zip Code: FRESNO, CA 93710 Phone Number: (559) 224-6754 Days/Hours: SU-SA 24/7	Time:3  Miles:3
Garden Grove	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:	Time:  Miles:	Name: EMSI- Garden Grove Address:11612 Knott St. # 13 City, State, Zip Code: Garden Grove, CA 92841 Phone Number: (714) 898-9203 Days/Hours: SU-SA 24/7	Time:3  Miles:3
Greenbrae	Name: Address: City, State, Zip Code: Phone Number: Days/Hours:	Time:  Miles:	Name: C-DAT Address: 17 Tennessee Street City, State, Zip Code: Vallejo, CA 94590 Phone Number: (510) 504-2073 Days/Hours: SU-SA 24/7	Time:41  Miles:27
Hanford	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:	Time:  Miles:	Name: FIRM ASSOC Address: 6042 N FRESNO ST STE 101 City, State, Zip Code: FRESNO, CA 93710 Phone Number: (559) 224-6754 Days/Hours: SU-SA 24/7	Time:52  Miles:41

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

**Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.**

**ATTACHMENT 2 – AFTER HOURS – SITE LIST A (METROPOLITAN)**

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	MOBILE	TRAVEL TIME*/ MILES
Hayward	<b>Name:</b> <b>Address:</b> <b>City, State, Zip Code:</b> <b>Phone Number:</b> <b>Days/Hours:</b>	<b>Time:</b>  <b>Miles:</b>	<b>Name:</b> ARCPPOINT - MARTINEZ <b>Address:</b> 3237 ALHAMBRA AVE #3 <b>City, State, Zip Code:</b> Martinez, CA 94553 <b>Phone Number:</b> 925-957-6870 <b>Days/Hours:</b> SU-SA 24/7	<b>Time:</b> 45  <b>Miles:</b> 38
Long Beach	<b>Name:</b> <b>Address:</b> <b>City, State, Zip Code:</b> <b>Phone Number:</b> (    ) <b>Days/Hours:</b>	<b>Time:</b>  <b>Miles:</b>	<b>Name:</b> Integra Test <b>Address:</b> 2814 W. Lincoln Ave <b>City, State, Zip Code:</b> Anaheim, CA 92801 <b>Phone Number:</b> (714)828-1797 <b>Days/Hours:</b> SU-SA 24/7	<b>Time:</b> 25  <b>Miles:</b> 20
Los Angeles	<b>Name:</b> <b>Address:</b> <b>City, State, Zip Code:</b> <b>Phone Number:</b> (    ) <b>Days/Hours:</b>	<b>Time:</b>  <b>Miles:</b>	<b>Name:</b> Integra Test <b>Address:</b> 2814 W. Lincoln Ave <b>City, State, Zip Code:</b> Anaheim, CA 92801 <b>Phone Number:</b> (714)828-1797 <b>Days/Hours:</b> SU-SA 24/7	<b>Time:</b> 30  <b>Miles:</b> 24
Marysville	<b>Name:</b> <b>Address:</b> <b>City, State, Zip Code:</b> <b>Phone Number:</b> (    ) <b>Days/Hours:</b>	<b>Time:</b>  <b>Miles:</b>	<b>Name:</b> Collection Plus <b>Address:</b> 2129 Hacienda Way Ste. H <b>City, State, Zip Code:</b> Sacramento, CA 95825 <b>Phone Number:</b> (916) 487-3033 <b>Days/Hours:</b> SU-SA 24/7	<b>Time:</b> 59  <b>Miles:</b> 50

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

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**ATTACHMENT 2 – AFTER HOURS – SITE LIST A (METROPOLITAN)**

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	MOBILE	TRAVEL TIME*/ MILES
Merced	Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:	Time:  Miles:	Name: DNT Healthcheck Address: 400 12 <sup>th</sup> St Ste #23 City, State, Zip Code: Modesto, CA 95354 Phone Number: (209) 492-9549 Days/Hours: SU-SA 24/7	Time:48  Miles:41
Modesto	Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:	Time:  Miles:	Name: DNT Healthcheck Address: 400 12 <sup>th</sup> St Ste #23 City, State, Zip Code: Modesto, CA 95354 Phone Number: (209) 492-9549 Days/Hours: SU-SA 24/7	Time:3  Miles:3
Oakland	Name: Address: City, State, Zip Code: Phone Number: Days/Hours:	Time:  Miles:	Name: ARCPOINT - MARTINEZ Address: 3237 ALHAMBRA AVE #3 City, State, Zip Code: Martinez, CA 94553 Phone Number: 925-957-6870 Days/Hours: SU-SA 24/7	Time:33  Miles:27
Ontario	Name: COMP Address: 59 S Milliken Avenue City, State, Zip Code: Ontario, CA 91761 Phone Number: (909) 605-8888 Days/Hours: OPEN 24/7	Time: 3  Miles: 3	Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:	Time:  Miles:

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).  
**Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.**

**ATTACHMENT 2 – AFTER HOURS – SITE LIST A (METROPOLITAN)**

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	MOBILE	TRAVEL TIME*/ MILES
Pasadena	Name: Address: City, State, Zip Code: Phone Number: (     ) Days/Hours:	Time:  Miles:	Name: Integra Test Address: 2814 W. Lincoln Ave City, State, Zip Code: Anaheim, CA 92801 Phone Number: (714) 828-1797 Days/Hours: SU-SA 24/7	Time:40  Miles:32
Pittsburg	Name: Address: City, State, Zip Code: Phone Number: Days/Hours:	Time:  Miles:	Name: ARCPOINT MARTINEZ Address: 3237 ALHAMBRA AVE #3 City, State, Zip Code: MARTINEZ, CA 94553 Phone Number: (925) 957-6870 Days/Hours: SU-SA 24/7	Time:21  Miles:16
Rancho Cordova	Name: Address: City, State, Zip Code: Phone Number: (     ) Days/Hours:	Time:  Miles:	Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code: Sacramento, CA 95825 Phone Number: (916) 487-3033 Days/Hours: SU-SA 24/7	Time:16  Miles:10
Redding	Name: Address: City, State, Zip Code: Phone Number: Days/Hours:	Time: 3  Miles: 3	Name: NORTH STATE DRUG TESTING Address: 2301 PARK MARINA DRIVE City, State, Zip Code: Redding, CA 96002 Phone Number: (530) 243-8921 Days/Hours: SU-SA 24/7	Time:3  Miles:3

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

**Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.**

**ATTACHMENT 2 – AFTER HOURS – SITE LIST A (METROPOLITAN)**

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	MOBILE	TRAVEL TIME*/ MILES
Redwood City	Name: Address: City, State, Zip Code: Phone Number: Days/Hours:	Time: Miles:	Name: ARCPOINT - MARTINEZ Address: 3237 ALHAMBRA AVE #3 City, State, Zip Code: Martinez, CA 94553 Phone Number: 925-957-6870 Days/Hours: SU-SA 24/7	Time:1 HR 11 MIN Miles:62
Richmond	Name: Address: City, State, Zip Code: Phone Number: Days/Hours:	Time: Miles:	Name: ARCPOINT - MARTINEZ Address: 3237 ALHAMBRA AVE #3 City, State, Zip Code: Martinez, CA 94553 Phone Number: 925-957-6870 Days/Hours: SU-SA 24/7	Time:29 Miles:20
Riverside	Name: COMP- Central Occ Med Providers-Riverside Address: 4300 Central Ave. City, State, Zip Code: Riverside, CA 92506 Phone Number: (951)222-2206 Days/Hours: 24 HRS 7 DAYS	Time: 3 Miles: 3	Name: Address City, State, Zip Code: Phone Number: Days/Hours:	Time: Miles:
Sacramento	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:	Time: Miles:	Name: Collection Plus Address: 2129 Hacienda Way Ste H City, State, Zip Code: Sacramento, CA 95825 Phone Number: (916) 487-3033 Days/Hours: SU-SA 24/7	Time:3 Miles:3

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

**Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.**

**ATTACHMENT 2 – AFTER HOURS – SITE LIST A (METROPOLITAN)**

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	MOBILE	TRAVEL TIME*/ MILES
San Bernardino	Name: COMP- San Bernardino Address: 201 E. Airport Dr. Ste C City, State, Zip Code: San Bernardino, CA 92408 Phone Number: (909) 723-1161 Days/Hours: 24 HRS 7 DAYS	Time: 3  Miles: 3	Name Address: City, State, Zip Code: Phone Number: Days/Hours:	Time:  Miles:
San Diego	Name: Address: City, State, Zip Code: Phone Number: Days/Hours:	Time: 3  Miles: 3	Name: ADAT Address: 2667 CAMINO DEL RIO SOUTH City, State, Zip Code: San Diego, CA 92108 Phone Number: (619) 295-9284 Days/Hours: SU-SA 24/7	Time: 3  Miles: 3
San Francisco	Name: Address: City, State, Zip Code: Phone Number: Days/Hours:	Time:  Miles:	Name: ARCPOINT - MARTINEZ Address: 3237 ALHAMBRA AVE #3 City, State, Zip Code: Martinez, CA 94553 Phone Number: 925-957-6870 Days/Hours: SU-SA 24/7	Time:47  Miles:35
San Jose	Name: Address: City, State, Zip Code: Phone Number: Days/Hours:	Time: mins  Miles:	Name: ARCPOINT - MARTINEZ Address: 3237 ALHAMBRA AVE #3 City, State, Zip Code: Martinez, CA 94553 Phone Number: 925-957-6870 Days/Hours: SU-SA 24/7	Time:1 HR 7 MIN  Miles:58

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

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**ATTACHMENT 2 – AFTER HOURS – SITE LIST A (METROPOLITAN)**

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME <sup>1</sup> / MILES	MOBILE	TRAVEL TIME <sup>1</sup> / MILES
San Juan Capistrano	Name: Address: City, State, Zip Code: Phone Number: (     ) Days/Hours:	Time:  Miles:	Name: Integra Test Address: 2814 W. Lincoln Ave City, State, Zip Code: Anaheim, CA 92801 Phone Number: (714)828-1797 Days/Hours: SU-SA 24/7	Time:35  Miles:32
San Luis Obispo	Name: Address: City, State, Zip Code: Phone Number: Days/Hours:	Time:  Miles:	Name: Address: City, State, Zip Code: Phone Number: (     ) Days/Hours:	Time:  Miles:
San Rafael	Name: Address: City, State, Zip Code Phone Number: Days/Hours:	Time:  Miles:	Name: C-DAT Address: 17 Tennessee Street City, State, Zip Code: Vallejo, CA 94590 Phone Number: (510) 504-2073 Days/Hours: SU-SA 24/7	Time:40  Miles:30
Santa Ana	Name: Address: City, State, Zip Code: Phone Number: (     ) Days/Hours:	Time:  Miles:	Name: Integra Test Address: 2814 W. Lincoln Ave. City, State, Zip Code: Anaheim, CA 92801 Phone Number: (714) 828-1797 Days/Hours: SU-SA 24/7	Time:15 Miles:10

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).  
**Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.**

**ATTACHMENT 2 – AFTER HOURS – SITE LIST A (METROPOLITAN)**

COLLECTION SITE	<b>FIXED FACILITY</b>	TRAVEL TIME*/ MILES	<b>MOBILE</b>	TRAVEL TIME*/ MILES
Santa Barbara	Name: Address: City, State, Zip Code: Phone Number: <b>Days/Hours:</b>	Time:  Miles:	Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b>	Time:  Miles:
Santa Rosa	Name: Address: City, State, Zip Code: Phone Number: <b>Days/Hours:</b>	Time:  Miles:	Name: Alcohol & Drug Testing Services ADTS Address: 6025 Labath Ave. Ste 104 City, State, Zip Code: Rohnert Park, CA 94928 Phone Number: (707) 588-1234 <b>Days/Hours: SU-SA 24/7</b>	Time:15  Miles:8
Stockton	Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b>	Time:  Miles:	Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code: Sacramento, CA 95825 Phone Number: (916) 487-3033 <b>Days/Hours: SU-SA 24/7</b>	Time:1 HR 2 MIN  Miles:55
Thousand Oaks	Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b>	Time:  Miles:	Name: EMSI – Los Angeles Address: 3545 Wilshire Blvd Ste 325 City, State, Zip Code: Los Angeles, CA 90010 Phone Number: 213-616-0083 <b>Days/Hours: SU-SA 24/7</b>	Time:46  Miles:37

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

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ATTACHMENT 2 – AFTER HOURS – SITE LIST A (METROPOLITAN)

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	MOBILE	TRAVEL TIME*/ MILES
Vacaville	Name: Address: City, State, Zip Code Phone Number: Days/Hours:	Time:  Miles:	Name: C-DAT Address: 17 Tennessee Street City, State, Zip Code: Vallejo, CA 94590 Phone Number: (510) 504-2073 Days/Hours: SU-SA 24/7	Time:29  Miles:24
Vallejo	Name: Address: City, State, Zip Code Phone Number: Days/Hours:	Time: 3  Miles: 3	Name: C-DAT Address: 17 Tennessee Street City, State, Zip Code: Vallejo, CA 94590 Phone Number: (510) 504-2073 Days/Hours: SU-SA 24/7	Time:3  Miles:3
Ventura	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:	Time:  Miles:	Name: EMSI – Los Angeles Address: 3545 Wilshire Blvd Ste 325 City, State, Zip Code: Los Angeles, CA 90010 Phone Number: 213-616-0083 Days/Hours:	Time:1 HR 18 MINS  Miles:62
Vista	Name Address: City, State, Zip Code: Phone Number Days/Hours:	Time:  Miles:	Name: ADAT Address: 2667 CAMINO DEL RIO SOUTH City, State, Zip Code: San Diego, CA 92108 Phone Number: 619-295-9284 Days/Hours: SU-SA 24/7	Time:40  Miles:38

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.

**ATTACHMENT 2 – AFTER HOURS – SITE LIST A (METROPOLITAN)**

COLLECTION SITE	<b>FIXED FACILITY</b>	TRAVEL TIME*/ MILES	<b>MOBILE</b>	TRAVEL TIME*/ MILES
Walnut Creek	Name: Address: City, State, Zip Code: Phone Number: Days/Hours:	Time:  Miles:	Name: ARCPPOINT - MARTINEZ Address: 3237 ALHAMBRA AVE #3 City, State, Zip Code: Martinez, CA 94553 Phone Number: 925-957-6870 Days/Hours: SU-SA 24/7	Time:16  Miles:11

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

**Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.**

RFP 500-11-01  
ADDENDUM #1

ATTACHMENT 2 – NORMAL HOURS

SITE LIST B (RURAL) – URINE COLLECTION/BREATH ALCOHOL TESTING

**Submission of this attachment is mandatory. Failure to complete and return this attachment with your proposal will cause your proposal to be rejected and deemed nonresponsive.**

Both urine collection and breath alcohol testing services must be provided during normal weekday business hours from 8:00 a.m. to 5:00 p.m., weekends and holidays excluded, at the **same collection site**, within one (1) hour travel time or less of the same nominal city or town for 100 percent of the locations specified below.

It is desired that **both** urine collection and breath alcohol testing services are provided at the **same collection site**. However, if services are not available at the same site, services may be provided at alternate locations, both within one (1) hour travel time of the same nominal city or town, during normal weekday business hours from 8:00 a.m. to 5:00 p.m., weekends and holidays excluded.

Indicate the physical location of all providers. Indicate the name of the collection site (fixed facility/walk-in clinic), facility location (city), phone number, **DAYS AND HOURS SERVICES ARE AVAILABLE** and miles and travel time from the designated site.

All hours specified are Pacific Daylight Time (PST).

Miles must be calculated from the City Hall of designated collection site, or if City Hall is not available, then calculate from the Town Center or Chamber of Commerce of the collection site. The most direct all weather route should be used.

The State reserves the right to verify all travel times in excess of fifty (50) miles.

All collection sites **must** be located in the State of California.

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

**Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.**

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# S A M P L E S

Drug and Alcohol Testing Program  
RFP 500-11-01 – Addendum #1

## ATTACHMENT 2 – NORMAL HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
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SAMPLE: DRUG AND BREATH SERVICES AT SAME SITE, OPEN WEEKDAYS 8-5				
Alturas	Name: GHI Collectors Address: 1111 Main Road City, State, Zip Code: Alturas, CA 96101 Phone Number: (530) 555-5555 Days/Hours: M-F 8-5  Circle Collection Type(s) <input checked="" type="radio"/> Urine <input checked="" type="radio"/> Breath	Time: 30 min.  Miles: 20 mi.	Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:  Circle Collection Type(s) <input type="radio"/> Urine <input type="radio"/> Breath	Time:   Miles:
SAMPLE: DRUG AND BREATH SERVICES AT DIFFERENT SITES, OPEN WEEKDAYS 8-5				
Atascadero	Name: JKL Collectors Address: 2233 Any Avenue City, State, Zip Code: Atascadero, CA 93422 Phone Number: (805) 666-6666 Days/Hours: M-F 8-5  Circle Collection Type(s) <input checked="" type="radio"/> Urine <input type="radio"/> Breath	Time: 9 min.  Miles: 5 mi.	Name: MNO Collectors Address: 2247 Any Avenue City, State, Zip Code: Atascadero, CA 93422 Phone Number: (805) 666-7777 Days/Hours: M-F 8-5  Circle Collection Type(s) <input type="radio"/> Urine <input checked="" type="radio"/> Breath	Time: 11 min.  Miles: 6 mi.

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.

# S A M P L E S

Drug and Alcohol Testing Program  
RFP 500-11-01 – Addendum #1

## ATTACHMENT 2 – NORMAL HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
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SAMPLE: DRUG AND BREATH SERVICES AT DIFFERENT SITES, OPEN WEEKDAYS WITH DIFFERENT HOURS				
Auburn	Name: PQR Collectors Address: 55-233 First Street City, State, Zip Code: Auburn, CA 95602 Phone Number: (530) 888-8888 Days/Hours: M-Th 7:00-7:00  Circle Collection Type(s) <input checked="" type="radio"/> Urine <input checked="" type="radio"/> Breath	Time: 15 min.  Miles: 12 mi.	Name: STU Collectors Address: 66-338 Ninth Street City, State, Zip Code: Auburn, CA 95602 Phone Number: (530) 888-9999 Days/Hours: M W F 8-5  Circle Collection Type(s) <input checked="" type="radio"/> Urine <input checked="" type="radio"/> Breath	Time: 20 min.  Miles: 16 mi.

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

**Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.**

ATTACHMENT 2 – NORMAL HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Alturas	Name: AP Tech Address: HCR 3 Box 715 City, State, Zip Code : Alturas, CA 96101 Phone Number: 530-640-3405 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:3  Miles:3	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time:  Miles:
Atascadero	Name: Gonzales Occupational Medicine Centers Address: 301 E Cook St Ste C. City, State, Zip Code : Santa Maria, CA 93454 Phone Number: 805-345-3030 Days/Hours: M-F 7:30 – 5:30  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:55  Miles: 51	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time:  Miles:
Auburn	Name: Collection Plus Address: 2129 Hacienda Way #H City, State, Zip Code : Sacramento, CA 95825 Phone Number: 916-487-3152 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:37  Miles:30	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time:  Miles:

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.

ATTACHMENT 2 – NORMAL HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Barstow	Name: DVMG Victorville Clinic Address: 12401 Hesperia Rd Ste 9 City, State, Zip Code : Victorville, CA 92395-7707 Phone Number: 760-245-2474 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:39  Miles:36	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time:  Miles:
Bishop	Name: Lab at Northern Inyo Hospital Address: 150 Pioneer Lane City, State, Zip Code : Bishop, CA 93514 Phone Number: 760-873-5811 Days/Hours: M-F 7 – 5:30  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:1  Miles:1	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time:  Miles:
Blythe	Name: Leon P. Chua, M.D- Blythe Medical Address: 500 N. Broadway Ste 17 City, State, Zip Code : Blythe, CA 92225 Phone Number: 760-922-2152 Days/Hours: 8:30-3:30 M-F* *current provider for DPA Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:3  Miles:3	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time:  Miles:
Bridgeport	Name: Mammoth Hospital Address: 85 Sierra Park Road City, State, Zip Code : Mammoth Lakes CA 93546 Phone Number: 775-782-1615 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:56  Miles:51	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time:  Miles:

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.

ATTACHMENT 2 – NORMAL HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Burney	Name: North State Drug Testing Address: 1093 Hilltop Dr City, State, Zip Code : Redding, CA 96003 Phone Number: (530) 241-2149 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:60  Miles:52	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time:  Miles:
Ceres	Name: Sutter Gould Address: 600 COFFEE RD City, State, Zip Code: Modesto, CA 95355 Phone Number: 209-521-6038 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time: 15  Miles: 7	Name: DNT HEALTH CHECK Address: 400 12 <sup>TH</sup> ST STE #23 City, State, Zip Code: Modesto CA 95354 Phone Number: ( 209 ) 492-9549 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:11  Miles: 6
Coalinga	Name: Coalinga Reg Med Lab Address: 1191 Phelps Ave City, State, Zip Code : Coalinga, CA 93210 Phone Number: 559-935-6414 Days/Hours: M-F 7-7  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:3  Miles:3	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time:  Miles:
Crescent City	Name: North Coast Health Screening Address: 1325 Northcrest Dr. City, State, Zip Code : Crescent City, CA 95531 Phone Number: 707-465-1036 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:3  Miles:3	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time:  Miles:

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.

ATTACHMENT 2 – NORMAL HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Delano	Name: BAKERSFIELD DRUG TESTING Address: 2204 Q STREET #A. City, State, Zip Code: BAKERSFIELD, CA 93301 Phone Number: 661-321-0439 Days/Hours: M-F 7-6  Circle Collection Type(s)    Urine    Breath	Time: 32  Miles: 32	Name: Address: City, State, Zip Code: Phone Number: Days/Hours:  Circle Collection Type(s)    Urine    Breath	Time:  Miles:
Dunsmuir	Name: North State Drug Testing Address: City, State, Zip Code : Redding, CA 96001 Phone Number: (530) 241-2149 Days/Hours: M-F 8-5  Circle Collection Type(s)    Urine    Breath	Time: 58  Miles: 55	Name: Hilltop Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:  Circle Collection Type(s)    Urine    Breath	Time:  Miles:
El Cajon	Name: ADAT, Inc Address: 2667 Camino Del Rio South City, State, Zip Code : San Diego, CA 92108 Phone Number: (619) 295-9284 Days/Hours: M-F 8-5  Circle Collection Type(s)    Urine    Breath	Time: 19  Miles: 15	Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:  Circle Collection Type(s)    Urine    Breath	Time:  Miles:
El Centro	Name: Industrial Family Med Care Address: 1411 State St Ste B City, State, Zip Code : El Centro, CA 92243 Phone Number: 760-337-1771 Days/Hours: M-F 8-5  Circle Collection Type(s)    Urine    Breath	Time: 3  Miles: 3	Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:  Circle Collection Type(s)    Urine    Breath	Time:  Miles:

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ATTACHMENT 2 – NORMAL HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Escondido	Name: E and J Medical. Address: 800 Grand Ave Ste B-14 City, State, Zip Code : Carlsbad, CA 92008 Phone Number: 760-720-0560 Days/Hours: M-F 8-6  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:24  Miles:20	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time:  Miles:
Eureka	Name: Health Screening Address: 2025 HARRISON AVE City, State, Zip Code : Eureka, CA 95501 Phone Number: 707-442-5474 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time: 3  Miles: 3	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time:  Miles:
Fort Bragg	Name: Mendocino Coast Dist Hospt Address: 700 River Drive City, State, Zip Code : Fort Bragg, CA 95437 Phone Number: 707-463-1230 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:3  Miles:3	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time:  Miles:
Fortuna	Name: Health Screening Services Address: 2025 Harrison Ave, City, State, Zip Code : Eureka, CA 95501 Phone Number: 707-442-5474 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:24  Miles:18	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time:  Miles:

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ATTACHMENT 2 – NORMAL HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Garberville	Name: Health Screening Services Address: 2025 Harrison Ave, City, State, Zip Code : Eureka, CA 95501 Phone Number: 707-442-5474 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:69  Miles:68  1 hr 12m	Name: Address: City, State, Zip Code: Phone Number: Days/Hours: M-F 8-5  Circle Collection Type(s) Urine Breath	Time:  Miles:
Grass Valley	Name: Placer County Drug Detection Address: 3875 Taylor Rd STE A1, Loomis, CA 95650 Phone Number: ( 916) 652-0411 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:42  Miles:34	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time:  Miles:
Indio	Name: Cal-Test Inc Palm Desert Address: 73-850 Dinah Shore Drive Ste # 103 City, State, Zip Code : Palm Desert, CA 92211 Phone Number: 760-770-6068 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:15  Miles:10	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time:  Miles:
Ione	Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code: Sacramento, CA 95825 Phone Number: (916) 487-3152 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:49  Miles:36	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time:  Miles:

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ATTACHMENT 2 – NORMAL HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Jackson	Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code: Sacramento, CA 95825 Phone Number: (916) 487-3152 Days/Hours: M-F 8-5 Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:57 Miles:44	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours: Circle Collection Type(s) Urine Breath	Time: Miles:
Jamestown	Name: Suttter Gould Med Foundation Address: 600 Coffee Road, City, State, Zip Code : Modesto, CA 95355 Phone Number: 209-521-6038 Days/Hours: M-F 8-5 Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:55 Miles:43	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours: Circle Collection Type(s) Urine Breath	Time: Miles:
King City	Name: Quality Drug Testing Address: 1024 S MAIN ST STE E City, State, Zip Code: Salinas, CA 93901 Phone Number: 831-424-8400 Days/Hours: M-F 8-5 Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:50 Miles:47	Name: DRUG TESTING UNLIMITED Address: 546 Abbott St Ste 5 City, State, Zip Code : Salinas, CA 93901 Phone Number: 831-757-8378 Days/Hours: M-F 8-5 Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:50 Miles:47
Lakeport	Name: Alcohol & Drug Testing Services/ADTS Address: 417 Talmage Rd. Ste E City, State, Zip Code : Ukiah, CA 95482 Phone Number: 707-463-1230 Days/Hours: M-F 8-5 Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:44 Miles:35	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours: Circle Collection Type(s) Urine Breath	Time: Miles:

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ATTACHMENT 2 – NORMAL HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Lancaster	Name: Sixcess Address: 43535 17 <sup>th</sup> St West Ste 302, City, State, Zip Code: Lancaster, CA 93534 Phone Number: ( 661) 951-0444 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:1  Miles:1	Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:  Circle Collection Type(s)    Urine    Breath	Time:  Miles:
Los Banos	Name: Sutter Gould Address: 600 COFFEE RD City, State, Zip Code: Modesto, CA 95355 Phone Number: 209-521-6038 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time: 60  Miles: 45	Name: DNT HEALTH CHECK Address: 400 12 <sup>TH</sup> ST STE #23 City, State, Zip Code: Modesto CA 95354 Phone Number: ( 209 ) 492-9549 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:60  Miles:45
Madera	Name: Functional Industrial Med Assoc Address: 6042 N Fresno St #101 City, State, Zip Code : Fresno, CA 93710 Phone Number: 559-224-6754 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:27  Miles:25	Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:  Circle Collection Type(s)    Urine    Breath	Time:  Miles:
McKinleyville	Name: Health Screening Services Address: 2025 Harrison Ave, City, State, Zip Code : Eureka, CA 95501 Phone Number: 707-442-5474 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:22  Miles:14	Name: Drug Free USA Address: 1781 CENTRAL AVE City, State, Zip Code: McKinleyville CA 95519 Phone Number: ( 707 ) 839-6301 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time: 3  Miles: 3

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ATTACHMENT 2 – NORMAL HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Needles	Name: American Toxicology Inc. Address: 1960 Highway 95 City, State, Zip Code : Bullhead City, AZ86442 Phone Number: 928-754-1899 Days/Hours: M-F 8-5 This is in Arizona- No collection site found in CA within one hour Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:32  Miles:22	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s)      Urine      Breath	Time:  Miles:
Oceanside	Name: E and J Medical Services Address: 800 Grand Ave. Ste B-14 City, State, Zip Code : Carlsbad, CA 92008 Phone Number: 760-720-0560 Days/Hours: M-F 8-6  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:7  Miles:4	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s)      Urine      Breath	Time:  Miles:
Oroville (Not Yuba City or Marysville)	Name: Paramex Screening Services Address: 1450 Sherman Ave. City, State, Zip Code : Chico, CA 95926 Phone Number: 530-895-3203 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:27  Miles:23	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s)      Urine      Breath	Time:  Miles:
Paso Robles	Name: Star Drug Testing Address: 1223 Higuera St, Ste 102 City, State, Zip Code : San Luis Obispo, CA 95926 Phone Number: 805-782-0903 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:31  Miles:29	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s)      Urine      Breath	Time:  Miles:

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ATTACHMENT 2 – NORMAL HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Pine Grove	Name: Just Say no Address: 12161C Folsom Blvd City, State, Zip Code: Rancho Cordova, CA 95742 Phone Number: 916-985-2223 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:53 Miles:41	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time: Miles:
Quincy	Name: Forest View Screening Address: 883 Valley View Drive. City, State, Zip Code : Quincy, CA 95971 Phone Number: 530-283-9081 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:3 Miles:3	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time: Miles:
Rancho Cucamonga	Name: E and J Medical Address: 23341 Goldensprings DR City, State, Zip Code : Diamond Bar, CA 91765 Phone Number: 909-481-0088 Days/Hours: M-F 8-6  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:28 Miles:24	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time: Miles:
Red Bluff	Name: North State Drug Testing Address: 2301 Park Marina Drive City, State, Zip Code : Redding, CA 96002 Phone Number: 530-243-8921 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:30 Miles:29	Name: Shrout Chiropractic Address: 455 South Street City, State, Zip Code: Redding CA 96001 Phone Number: (530) 241-2149 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:37 Miles:34

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ATTACHMENT 2 – NORMAL HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Salinas	Name: Quality Drug Testing Address: 1024 S MAIN ST Ste E City, State, Zip Code : Salinas, CA 93901 Phone Number: 831-424-8400 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:1  Miles:1	Name: Drug Testing Unlimited Address: 546 ABBOT ST #5 City, State, Zip Code: SALINAS CA 93901 Phone Number: 831-757-8378 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time: 1  Miles: 1
San Juan Capistrano	Name: E and J Medical Services Address: 8840 Warner Ave. Ste 102 City, State, Zip Code : Fountain Valley, CA 92708 Phone Number: 714-596-7340 Days/Hours: M-F 8-6  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:28  Miles:25	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time:  Miles:
Santa Cruz	Name: DNA & Drug Screening SVCS, Inc. Address: 242 Meridian Ave. Ste C City, State, Zip Code : San Jose, CA 95126 Phone Number: 408-993-9998 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:39  Miles:30	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time:  Miles:
Santa Maria	Name: Gonzales Occupational Medicine Centers Address: 301 E. Cook St. Ste C City, State, Zip Code : Santa Maria, CA 93454 Phone Number: 805-345-3030 Days/Hours: : M-F 7:30 – 5:30  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:3  Miles:3	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time:  Miles:

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ATTACHMENT 2 – NORMAL HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Ukiah	Name: Alcohol & Drug Testing Services/ ADTS Address: 417 Talmage Rd. Ste E City, State, Zip Code : Ukiah, CA 95482 Phone Number: 707-463-1230 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:3 Miles:3	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time: Miles:
Visalia:	Name: Visalia Industrial Medicine Address: 220 S Mooney Blvd #D City, State, Zip Code : Visalia, CA 93291 Phone Number: 559-732-7680 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time: 3 Miles: 3	Name: ALC & DRUG TESTING FACILITY Address: 832 JEFFERSON ST City, State, Zip Code: Delano, CA 93215 Phone Number: 661-725-1741 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:51 Miles:49
Woodland	Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code : Sacramento, CA 95825 Phone Number: (916) 487-3152 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:24 Miles:20	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time: Miles:
Yreka	Name: Onarheim Services Address: 120 Singleton Lane City, State, Zip Code : Yreka, CA 96067 Phone Number: 530-842-1395 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:3 Miles:3	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time: Miles:

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

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ATTACHMENT 2 – NORMAL HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Susanville	Name: Lassen Comm. Hosp Address: 1445 A Paul Bunyan Rd City, State, Zip Code : Susanville, Ca 96130 Phone Number: 530-252-1177 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:3  Miles:3	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time:  Miles:
Tehachapi	Name: Sixcess Address: 43535 17 <sup>th</sup> St West Ste 302, City, State, Zip Code: Lancaster, CA 93534 Phone Number: ( 661) 951-0444 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:51  Miles:47	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time:  Miles:
Topanga	Name: Valley Occmed Center Inc Address: 1009 Glenoaks Blvd, City, State, Zip Code: San Fernando, CA 91340 Phone Number: ( 818) 361-3369 Days/Hours: M-F 7-6  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:40  Miles:28	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time:  Miles:
Truckee	Name: Tahoe Forest Hospital Address: 10956 Donner Pass Road #230 City, State, Zip Code : Truckee, CA 96161 Phone Number: 530-582-3277 Days/Hours: M-F 8-5  Circle Collection Type(s) <u>Urine</u> <u>Breath</u>	Time:3  Miles:3	Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:  Circle Collection Type(s) Urine Breath	Time:  Miles:

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

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ATTACHMENT 2 – NORMAL HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Soledad	<p>Name: Quality Drug Testing Address: 1024 S MAIN ST Ste E City, State, Zip Code : Salinas, CA 93901 Phone Number: 831-424-8400 Days/Hours: : M-F 8-5</p> <p>Circle Collection Type(s) <u>Urine</u> <u>Breath</u></p>	<p>Time:30 Miles:27</p>	<p>Name: Drug Testing Unlimited Address: 546 ABBOT ST #5 City, State, Zip Code: SALINAS CA 93901 Phone Number: 831-757-8378 Days/Hours: : M-F 8-5</p> <p>Circle Collection Type(s) <u>Urine</u> <u>Breath</u></p>	<p>Time:30 Miles:27</p>
Sonoma	<p>Name: ADTS Address: 6025 labath #104 City, State, Zip Code : Rohnert Park, CA 94928 Phone Number: 707-588-1234 Days/Hours: : M-F 8-5</p> <p>Circle Collection Type(s) <u>Urine</u> <u>Breath</u></p>	<p>Time:32 Miles:21</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:</p> <p>Circle Collection Type(s) Urine Breath</p>	<p>Time: Miles:</p>
Sonora	<p>Name: Job Care Sonora Address: 20044 Cedar Road Ste A, City, State, Zip Code: Sonora, CA 95370 Phone Number: ( 209) 536-3780 Days/Hours: : M-F 8-5</p> <p>Circle Collection Type(s) <u>Urine</u> <u>Breath</u></p>	<p>Time:3 Miles:3</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:</p> <p>Circle Collection Type(s) Urine Breath</p>	<p>Time: Miles:</p>
South Lake Tahoe	<p>Name: Borges Chiropractic Address: 2074 Lake Tahoe Blvd #5 City, State, Zip Code : South Lake Tahoe, CA 96150 Phone Number: 530-544-5800 Days/Hours: : M-F 8-5</p> <p>Circle Collection Type(s) <u>Urine</u> <u>Breath</u></p>	<p>Time:3 Miles:3</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:</p> <p>Circle Collection Type(s) Urine Breath</p>	<p>Time: Miles:</p>

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

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RFP 500-11-01  
ADDENDUM #1

ATTACHMENT 2 – AFTER HOURS

SITE LIST B (RURAL) – URINE COLLECTION/BREATH ALCOHOL TESTING

**Submission of this attachment is mandatory. Failure to complete and return this attachment with your proposal will cause your proposal to be rejected and deemed nonresponsive.**

Both urine collection and breath alcohol testing services must be provided after hours, weekends, and holidays at the **same collection site**, within two (2) hours travel time or less of the same nominal city or town for 100 percent of the locations specified below.

It is desired that **both** urine collection and breath alcohol testing services are provided at the **same collection site**. However, if services are not available at the same site, services may be provided at alternate locations within two (2) hours travel time of the same nominal city or town, when done at a fixed facility (e.g., walk-in clinic) or within two (2) hours response time if done by mobile.

Indicate the physical location for all providers. If collection is done at a fixed facility, indicate the name of the collection site, facility location (city), phone number, **DAYS AND HOURS SERVICES ARE AVAILABLE** and miles and travel time from the designated site. If after hours collection is done by mobile collection, indicate the name of the mobile provider, location (city), phone number, **DAYS AND HOURS SERVICES ARE AVAILABLE** and miles and travel time from the Town Center or Chamber of Commerce.

All hours specified are Pacific Daylight Time (PST).

Miles must be calculated from the City Hall of designated collection site, or if City Hall is not available, then calculate from the Town Center or Chamber of Commerce of the collection site. The most direct all weather route should be used.

The State reserves the right to verify all travel times in excess of fifty (50) miles.

All collection sites **must** be located in the State of California.

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

**Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.**

# S A M P L E S

Drug and Alcohol Testing Program  
RFP 500-11-01 – Addendum #1

## ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
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SAMPLE: DRUG AND BREATH ALCOHOL SERVICES AT FIXED FACILITY, OPEN AFTER HOURS, WEEKENDS, HOLIDAYS				
Alturas	<p>Name: EFG Collectors Address: 3434 Yore Avenue City, State, Zip Code: Alturas, CA 96101 Phone Number: (530) 555-0000 Days/Hours: 24/7</p> <p>Circle Collection Type(s):    <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">Urine</span>    <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">Breath</span></p> <p><b>MOBILE SERVICES</b></p> <p>Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time: 45 min. Miles: 62 mi.</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time:  Miles:</p>

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

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ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Alturas	<p>Name: Address: City, State, Zip Code: Phone Number: (     ) Days/Hours:</p> <p>Circle Collection Type(s):     Urine     Breath</p> <p>MOBILE SERVICES</p> <p>Name: AP Tech Address: HCR 3 Box 715 City, State, Zip Code : Alturas, CA 96101 Phone Number: 530-640-3405 Days/Hours: SU-SA 24/7</p> <p>Circle Collection Type(s):     <u>Urine</u>     <u>Breath</u></p>	<p>Time:3 Miles:3</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (     ) Days/Hours:</p> <p>Circle Collection Type(s):     Urine     Breath</p>	<p>Time: Miles:</p>

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.

ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME/ MILES	ALTERNATE SITE	TRAVEL TIME/ MILES
Atascadero	<p>Name: Gonzales Occupational Medicine Centers            Address: 301 E Cook St Ste C.            City, State, Zip Code: Santa Maria, CA 93454            Phone Number: 805-345-3030  <b>Days/Hours:</b> SU-SA 24/7</p> <p>Circle Collection Type(s): <u>Urine</u> <u>Breath</u></p> <p>MOBILE SERVICES</p> <p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )  <b>Days/Hours:</b></p> <p>Circle Collection Type(s): Urine Breath</p>	<p>Time:49            Miles:49</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )  <b>Days/Hours:</b></p> <p>Circle Collection Type(s): Urine Breath</p>	<p>Time:            Miles:</p>

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).  
 Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.

ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Auburn	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p> <p>MOBILE SERVICES</p> <p>Name: Collection Plus Address: 2129 Hacienda Way #H City, State, Zip Code: Sacramento, CA 95825 Phone Number 916-487-3152 Days/Hours: SU-SA 24/7</p> <p>Circle Collection Type(s):    <u>Urine</u>    <u>Breath</u></p>	<p>Time:37 Miles:36</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time: Miles:</p>

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.

**ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)**

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Barstow	<p>Name: COMP-San Bernardino open 24 hrs Address: 201 E Airport Dr. Ste C City, State, Zip Code: San Bernardino, CA 92408 Phone Number: 909-723-1161 Days/Hours:</p> <p>Circle Collection Type(s): <u>Urine</u> <u>Breath</u></p> <p>MOBILE SERVICES</p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:</p> <p>Circle Collection Type(s): Urine Breath</p>	<p>Time:72 Miles:75</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:</p> <p>Circle Collection Type(s): Urine Breath</p>	<p>Time: Miles:</p>

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**ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)**

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Bishop	<p>Name: NORTHER INYO  Address: 150 PIONEER LANE  City, State, Zip Code: BISHOP CA 93514  Phone Number 760-873-2113  <b>Days/Hours:</b> SU-SA 24/7</p> <p>Circle Collection Type(s): <u>Urine</u> <u>Breath</u></p> <p>MOBILE SERVICES</p> <p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  <b>Days/Hours:</b></p> <p>Circle Collection Type(s): Urine Breath</p>	<p>Time:3   Miles: 3</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  <b>Days/Hours:</b></p> <p>Circle Collection Type(s): Urine Breath</p>	<p>Time:   Miles:</p>

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ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Blythe	<p>Name: Leon P. Chua, M.D- Blythe Medical            Address: 500 N. Broadway Ste 17            City, State, Zip Code: Blythe, CA 92225            Phone Number: 760-922-2152  <b>Days/Hours:</b> 8:30-3:30 M-F*            *current provider for DPA            Circle Collection Type(s): <u>Urine</u> <u>Breath</u></p> <p><b>MOBILE SERVICES</b></p> <p>Name:            Address:            City, State, Zip Code:            Phone Number: (     )  <b>Days/Hours:</b></p> <p>Circle Collection Type(s):     Urine     Breath</p>	<p>Time:3  Miles:3</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (     )  <b>Days/Hours:</b></p> <p>Circle Collection Type(s):     Urine     Breath</p>	<p>Time:  Miles:</p>

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

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ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Bridgeport	<p>Name: NORTHERN INYO Address: 150 PIONEER LANE City, State, Zip Code: BISHOP CA 93514 Phone Number: 760-873-2113 Days/Hours: SU-SA 24/7</p> <p>Circle Collection Type(s): <u>Urine</u> <u>Breath</u></p> <p>MOBILE SERVICES</p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:</p> <p>Circle Collection Type(s): Urine Breath</p>	<p>Time: 1 HR 46 MINS</p> <p>Miles: 91</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:</p> <p>Circle Collection Type(s): Urine Breath</p>	<p>Time: Miles:</p>

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COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Ceres	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p> <p>MOBILE SERVICES</p> <p>Name: DNT Health Check Address: 400 12<sup>th</sup> St. Ste #23 City, State, Zip Code: Modesto, CA 95354 Phone Number: 202-492-9549 Days/Hours: SU-SA 24/7</p> <p>Circle Collection Type(s):    <u>Urine</u>    <u>Breath</u></p>	<p>Time: Miles:</p> <p>Time: 12 Miles: 5</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time: Miles:</p>

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COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Coalinga	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p> <p>MOBILE SERVICES</p> <p>Name: Coalinga Reg Med Lab Address: 1191 Phelps Ave City, State, Zip Code: Coalinga, CA 93210 Phone Number: 559-935-6414 Days/Hours: SU-SA 24/7</p> <p>Circle Collection Type(s):    <u>Urine</u>    <u>Breath</u></p>	<p>Time:  Miles:</p> <p>Time:3  Miles:3</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time:  Miles:</p>

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COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Crescent City	<p>Name:  Address:  City, State, Zip Code:  Phone Number:  <b>Days/Hours:</b></p> <p>Circle Collection Type(s):    Urine    Breath</p> <p><b>MOBILE SERVICES</b></p> <p>Name: North Coast Health Screening  Address: 1325 Northcrest Dr.  City, State, Zip Code: Crescent City, CA 95531  Phone Number: 707-465-1036  <b>Days/Hours:</b> SU-SA 24/7</p> <p>Circle Collection Type(s):    <u>Urine</u>    <u>Breath</u></p>	<p>Time:3   Miles:3      Time:3   Miles:3</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (    )  <b>Days/Hours:</b></p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time:   Miles:</p>

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).  
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COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Delano	<p>Name: Address: City, State, Zip Code: Phone Number: Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p> <p>MOBILE SERVICES</p> <p>Name: Bakersfield drug testing Address: 2204 Q STREET #A City, State, Zip Code: BAKERSFIELD CA 93301 Phone Number: 661-321-0439 Days/Hours: SU-SA 24/7</p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time:36 Miles:31</p> <p>Time:36 Miles:31</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time: Miles:</p>

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

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COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Dunsmuir	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:</p> <p>Circle Collection Type(s):      Urine      Breath</p> <p>MOBILE SERVICES</p> <p>Name: Shrout Chiropractic Address: 455 South St. City, State, Zip Code: Redding, CA 96001 Phone Number: (530) 241-2149 Days/Hours: SU-SA 24/7</p> <p>Circle Collection Type(s):      <u>Urine</u>      <u>Breath</u></p>	<p>Time:54 Miles:52</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:</p> <p>Circle Collection Type(s):      Urine      Breath</p>	<p>Time: Miles:</p>

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COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
El Centro	Name: Address: City, State, Zip Code: Phone Number: Days/Hours:  Circle Collection Type(s):    Urine    Breath  MOBILE SERVICES  Name: VALLEY TESTING Address: 588 BROADWAY City, State, Zip Code: EL CENTRO CA 92243 Phone Number: (760 ) 352-5358 Days/Hours: SU-SA 24/7  Circle Collection Type(s): <u>Urine</u> <u>Breath</u>	Time:  Miles:     Time:3 Miles:3	Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:  Circle Collection Type(s):    Urine    Breath	Time:  Miles:

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).  
 Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.

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COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Escondido	<p>Name: Address: City, State, Zip Code: Phone Number: <b>Days/Hours</b></p> <p>Circle Collection Type(s):    Urine    Breath</p> <p>MOBILE SERVICES</p> <p>Name: ADAT Address: 2667 CAMINO DEL RIO SOUTH City, State, Zip Code: San Diego, CA 92108 Phone Number: 619-295-9284 <b>Days/Hours: SU-SA 24/7</b></p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time:30  Miles:26    Time:30  Miles:26</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time:  Miles:</p>

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

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COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Eureka	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b> Circle Collection Type(s):    Urine    Breath</p> <p>MOBILE SERVICES</p> <p>Name: Drug Free USA Address: 1781 Central Ave. #C City, State, Zip Code: Mckinleyville, CA 95519 Phone Number: 707-839-6300 <b>Days/Hours:</b> SU-SA 24/7</p> <p>Circle Collection Type(s):    <u>Urine</u>    <u>Breath</u></p>	<p>Time:  Miles:  Time:19 Miles:13</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b> Circle Collection Type(s):    Urine    Breath</p>	<p>Time:  Miles:</p>

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COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Garberville	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>Circle Collection Type(s):    Urine    Breath</p> <p><b>MOBILE SERVICES</b></p> <p>Name: Health Screening Services Address: 2025 Harrison Ave, City, State, Zip Code: Eureka, CA 95501 Phone Number: 707-442-5474 <b>Days/Hours:</b> SU-SA 24/7</p> <p>Circle Collection Type(s):    <u>Urine</u>    <u>Breath</u></p>	<p>Time:  Miles:</p> <p>Time: 1 hr 10 mins</p> <p>Miles: 68</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time:  Miles:</p>

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).  
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COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Grass Valley	Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:  Circle Collection Type(s):    Urine    Breath  MOBILE SERVICES  Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code: Sacramento, CA 95825 Phone Number: (916) 487-3152 Days/Hours: SU-SA 24/7  Circle Collection Type(s): <u>Urine</u> <u>Breath</u>	Time:  Miles:      Time:1 HR 14 MINS  Miles:60	Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:  Circle Collection Type(s):    Urine    Breath	Time:  Miles:

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**ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)**

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Indio	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>Circle Collection Type(s):    Urine    Breath</p> <p><b>MOBILE SERVICES</b></p> <p>Name: Cal-Test Inc Palm Desert Address: 73-850 Dinah Shore Drive Ste # 103 City, State, Zip Code: Palm Desert, CA 92211 Phone Number: 760-770-6068 <b>Days/Hours:</b> SU-SA 24/7</p> <p>Circle Collection Type(s):    <u>Urine</u>    <u>Breath</u></p>	<p>Time:  Miles:  Time:15  Miles:10</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time:  Miles:</p>

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ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
None	<p>Name: Address: City, State, Zip Code: Phone Number: (     ) <b>Days/Hours:</b></p> <p>Circle Collection Type(s):     Urine     Breath</p> <p>MOBILE SERVICES</p> <p>Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code: Sacramento, CA 95825 Phone Number: (916) 487-3152 <b>Days/Hours:</b> SU-SA 24/7</p> <p>Circle Collection Type(s):     <u>Urine</u>     <u>Breath</u></p>	<p>Time: Miles:</p> <p>Time:42 Miles:53</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (     ) <b>Days/Hours:</b></p> <p>Circle Collection Type(s):     Urine     Breath</p>	<p>Time: Miles:</p>

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COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Jackson	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>Circle Collection Type(s):    Urine    Breath</p> <p><b>MOBILE SERVICES</b></p> <p>Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code: Sacramento, CA 95825 Phone Number: (916) 487-3152 <b>Days/Hours:</b> SU-SA 24/7</p> <p>Circle Collection Type(s):    <u>Urine</u>    <u>Breath</u></p>	<p>Time: Miles:</p> <p>Time:58 Miles:44</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time: Miles:</p>

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

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COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Jamestown	Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b>  Circle Collection Type(s):    Urine    Breath  <b>MOBILE SERVICES</b>  Name: DNT Health Check Address: 400 12 <sup>th</sup> St. Ste #23 City, State, Zip Code: Modesto, CA 95354 Phone Number: 202-492-9549 <b>Days/Hours:</b> SU-SA 24/7  Circle Collection Type(s): <u>Urine</u> <u>Breath</u>	Time:  Milea:        Time: 1 HR 2 MINS  Miles:45	Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b>  Circle Collection Type(s):    Urine    Breath	Time:  Miles:

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).  
**Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.**

**ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)**

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
King City	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p> <p>MOBILE SERVICES</p> <p>Name: EMSI - Salinas Address: 546 Abbott St Ste 5 City, State, Zip Code: Salinas, CA 93901 Phone Number: 831-757-8378 Days/Hours: SU-SA 24/7</p> <p>Circle Collection Type(s):    <u>Urine</u>    <u>Breath</u></p>	<p>Time:  Miles:  Time:52  Miles:47</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time:  Miles:</p>

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

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ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Lakeport	<p>Name: Address: City, State, Zip Code: Phone Number: Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p> <p>MOBILE SERVICES</p> <p>Name: Alcohol &amp; Drug Testing Services/ADTS Address: 417 Talmage Rd. Ste E City, State, Zip Code: Ukiah, CA 95482 Phone Number: 707-463-1230 Days/Hours: SU-SA 24/7</p> <p>Circle Collection Type(s):    <u>Urine</u>    <u>Breath</u></p>	<p>Time:44 Miles:35</p> <p>Time: 44 Miles: 35</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time: Miles:</p>

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ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Lancaster	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p> <p>MOBILE SERVICES</p> <p>Name: Sixcess Address: 43535 17<sup>th</sup> St West Ste 302 City, State, Zip Code: Lancaster, CA 93534 Phone Number: ( 661) 951-0444 Days/Hours: SU-SA 24/7</p> <p>Circle Collection Type(s):    <u>Urine</u>    <u>Breath</u></p>	<p>Time: Miles:</p> <p>Time:1 Miles:1</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time: Miles:</p>

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ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Los Banos	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b> Circle Collection Type(s):    Urine    Breath</p> <p>MOBILE SERVICES</p> <p>Name: DNT Health Check Address: 400 12<sup>th</sup> St. Ste #23 City, State, Zip Code: Modesto, CA 95354 Phone Number: 202-492-9549 <b>Days/Hours:</b> SU-SA 24/7</p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time:  Miles:     Time: 1 HR 5 MINS  Miles: 46</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b>  Circle Collection Type(s):    Urine    Breath</p>	<p>Time:  Miles:</p>

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ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Madera	<p>Name: Address: City, State, Zip Code: Phone Number: Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p> <p>MOBILE SERVICES</p> <p>Name: FIRM Assoc Address: 6042 N Fresno St #101 City, State, Zip Code: Fresno, CA 93710 Phone Number: 559-224-6754 Days/Hours: SU-SA 24/7</p> <p>Circle Collection Type(s):    <u>Urine</u>    <u>Breath</u></p>	<p>Time:34 Miles:30</p> <p>Time: 34 Miles: 30</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time: Miles:</p>

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**ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)**

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
McKinleyville	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (    )  <b>Days/Hours:</b></p> <p>Circle Collection Type(s):    Urine    Breath</p> <p>MOBILE SERVICES</p> <p>Name: Health Screening Services  Address: 2025 Harrison Ave  City, State, Zip Code: Eureka, CA 95501  Phone Number: 707-442-5474  <b>Days/Hours:</b> SU-SA 24/7</p> <p>Circle Collection Type(s):    <u>Urine</u>    <u>Breath</u></p>	<p>Time:  Miles:</p> <p>Time:21  Miles:14</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (    )  <b>Days/Hours:</b></p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time:  Miles:</p>

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).  
**Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.**

ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Needles	Name: Address: City, State, Zip Code: Phone Number: Days/Hours:  Circle Collection Type(s):    Urine    Breath  MOBILE SERVICES  Name: MOJAVE ENVIRONMENTAL Address: 2580 LONDON DR #a City, State, Zip Code: BULLHEAD CITY, AZ 86429 Phone Number: (928 ) 754-8101 Days/Hours: 24/7  Circle Collection Type(s):    Urine    Breath	Time:  Miles:     Time:35  Miles:20	Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:  Circle Collection Type(s):    Urine    Breath	Time:  Miles:

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).  
**Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.**

**ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)**

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/MILES	ALTERNATE SITE	TRAVEL TIME*/MILES
Oceanside	Name: Address: City, State, Zip Code: Phone Number: Days/Hours:  Circle Collection Type(s):      Urine      Breath  MOBILE SERVICES  Name: ADAT Address:2667 CAMINO DEL RIO SOUTH City, State, Zip Code: San Diego, CA 92108 Phone Number: 619-295-9284 Days/Hours: SU-SA 24/7  Circle Collection Type(s): <u>Urine</u> <u>Breath</u>	Time:38  Miles: 35        Time:38  Miles: 35	Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:  Circle Collection Type(s):      Urine      Breath	Time:  Miles:

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ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Oroville (Not Yuba City or Marysville)	Name: Address: City, State, Zip Code: Phone Number: Days/Hours:  Circle Collection Type(s):    Urine    Breath  MOBILE SERVICES  Name: Paramex Screening Services Address: 1450 Sherman Ave. City, State, Zip Code: Chico, CA 95926 Phone Number: 530-895-3203 Days/Hours:  Circle Collection Type(s):    Urine    Breath	Time:30  Miles:25      Time:30  Miles:25	Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:  Circle Collection Type(s):    Urine    Breath	Time:  Miles:

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COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Paso Robles	<p>Name: Gonzales Occupational Medicine Centers            Address: 301 E. Cook St. Ste C            City, State, Zip Code: Santa Maria, CA 93454            Phone Number: (805) 345-3030            Days/Hours: SU-SA 24/7</p> <p>Circle Collection Type(s): <input checked="" type="radio"/> Urine <input checked="" type="radio"/> Breath</p> <p>MOBILE SERVICES</p> <p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )            Days/Hours:</p> <p>Circle Collection Type(s): <input type="radio"/> Urine <input type="radio"/> Breath</p>	<p>Time: 1 HR 10 MINS</p> <p>Miles: 61</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )            Days/Hours:</p> <p>Circle Collection Type(s): <input type="radio"/> Urine <input type="radio"/> Breath</p>	<p>Time:            Miles:</p>

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 Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.

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COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Quincy	<p>Name: Address: . City, State, Zip Code: Phone Number: Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p> <p>MOBILE SERVICES</p> <p>Name: Forest View Screening Address: 883 Valley View Drive. City, State, Zip Code: Quincy, CA 95971 Phone Number: 530-283-9081 Days/Hours: SU-SA 24/7</p> <p>Circle Collection Type(s):    <u>Urine</u>    <u>Breath</u></p>	<p>Time:3  Miles:3         Time:3  Miles:3</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time:  Miles:</p>

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COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Pine Grove	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p> <p>MOBILE SERVICES</p> <p>Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code: Sacramento, CA 95825 Phone Number: (916) 487-3152 Days/Hours: SU –SA 24/7</p> <p>Circle Collection Type(s):    <u>Urine</u>    <u>Breath</u></p>	<p>Time: Miles:</p> <p>Time:1 HR 8 MINS</p> <p>Miles:50</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time: Miles:</p>

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COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Rancho Cucamonga	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p> <p>MOBILE SERVICES</p> <p>Name: IntegraTest Address: 2814 W Lincoln Avenue City, State, Zip Code: Anaheim, CA 92801 Phone Number: 714-828-1797 Days/Hours: SU-SA 24/7</p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time:  Miles:</p> <p>Time:46  Miles:39</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time:  Miles:</p>

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COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Red Bluff	<p>Name: Address: City, State, Zip Code Phone Number: Days/Hours:</p> <p>Circle Collection Type(s):      Urine      Breath</p> <p>MOBILE SERVICES</p> <p>Name: North State Drug Testing Address: 2301 PARK MARINA DRIVE City, State, Zip Code: REDDING CA 96002 Phone Number: ( 530 ) 243-8921 Days/Hours: SU-SA 24/7</p> <p>Circle Collection Type(s):      <u>Urine</u>      <u>Breath</u></p>	<p>Time:27</p> <p>Miles:25</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:</p> <p>Circle Collection Type(s):      Urine      Breath</p>	<p>Time:</p> <p>Miles:</p>

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**ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)**

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Salinas	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p> <p>MOBILE SERVICES</p> <p>Name: EMSI - Salinas Address: 546 Abbott St Ste 5 City, State, Zip Code: Salinas, CA 93901 Phone Number: 831-757-8378 Days/Hours: SU-SA 24/7</p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time:  Miles:</p> <p>Time:1  Miles:1</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time:  Miles:</p>

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ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
San Juan Capistrano	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b> Circle Collection Type(s):    Urine    Breath</p> <p>MOBILE SERVICES</p> <p>Name: IntegraTest Address: 2814 W Lincoln Avenue City, State, Zip Code: Anaheim, CA 92801 Phone Number: 714-828-1797 <b>Days/Hours:</b> SU-SA 24/7</p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time:  Miles:     Time:31 Miles:32</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b> Circle Collection Type(s):    Urine    Breath</p>	<p>Time:  Miles:</p>

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ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Santa Cruz	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>Circle Collection Type(s):    Urine    Breath</p> <p>MOBILE SERVICES</p> <p>Name: EMSI – San Jose Address: 2211 Moorpark Ave #240 City, State, Zip Code: San Jose, CA 95128 Phone Number: 408-279-8735 <b>Days/Hours:</b> SU-SA 24/7</p> <p>Circle Collection Type(s):    <u>Urine</u>    <u>Breath</u></p>	<p>Time:  Miles:  Time:39  Miles:30</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time:  Miles:</p>

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

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**ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)**

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
<p>Santa Maria</p>	<p>Name: Gonzales Occupational Medicine Centers  Address: 301 E. Cook St. Ste C  City, State, Zip Code: Santa Maria, CA 93454  Phone Number: 805-345-3030  Days/Hours:</p> <p>Circle Collection Type(s): <u>Urine</u> <u>Breath</u></p> <p>MOBILE SERVICES</p> <p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  Days/Hours:</p> <p>Circle Collection Type(s): Urine Breath</p>	<p>Time:3  Miles:3</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  Days/Hours:</p> <p>Circle Collection Type(s): Urine Breath</p>	<p>Time:  Miles:</p>

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COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Soledad	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p> <p>MOBILE SERVICES</p> <p>Name: EMSI - Salinas Address: 546 Abbott St Ste 5 City, State, Zip Code: Salinas, CA 93901 Phone Number: 831-757-8378 Days/Hours: SU-SA 24/7</p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time: Miles:</p> <p>Time:32 Miles:27</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time: Miles:</p>

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

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COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Sonoma	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>Circle Collection Type(s):    Urine    Breath</p> <p>MOBILE SERVICES</p> <p>Name: Ronald E. Hammer DC Address: 709 Petaluma Blvd. City, State, Zip Code: North Petaluma, CA 94952 Phone Number: 707-763-0564 <b>Days/Hours:</b> su-sa 24/7</p> <p>Circle Collection Type(s):    <u>Urine</u>    <u>Breath</u></p>	<p>Time:  Miles:</p> <p>Time:26  Miles:14</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time:  Miles:</p>

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COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Sonora	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b> Circle Collection Type(s):    Urine    Breath</p> <p>MOBILE SERVICES</p> <p>Name: Job Care Sonora Address: 20044 Cedar Road Ste A City, State, Zip Code: Sonora, CA 95370 Phone Number: ( 209) 536-3780 <b>Days/Hours:</b> SU-SA 24/7</p> <p>Circle Collection Type(s):    <u>Urine</u>    <u>Breath</u></p>	<p>Time: Miles:          Time:3 Miles:3</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b> Circle Collection Type(s):    Urine    Breath</p>	<p>Time: Miles:</p>

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

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COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
<p>South Lake Tahoe</p>	<p>Name: Barton Memorial Hospt  Address: 2170 South Avenue  City, State, Zip Code: So. Lake Tahoe, CA 96150  Phone Number: 530-543-5882  Days/Hours: SU-SA 24/7</p> <p>Circle Collection Type(s): <u>Urine</u> <u>Breath</u></p> <p>MOBILE SERVICES</p> <p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  Days/Hours:</p> <p>Circle Collection Type(s): Urine Breath</p>	<p>Time:3  Miles:3</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  Days/Hours:</p> <p>Circle Collection Type(s): Urine Breath</p>	<p>Time:  Miles:</p>

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).  
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COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Susanville	<p>Name: Lassen Comm. Hosp Address: 1445 A Paul Bunyan Rd City, State, Zip Code: Susanville, Ca 96130 Phone Number: 530-252-1177 Days/Hours: SU-SA 24/7</p> <p>Circle Collection Type(s): <u>Urine</u> <u>Breath</u></p> <p>MOBILE SERVICES</p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:</p> <p>Circle Collection Type(s): Urine Breath</p>	<p>Time:3 Miles:3</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:</p> <p>Circle Collection Type(s): Urine Breath</p>	<p>Time: Miles:</p>

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

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COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Tehachapi	Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b>  Circle Collection Type(s):    Urine    Breath  MOBILE SERVICES  Name: Sixcess Address: 43535 17 <sup>th</sup> St West Ste 302 City, State, Zip Code: Lancaster, CA 93534 Phone Number: ( 661) 951-0444 <b>Days/Hours:</b> SU-SA 24/7  Circle Collection Type(s):    Urine    Breath	Time:  Miles:     Time: 1 HR 10 MIN  Miles: 48	Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b>  Circle Collection Type(s):    Urine    Breath	Time:  Miles:

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).  
**Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.**

ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/MILES	ALTERNATE SITE	TRAVEL TIME*/MILES
Topanga	<p>Name: Valley Occmed Center Inc Address: 1009 Glenoaks Blvd, City, State, Zip Code: San Fernando, CA 91340 Phone Number: ( 818) 361-3369 Days/Hours: SU-SA 24/7</p> <p>Circle Collection Type(s):    Urine    Breath</p> <p>MOBILE SERVICES</p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time:31 Miles:23</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time: Miles:</p>

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.

ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Truckee	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p> <p>MOBILE SERVICES</p> <p>Name: DAT Reno Address: 2470 Wrondel Way City, State, Zip Code: Reno, NV 89502 Phone Number: 775-356-5554 Days/Hours: SU-SA 24/7</p> <p>Circle Collection Type(s):    <u>Urine</u>    <u>Breath</u></p>	<p>Time: Miles:</p> <p>Time:52 Miles:41</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time: Miles:</p>

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).  
Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.

ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Ukiah	<p>Name: Address: City, State, Zip Code: Phone Number: Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p> <p>MOBILE SERVICES</p> <p>Name: Alcohol &amp; Drug Testing Services/ ADTS Address: 417 Talmage Rd. Ste E City, State, Zip Code: Ukiah, CA 95482 Phone Number: 707-463-1230 Days/Hours: SU-SA 24/7</p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time:3 Miles:3</p> <p>Time:3 Miles:3</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Days/Hours:</p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time: Miles:</p>

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).

Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.

**ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)**

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
<p>Visalia:</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (    )  <b>Days/Hours:</b></p> <p>Circle Collection Type(s):    Urine    Breath</p> <p>MOBILE SERVICES</p> <p>Name: FIRM ASSOC  Address: 6042 N FRESNO ST STE 101  City, State, Zip Code: Fresno, CA 93710  Phone Number: 559-224-6754</p> <p>Circle Collection Type(s):    <u>Urine</u>    <u>Breath</u></p>	<p>Time:   Miles:      Time:56  Miles:51</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (    )  <b>Days/Hours:</b></p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time:   Miles:</p>

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).  
**Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.**

ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Woodland	Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b>  Circle Collection Type(s):    Urine    Breath  <b>MOBILE SERVICES</b>  Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code: Sacramento, CA 95825 Phone Number: (916) 487-3152 <b>Days/Hours:</b> SU-SA 24/7  Circle Collection Type(s): <u>Urine</u> <u>Breath</u>	Time:  Miles:       Time:37  Miles:29	Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b>  Circle Collection Type(s):    Urine    Breath	Time:  Miles:

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).  
 Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.

**ATTACHMENT 2 – AFTER HOURS – SITE LIST B (RURAL)**

COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE SITE	TRAVEL TIME*/ MILES
Yreka	<p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )</p> <p><b>Days/Hours:</b></p> <p>Circle Collection Type(s):    Urine    Breath</p> <p><b>MOBILE SERVICES</b></p> <p>Name: Phlebotomy Services Intern            Address: 55 S 5<sup>th</sup> Street Ste B            City, State, Zip Code: Central Point, OR 97502            Phone Number: 541-664-4382</p> <p><b>Days/Hours:</b> 24 hours/7 days</p> <p>Circle Collection Type(s):    <u>Urine</u>    <u>Breath</u></p>	<p>Time:1 hr            2 mins</p> <p>Miles:55</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )</p> <p><b>Days/Hours:</b></p> <p>Circle Collection Type(s):    Urine    Breath</p>	<p>Time:             Miles:</p>

\*Travel time should be based on normal driving conditions (e.g., weather, traffic patterns, etc).  
**Proposers must place an asterisk (\*) next to the sites where existing services have been provided for six (6) months or less.**

Days Blank

RFP 500-11-01  
ADDENDUM #1

ATTACHMENT 2 – NORMAL HOURS

**SITE LIST C – URINE COLLECTION/BREATH ALCOHOL TESTING FOR STATE CORRECTIONAL FACILITIES**

These are sites specifically designated for the **California Department of Corrections and Rehabilitation**. The requirements for these sites are **different** than the sites in Attachments A and B.

Both urine collection and breath alcohol testing services must be provided at the **same collection site** during the desired hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, weekends and holidays excluded. If the collection site cannot provide services during the desired hours and days, the vendor shall provide an alternate collection site and/or mobile collections to ensure complete coverage. It is desired that travel time be one (1) or less from the **State correctional facility or camp** for the locations specified below.

If no collection site is available within the desired one (1) hour travel time from the **State correctional facility or camp**, mobile collection for both breath alcohol testing and urine collection during weekday business hours (8:00 a.m. to 5:00 p.m.), shall be provided within two (2) hours, weekends and holidays excluded.

Indicate the physical location of all collection sites and mobile service providers. If collection is done at a fixed facility (e.g. walk-in clinic), indicate the name of the collection site, facility location (city), **DAYS AND HOURS SERVICES ARE AVAILABLE** and miles and travel time from the **State correctional facility or camp**. If collection is done by mobile collection, indicate the name of the mobile provider, location (city), **DAYS AND HOURS SERVICES ARE AVAILABLE** and miles and travel time from the **State correctional facility or camp**.

All hours specified are Pacific Daylight Time (PST).

The State reserves the right to verify all travel times in excess of fifty (50) miles. The most direct all weather route should be used.

All collection sites **must** be located in the State of California.







ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>COLLECTION SITE</p> <p>Acton ACTION</p>	<p><b>FIXED FACILITY/MOBILE</b></p> <p>Name: Sixcess Address: 43535 17<sup>th</sup> St West Ste 302, City, State, Zip Code: Lancaster, CA 93534 Phone Number: ( 661) 951-0444 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p><b>TRAVEL TIME*/ MILES</b></p> <p>Time:27 Miles:22</p>	<p><b>ALTERNATE FIXED FACILITY</b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p><b>TRAVEL TIME*/ MILES</b></p> <p>Time: Miles:</p>

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Alturas DEVIL'S GARDEN</p>	<p>Name: AP Tech Address: HCR 3 Box 715 City, State, Zip Code : Alturas, CA 96101 Phone Number: 530-640-3405 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:3 Miles:3</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Angels Camp VALLECITO</p>	<p>Name: JOB CARE-Sonora Address: 20044 Cedar Road Ste A City, State, Zip Code : Sonora CA 95370 Phone Number: (209) 536-3780 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:23 Miles:16</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: Miles:</p>

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Avenal AVENAL STATE PRISON</p>	<p>Name: Coalinga Reg Med Lab Address: 1191 Phelps Ave City, State, Zip Code : Coalinga, CA 93210 Phone Number: 559-935-6414 <b>Days/Hours:</b> M-F 7 am – 7 pm</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:32  Miles:24</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Azusa JULIUS KLEIN</p>	<p>Name: E and J Medical Address: 23341 Goldensprings DR City, State, Zip Code : Diamond Bar, CA 91765 Phone Number: 909-481-0088 <b>Days/Hours:</b> M-F 8-6</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: 16  Miles: 13</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Beiber INTERMOUNTAIN</p>	<p>Name: AP Tech Address: HCR 3 Box 715 City, State, Zip Code : Alturas, CA 96101 Phone Number: 530-640-3405 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:60  Miles:53</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Bella Vista SUGAR PINE</p>	<p>Name: NORTH STATE DRUG TESTING Address: 2301 PARK MARINA DRIVE City, State, Zip Code : Redding, CA 96002 Phone Number: 530-243-8921 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:19 Miles:14</p>	<p>Name: Shrout Chiropractic Address: 455 South St. City, State, Zip Code : Redding, CA 96001 Phone Number: (530) 241-2149 <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: 20 Miles: 13</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Bishop OWENS VALLEY	<p>Name: Lab at Northern Inyo Hospital Address: 150 Pioneer Lane City, State, Zip Code : Bishop, CA 93514 Phone Number: 760-873-5811 <b>Days/Hours:</b> M-F 7a – 5:30 p</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:1  Miles:1</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Blythe CHUCKAWALLA VALLEY STATE PRISON</p>	<p>Name: Leon P. Chua, M.D- Blythe Medical Address: 500 N. Broadway Ste 17 City, State, Zip Code : Blythe, CA 92225 Phone Number: 760-922-2152 <b>Days/Hours:</b> 8:30-3:30 M-F* *current provider for DPA URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:3 Miles:3</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Blythe IRONWOOD STATE PRISON</p>	<p>Name: Leon P. Chua, M.D- Blythe Medical Address: 500 N. Broadway Ste 17 City, State, Zip Code : Blythe, CA 92225 Phone Number: 760-922-2152 <b>Days/Hours:</b> 8:30-3:30 M-F* *current provider for DPA</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:3 Miles:3</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Boulevard MCCAIN VALLEY</p>	<p>Name: Industrial Family Med Care Address: 1411 State St Ste B City, State, Zip Code : El Centro, CA 92243 Phone Number: 760-337-1771 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:53  Miles:52</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Calipatria  CALIPATRIA  STATE PRISON</p>	<p>Name: Industrial Family Med Care  Address: 1411 State St Ste B  City, State, Zip Code : El Centro, CA 92243  Phone Number: 760-337-1771  <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:33   Miles:28</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:   Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Camarillo SYLVESTER CARRAWAY VENTURA PUBLIC SERVICE AND FIRE CENTER</p>	<p>Name: Active Drug Tests, LLC Address: 801 S. Victoria Ave. #105 City, State, Zip Code : Ventura, CA 93003 Phone Number: (805) 339-9740 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:18  Miles:16</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Chino CA INSTITUTION FOR MEN	<p>Name: COMP- Central Occ Med Providers-Riverside Address: 4300 Central Ave. City, State, Zip Code : Riverside, CA 92506 Phone Number: (951)222-2206 <b>Days/Hours:</b> 24 hrs 7 days</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:27</p> <p>Miles:20</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:</p> <p>Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Chino PRADO	<p>Name: COMP- Central Occ Med Providers-Riverside Address: 4300 Central Ave. City, State, Zip Code : Riverside, CA 92506 Phone Number: (951)222-2206 <b>Days/Hours:</b> 24 hrs 7 days</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:27  Miles:20</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Chowchilla CENTRAL CALIFORNIA WOMEN'S FACILITY</p>	<p>Name: Functional Industrial Medical Association Address:6042 N. Fresno St. #101 City, State, Zip Code : Fresno, CA 93710 Phone Number: (559) 224-6754 <b>Days/Hours:</b> M-Th 8-6 F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:43  Miles:38</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Chowchilla VALLEY STATE PRISON FOR WOMEN</p>	<p>Name: Functional Industrial Medical Association Address:6042 N. Fresno St. #101 City, State, Zip Code : Fresno, CA 93710 Phone Number: (559) 224-6754 <b>Days/Hours:</b> M-Th 8-6 F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:43  Miles:38</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME/ MILES
Coalinga PLEASANT VALLEY STATE PRISON	<p>Name: Coalinga Reg Med Lab            Address: 1191 Phelps Ave            City, State, Zip Code : Coalinga, CA 93210            Phone Number: 559-935-6414  <b>Days/Hours:</b> M-F 7a – 7 p</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:24             Miles:18</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Corcoran CA STATE PRISON CORCORAN</p>	<p>Name: Visalia Industrial Medicine Address: 220 S Mooney Blvd #D City, State, Zip Code : Visalia CA 93291 Phone Number: 661-725-1741 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:40  Miles:29</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Corcoran  CA SUBSTANCE  ABUSE  TREATMENT  FACILITY</p>	<p>Name: Visalia Industrial Medicine  Address: 220 S Mooney Blvd #D  City, State, Zip Code : Visalia CA 93291  Phone Number: 661-725-1741  <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:40   Miles:29</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:   Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME/ MILES
<p>Corona CA INSTITUTION FOR WOMEN</p>	<p>Name: COMP- Central Occ Med Providers-Riverside Address: 4300 Central Ave. City, State, Zip Code : Riverside, CA 92506 Phone Number: (951)222-2206 <b>Days/Hours:</b> 24 hrs 7 days</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:15  Miles:13</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME/ MILES
<p>Crescent City PELICAN BAY STATE PRISON</p>	<p>Name: North Coast Health Screening Address: 1325 Northcrest Dr. City, State, Zip Code : Crescent City, CA 95531 Phone Number: 707-465-1036 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:3 Miles:3</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME/ MILES
<p>Crestline PILOT ROCK</p>	<p>Name: COMP-San Bernardino Address: 201 E. Airport Dr. Ste C City, State, Zip Code : San Bernardino, CA 92408 Phone Number: (909)723-1161 <b>Days/Hours:</b> 24 hrs 7 days</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:33  Miles:18</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Delano            KERN VALLEY            STATE PRISON</p>	<p>Name: Visalia Industrial Medicine            Address: 220 S Mooney Blvd #D            City, State, Zip Code : Visalia CA 93291            Phone Number: 661-725-1741  <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:48             Miles:46</p>	<p>Name: Alc &amp; Drug Test Facility            Address: 832 Jefferson St            City, State, Zip Code: Delano, CA 93215            Phone Number: ( 661) 725-1741  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: 3             Miles:3</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Delano NORTH KERN STATE PRISON</p>	<p>Name: Visalia Industrial Medicine Address: 220 S Mooney Blvd #D City, State, Zip Code : Visalia CA 93291 Phone Number: 661-725-1741 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: 48 Miles: 46</p>	<p>Name: Alc &amp; Drug Test Facility Address: 832 Jefferson St City, State, Zip Code: Delano, CA 93215 Phone Number: ( 661) 725-1741 <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: 3 Miles:3</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Diamond Bar PAROLES, REGION IV</p>	<p>Name: E and J Medical Address: 23341 Goldensprings Dr City, State, Zip Code : Diamond Bar, CA 91765 Phone Number: 909-481-0088 <b>Days/Hours:</b> M-F 8-6</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:3 Miles:3</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME/ MILES
Elk Creek VALLEY VIEW	<p>Name: Lane Chiropractic-Lesa Lane Address: 332 Pine St. City, State, Zip Code : Redbluff, CA 96080 Phone Number: (530) 527-3844 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Paramex Screening Address:1450 Sherman Ave. City, State, Zip Code: Chico, CA 95926 Phone Number: (530) 895-3203 <b>Days/Hours:</b> 24/7</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:71  Miles:57          Time: 1 HR 11MN Miles: 57</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME/ MILES
<p>Fallbrook RAINBOW</p>	<p>Name: E and J Medical.  Address: 800 Grand Ave Ste B-14  City, State, Zip Code : Carlsbad, CA 92008  Phone Number: 760-720-0560  <b>Days/Hours:</b> M-F 8-6</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:34   Miles:23</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:   Miles:</p>

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Folsom PRISON INDUSTRY AUTHORITY</p>	<p>Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code : Sacramento, CA 95825 Phone Number: (916) 487-3152 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:27  Miles:19</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Fort Bragg CHAMBERLAIN CREEK</p>	<p>Name: Mendocino Coast Dist Hospt Address: 700 River Drive City, State, Zip Code : Fort Bragg, CA 95437 Phone Number: 707-463-1230 <b>Days/Hours:</b> M-F 7 – 5:30</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:3 Miles:3</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: Miles:</p>

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Fort Bragg PARLIN FORK</p>	<p>Name: Mendocino Coast Dist Hospt Address: 700 River Drive City, State, Zip Code : Fort Bragg, CA 95437 Phone Number: 707-463-1230 <b>Days/Hours:</b> M-F 7 – 5:30</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:3 Miles:3</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Fort Jones DEADWOOD</p>	<p>Name: Onarheim Services Address: 120 Singleton Lane City, State, Zip Code : Yreka, CA 96067 Phone Number: 530-842-1395 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:23 Miles:18</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: Miles:</p>

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Galt RICHARD A. MCGEE CORRECTIONAL TRAINING CTR.</p>	<p>Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code : Sacramento, CA 95825 Phone Number: (916) 487-3152 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:35  Miles:30</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Georgetown GROWLERSBERG	<p>Name: Just Say No Drug Screening Address: 12161 Folsom Blvd, City, State, Zip Code : Rancho Cordova, CA 95742 Phone Number: ( 916) 985-2223 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:57  Miles:43</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Hemet BAUTISTA</p>	<p>Name: COMP- Central Occ Med Providers-Riverside Address: 4300 Central Ave. City, State, Zip Code : Riverside, CA 92506 Phone Number: (951)222-2206 <b>Days/Hours:</b> 24 hrs 7 days</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:42  Miles:33</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Imperial CENTINELA STATE PRISON</p>	<p>Name: Industrial Family Med Care Address: 1411 State St Ste B City, State, Zip Code : El Centro, CA 92243 Phone Number: 760-337-1771 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:8 Miles:5</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Ione MULE CREEK STATE PRISON	<p>Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code : Sacramento, CA 95825 Phone Number: (916) 487-3152 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:49  Miles:36</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
lone PRESTON YOUTH CORRECTIONAL FACILITY	<p>Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code : Sacramento, CA 95825 Phone Number: (916) 487-3152 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:49  Miles:36</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Jamestown BASELINE	<p>Name: Suttter Gould Med Foundation Address: 600 Coffee Road, City, State, Zip Code : Modesto, CA 95355 Phone Number: 209-521-6038 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:55 Miles:43</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME/ MILES
<p>Jamestown SIERRA CONSERVATION CENTER</p>	<p>Name: Sutter Gould Med Foundation Address: 600 Coffee Road, City, State, Zip Code : Modesto, CA 95355 Phone Number: 209-521-6038 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:55  Miles:43</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Julian LA CIMA</p>	<p>Name: EAST COUNTY URGENT CARE – EL CAJON Address: 1625 E MAIN ST City, State, Zip Code: EL CAJON CA 92021 Phone Number: ( 619) 442-9896 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code : Phone Number: ( <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:52  Miles:42          Need time and miles</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (     ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Klamath ALDER	<p>Name: North Coast Health Screening Address: 1325 Northcrest Dr. City, State, Zip Code : Crescent City, CA 95531 Phone Number: 707-465-1036 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:26  Miles:21</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Lancaster            CA STATE            PRISON L.A.            COUNTY</p>	<p>Name: Sixcess            Address: 43535 17<sup>th</sup> St West Ste 302,            City, State, Zip Code : Lancaster, CA 93534            Phone Number: ( 661) 951-0444  <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:3            Miles:3</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:            Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Lewiston TRINITY RIVER	<p>Name: North State Drug Testing Address: 2301 Park Marina Drive. City, State, Zip Code : Redding, CA 96002 Phone Number: (530) 243-8921 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:59</p> <p>Miles:40</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:</p> <p>Miles:</p>

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Los Angeles PAROLES REGION III</p>	<p>Name: Glendale Mem Occ Med Group Address: 222 W Eulalia ST #101 City, State, Zip Code : Glendale, CA 91204 Phone Number: (818-246-4800 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:14  Miles:10</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Lower Lake KONOCTI	<p>Name: SUTTER LAKESIDE LAB Address: 5176 HILL ROAD EAST City, State, Zip Code : LAKEPORT CA 95453 Phone Number: (707) 262-5000 <b>Days/Hours:</b> M-F 6:30am – 6pm</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:28 Miles:23</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Malibu MALIBU</p>	<p>Name: Valley Occmed Center Inc Address: 1009 Glenoaks Blvd, City, State, Zip Code : San Fernando, CA 91340 Phone Number: ( 818) 361-3369 <b>Days/Hours:</b> M-F 7-6</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:55  Miles:44</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Mariposa MT. BULLION</p>	<p>Name: Occutest Address: 1190 Olivewood Dr., St D City, State, Zip Code : Merced CA 95348 Phone Number: (209) 726-3784 <b>Days/Hours:</b> M-F 8-6</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:50  Miles:40</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Miramonte MIRAMONTE</p>	<p>Name: Functional Industrial Medical Association Address:6042 N. Fresno St. #101 City, State, Zip Code : Fresno, CA 93710 Phone Number: (559) 224-6754 <b>Days/Hours:</b> M-Th 8-6 F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p>	<p>Time:55  Miles:50</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>
	<p>Name: Functional Industrial Medical Association Address:6042 N. Fresno St. #101 City, State, Zip Code : Fresno, CA 93710 Phone Number: (559) 224-6754 <b>Days/Hours:</b> M-Th 8-6 F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: 55 Miles: 50</p>		

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Nevada City WASHINGTON RIDGE	<p>Name: Placer County Drug            Address: 3875 Taylor Rd #A-1            City, State, Zip Code : Loomis, CA 95650            Phone Number: (916) 652-0412  <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:47             Miles:38</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Norco            CA            REHABILITATION            CENTER</p>	<p>Name: COMP- Central Occ Med Providers-Riverside            Address: 4300 Central Ave.            City, State, Zip Code : Riverside, CA 92506            Phone Number: (951)222-2206  <b>Days/Hours:</b> 24 hrs 7 days</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:20             Miles:17</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Norco NORCO</p>	<p>Name: COMP- Central Occ Med Providers-Riverside Address: 4300 Central Ave. City, State, Zip Code : Riverside, CA 92506 Phone Number: (951)222-2206 <b>Days/Hours:</b> 24 hrs 7 days</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:20  Miles:17</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Norwalk SOUTHERN YOUTH CORRECTIONAL RECEPTION CTR AND CLINIC</p>	<p>Name: E and J Medical Clinic Address: 8840 Warner Avenue Ste 100 City, State, Zip Code : Fountain Valley, CA 92708 Phone Number: (714) 657-6487 <b>Days/Hours:</b> M-F 8-6</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:26  Miles:21</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Oakland PAROLES REGION II	<p>Name: Global Drug Alcohol &amp; DNA Services Address: 449 15<sup>th</sup> St. Ste 201M City, State, Zip Code : Oakland, CA 94612 Phone Number: ( 510) 504-2073 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:3 Miles:3</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: Miles:</p>

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Palmdale MOUNT GLEASON</p>	<p>Name: Sixcess Address: 43535 17<sup>th</sup> St West Ste 302, City, State, Zip Code : Lancaster, CA 93534 Phone Number: ( 661) 951-0444 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:12  Miles:9</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Paskenta SALT CREEK</p>	<p>Name: Paramex Screening Address: 1450 Sherman Ave. City, State, Zip Code : Chico, CA 95926 Phone Number: (530) 895-3203 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: 58  Miles: 47</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Paynes Creek ISHI	<p>Name: North State Drug Testing Address: 2301 Park Marina Drive City, State, Zip Code : Redding, CA 96002 Phone Number: (530) 243-8921 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: 52  Miles: 51</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Pine Grove PINE GROVE YOUTH CONSERVATION CAMP</p>	<p>Name: Just Say No Drug Screening Address: 12161 Folsom Blvd, City, State, Zip Code : Rancho Cordova, CA 95742 Phone Number: ( 916) 985-2223 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:53  Miles:42</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Redway EEL RIVER	<p>Name: Health Screening Services Address: 2025 Harrison Ave, City, State, Zip Code : Eureka, CA 95501 Phone Number: 707-442-5474 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p>	<p>Time:73 Miles:66</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: Miles:</p>
	<p>Name: Health Screening Services Address: 2025 Harrison Ave, City, State, Zip Code : Eureka, CA 95501 Phone Number: 707-442-5474 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:73 Miles: 66</p>		

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Represa CA STATE PRISON, SACRAMENTO</p>	<p>Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code : Sacramento, CA 95825 Phone Number: (916) 487-3152 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:28  Miles:22</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Represa  FOLSOM STATE  PRISON</p>	<p>Name: Collection Plus  Address: 2129 Hacienda Way Ste. H  City, State, Zip Code : Sacramento, CA 95825  Phone Number: (916) 487-3152  <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:29  Miles:21</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Sacramento PAROLES AND COMM SERVICES DIVISION</p>	<p>Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code : Sacramento, CA 95825 Phone Number: (916) 487-3152 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:3 Miles:3</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Sacramento PAROLES REGION I, HQ</p>	<p>Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code : Sacramento, CA 95825 Phone Number: (916) 487-3152 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:3 Miles:3</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>San Diego            RICHARD J.            DONOVAN            CORRECTIONAL            FACILITY</p>	<p>Name: ADAT, Inc.            Address: 2667 Camino Del Rio South            City, State, Zip Code : San Diego, CA 92108            Phone Number: (619) 295-9284  <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:3            Miles:3</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:            Miles:</p>

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>San Quentin  SAN QUENTIN</p>	<p>Name: Global Drug Alcohol &amp; DNA Services  Address: 449 15<sup>th</sup> St. Ste 201M  City, State, Zip Code : Oakland, CA 94612  Phone Number: ( 510) 504-2073  <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:24  Miles:19</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>San Luis Obispo CA MEN'S COLONY</p>	<p>Name: Gonzales Occupational Medicine Centers Address: 301 E. Cook St. Ste C City, State, Zip Code : Santa Maria, CA 93454 Phone Number: (805)345-3030 <b>Days/Hours:</b> M-F 7:30 – 5:30</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:39  Miles:34</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
San Luis Obispo QUESTA	<p>Name: Gonzales Occupational Medicine Centers Address: 301 E. Cook St. Ste C City, State, Zip Code : Santa Maria, CA 93454 Phone Number: (805)345-3030 <b>Days/Hours:</b> M-F 7:30 – 5:30</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:39 Miles:34</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: Miles:</p>

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Santa Cruz BEN LOMOND	<p>Name: DNA and Drug Screening Services            Address: 242 Meridian Ave #C            City, State, Zip Code : San Jose, CA 95126            Phone Number: 408-993-9998  <b>Days/Hours:</b> M-F 7:30 - 5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:40</p> <p>Miles:30</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:</p> <p>Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Saugus FRANCISQUITO</p>	<p>Name: Valley Occmed Center Inc Address: 1009 Glenoaks Blvd, City, State, Zip Code : San Fernando, CA 91340 Phone Number: ( 818) 361-3369 <b>Days/Hours:</b> M-F 7-6</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:18  Miles:12</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Soledad CA TRAINING FACILITY	<p>Name: Quality Drug Testing Address: 1024 S Main St City, State, Zip Code : Salinas, CA 93901 Phone Number: 831-424-8400 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:30  Miles:28</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Soledad GABILAN	<p>Name: Quality Drug Testing Address: 1024 S Main St City, State, Zip Code : Salinas, CA 93901 Phone Number: 831-424-8400 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:30  Miles:28</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Soledad  SALINAS VALLEY  STATE PRISON</p>	<p>Name: Quality Drug Testing  Address: 1024 S Main St  City, State, Zip Code : Salinas, CA 93901  Phone Number: 831-424-8400  <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:30   Miles:28</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:   Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Springville MOUNTAIN HOME	<p>Name: Visalia Ind Medicine Address: 220 S Mooney Blvd, #D. City, State, Zip Code : Visalia, CA 93291 Phone Number: 559-732-7680 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:56  Miles:45</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Stockton N.A. CHADERJIAN YOUTH CORRECTIONAL FACILITY</p>	<p>Name: Sutter Gould Address: 600 Coffee Rd. City, State, Zip Code : Modesto, CA 95355 Phone Number: (209) 521-6038 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:36  Miles:32</p>	<p>Name: DNT Healthcheck Address: 400 12<sup>th</sup> St Ste #23 City, State, Zip Code: Modesto, CA 95354 Phone Number: ( 209 ) 492-9549 <b>Days/Hours: M-F 8-5 Appt needed</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Stockton  O.H. CLOSE  YOUTH CORR.  FACILITY</p>	<p>Name: Sutter Gould  Address: 600 Coffee Rd.  City, State, Zip Code : Modesto, CA 95355  Phone Number: (209) 521-6038  <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:36   Miles:32</p>	<p>Name: DNT Healthcheck  Address: 400 12<sup>th</sup> St Ste #23  City, State, Zip Code: Modesto, CA 95354  Phone Number: ( 209 ) 492-9549  <b>Days/Hours: M-F 8-5 Appt needed</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:   Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Suisun City DELTA	<p>Name: C-DAT Address: 17 Tennessee Street City, State, Zip Code : Vallejo, CA 94590 Phone Number: (510) 504-2073 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:25  Miles:19</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Susanville ANTELOPE</p>	<p>Name: Lassen Comm. Hosp Address: 1445 A Paul Bunyan Rd City, State, Zip Code : Susanville, Ca 96130 Phone Number: 530-252-1177 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:3 Miles:3</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Susanville CA CORRECTIONAL CENTER</p>	<p>Name: Lassen Comm. Hosp Address: 1445 A Paul Bunyan Rd City, State, Zip Code : Susanville, Ca 96130 Phone Number: 530-252-1177 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:3 Miles:3</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Susanville HIGH DESERT STATE PRISON</p>	<p>Name: Lassen Comm. Hosp Address: 1445 A Paul Bunyan Rd City, State, Zip Code : Susanville, Ca 96130 Phone Number: 530-252-1177 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:3 Miles:3</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: Miles:</p>

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Tehachapi  CA  CORRECTIONAL  INSTITUTION</p>	<p>Name: Sixcess  Address: 43535 17<sup>th</sup> St West Ste 302,  City, State, Zip Code : Lancaster, CA 93534  Phone Number: ( 661) 951-0444  <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:51  Miles:47</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Tracy DEUEL VOCATIONAL INSTITUTION</p>	<p>Name: Sutter Gould Address: 600 Coffee Rd. City, State, Zip Code : Modesto, CA 95355 Phone Number: (209) 521-6038 <b>Days/Hours: M-F 8-9</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:39  Miles:31</p>	<p>Name: DNT Healthcheck Address: 400 12<sup>th</sup> St Ste #23 City, State, Zip Code: Modesto, CA 95354 Phone Number: ( 209) 492-9549 <b>Days/Hours: M-F 8-5 Appt needed</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Vacaville CA MEDICAL FACILITY</p>	<p>Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code : Sacramento, CA 95825 Phone Number: (916) 487-3152 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:46</p> <p>Miles:41</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:</p> <p>Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Vacaville CA STATE PRISON SOLANO</p>	<p>Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code : Sacramento, CA 95825 Phone Number: (916) 487-3152 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:46  Miles:41</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Valyermo FENNER CANYON</p>	<p>Name: DVMG Victorville Clinic Address: 12401 Hesperia Rd Ste 9 City, State, Zip Code : Victorville, CA 92395-7707 Phone Number: 760-245-2474 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:49  Miles:39</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Ventura VENTURA YOUTH CORRECTIONAL FACILITY</p>	<p>Name: Active Drug Tests, LLC Address: 801 S. Victoria Ave. #105 City, State, Zip Code : Ventura, CA 93003 Phone Number: (805) 339-9740 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:8 Miles:6</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME/ MILES
<p>Warner Springs PUERTA LA CRUZ</p>	<p>Name: USHW ESCONDIDO Address: 860 WEST VALLEY PARKWAY STE 150 City, State, Zip Code : ESCONDIDO CA 92025 Phone Number: ((760) 740-0707 <b>Days/Hours:</b> M-F 7-7</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:58  Miles:47</p>	<p>Name: ADAT Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Wasco            WASCO STATE            PRISON</p>	<p>Name: Bakersfield Drug Testing            Address: 2204 Q Street #A.            City, State, Zip Code : Bakersfield, CA 93301            Phone Number: 661-321-0439  <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:27             Miles:20</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Weott HIGH ROCK	<p>Name: Health Screening Services Address: 2025 Harrison Ave, City, State, Zip Code : Eureka, CA 95501 Phone Number: 707-442-5474 <b>Days/Hours:</b> M-F 8-5</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:50  Miles:46</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – NORMAL HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME/ MILES
Yucaipa OAK GLEN	<p>Name: COMP-San Bernardino Address: 201 E. Airport Dr. Ste C City, State, Zip Code : San Bernardino, CA 92408 Phone Number: (909)723-1161 <b>Days/Hours:</b> 24 hrs 7 days</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:25  Miles:20</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

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RFP 500-11-01  
ADDENDUM #1

ATTACHMENT 2 – AFTER HOURS

**SITE LIST C – URINE COLLECTION/BREATH ALCOHOL TESTING FOR STATE CORRECTIONAL FACILITIES**

These collection sites are specifically designated for the **California Department of Corrections and Rehabilitation (CDCR)**. The requirements for the CDCR sites are **different** than the sites in Attachment A and B.

Both urine collection and breath alcohol testing services must be provided after hours, weekends, and holidays at the **same collection site**, within two (2) hours travel time or less of the **State correctional facility or camp** for the locations specified below. If the collection site cannot provide services during the required hours and days, the vendor shall provide an alternate collection site and/or mobile collections to ensure complete coverage.

Indicate the physical location for all providers. If collection is done at a fixed facility (e.g. walk-in clinic), indicate the name of the collection site, facility location, phone number, **DAYS AND HOURS SERVICES ARE AVAILABLE** and miles and travel time from the **State correctional facility or camp**. If after hours collection is done by mobile collection, indicate the name of the mobile provider, location (city), **DAYS AND HOURS SERVICES ARE AVAILABLE** and miles and travel time from the **State correctional facility or camp**.

All hours specified are Pacific Daylight Time (PST).

Miles must be calculated from the State Correctional facility or camp. The most direct all weather route should be used.

The State reserves the right to verify all travel times in excess of fifty (50) miles. The most direct all weather route should be used.

All collection sites **must** be located in the State of California.





# S A M P L E S

Drug and Alcohol Testing Program  
RFP 500-11-01 – Addendum #1

## ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/MILES
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SAMPLE: DRUG AND BREATH ALCOHOL SERVICES AT FIXED FACILITY AND MOBILE, OPEN AFTER HOURS, WEEKENDS, HOLIDAYS				
<b>Sacramento</b>	Name: VWX Collectors Address: 5432 Oak Avenue City, State, Zip Code: Sacramento, CA 95818 Phone Number: (916) 123-6677 <b>Days/Hours:</b> M-F 5 a.m.-9 p.m., Sa Su 8-5  URINE AND BREATH MUST BE AVAILABLE AT THIS SITE	Time: 30 min. Miles: 25 mi.	Name: Address: City, State, Zip Code: Phone Number: (     ) <b>Days/Hours:</b>  URINE AND BREATH MUST BE AVAILABLE AT THIS SITE	Time:  Miles:
	<b><u>MOBILE SERVICES</u></b>  Name: Carter Oaks Mobile Address: 9573 Manzanita Street City, State, Zip Code: Sacramento, CA 95811 Phone Number: (916) 123-1231 <b>Days/Hours:</b> Su-Sa 24/7  URINE AND BREATH MUST BE AVAILABLE AT THIS SITE	Time: 25 min. Miles: 19 mi.		

ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
COLLECTION SITE	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Acton ACTION	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Sixcess Address: 43535 17<sup>th</sup> St West Ste 302 City, State, Zip Code: Lancaster, CA 93534 Phone Number: ( 661) 951-0444 <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Alturas DEVIL'S GARDEN</p>	<p>Name: AP Tech            Address: HCR 3 Box 715            City, State, Zip Code : Alturas, CA 96101            Phone Number: 530-640-3405  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: AP Tech            Address: HCR 3 Box 715            City, State, Zip Code : Alturas, CA 96101            Phone Number: 530-640-3405  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:</p> <p>Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:</p> <p>Miles:</p>

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LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Angels Camp  VALLECITO</p>	<p>Name: JOB CARE-Sonora  Address: 20044 Cedar Road Ste A  City, State, Zip Code: Sonora CA 95370  Phone Number: (209) 536-3780  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:   Miles:</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  Circle Collection Type(s):      Urine      Breath  Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:   Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Avenal            AVENAL STATE            PRISON</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Coalinga Reg Med Lab            Address: 1191 Phelps Ave            City, State, Zip Code: Coalinga, CA 93210            Phone Number: 559-935-6414  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:             Miles:</p>

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LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/MILES
<p>Azusa JULIUS KLEIN</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: IntegraTest Address: 2814 W Lincoln Avenue City, State, Zip Code: Anaheim, CA 92801 Phone Number: 714-828-1797 <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:  Miles:</p>

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LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Beiber INTERMOUNTAIN</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: AP Tech Address: HCR 3 Box 715 City, State, Zip Code : Alturas, CA 96101 Phone Number: 530-640-3405 <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:  Miles:</p>

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LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Bella Vista SUGAR PINE	<p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Shrout Chiropractic            Address: 455 South St.            City, State, Zip Code: Redding, CA 96001            Phone Number: (530) 241-2149  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:             Miles:</p>

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LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Bishop OWENS VALLEY</p>	<p>Name: NORTHERN INYO Address: 150 PIONEER LANE City, State, Zip Code: BISHOP CA 93514 Phone Number 760-873-2113 <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: 3 Miles: 3</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time: Miles:</p>

ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Blythe CHUCKAWALLA VALLEY STATE PRISON</p>	<p>Name: Leon P. Chua, M.D- Blythe Medical Address: 500 N. Broadway Ste 17 City, State, Zip Code: Blythe, CA 92225 Phone Number: 760-922-2152 <b>Days/Hours:</b>  URINE AND BREATH MUST BE AVAILABLE AT THIS SITE  <b><u>MOBILE SERVICES</u></b>  Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b>  URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:3  Miles:3</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:  Miles:</p>

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LOCATION	<b>FIXED FACILITY/MOBILE</b>	TRAVEL TIME*/ MILES	<b>ALTERNATE FIXED FACILITY</b>	TRAVEL TIME*/ MILES
Blythe IRONWOOD STATE PRISON	<p>Name: Leon P. Chua, M.D- Blythe Medical            Address: 500 N. Broadway Ste 17            City, State, Zip Code: Blythe, CA 92225            Phone Number: 760-922-2152  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:3             Miles:3</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:             Miles:</p>

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LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Boulevard MCCAIN VALLEY</p>	<p>Name: Address: City, State, Zip Code: Phone Number: <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: VALLEY TESTING Address: 588 BROADWAY City, State, Zip Code: EL CENTRO CA 92243 Phone Number: ( 760 ) 352-5358 <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:  Miles:</p>

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LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Calipatria  CALIPATRIA STATE  PRISON</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number:  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: VALLEY TESTING  Address: 588 BROADWAY  City, State, Zip Code: EL CENTRO CA 92243  Phone Number: ( 760 ) 352-5358  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:   Miles:</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (     )  Circle Collection Type(s):     Urine     Breath  Circle Method(s)                     Mobile     Fixed Facility</p>	<p>Time:   Miles:</p>

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LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Camarillo  SYLVESTER  CARRAWAY  VENTURA PUBLIC  SERVICE AND  FIRE CENTER</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: EMSI – Los Angeles  Address: 3545 Wilshire Blvd Ste 325  City, State, Zip Code: Los Angeles, CA 90010  Phone Number: 213-616-0083  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:   Miles:</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (    )  Circle Collection Type(s):      Urine      Breath  Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:   Miles:</p>

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LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Chino CA INSTITUTION FOR MEN</p>	<p>Name: COMP- Central Occ Med Providers-Riverside Address: 4300 Central Ave. City, State, Zip Code: Riverside, CA 92506 Phone Number: (951)222-2206 <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:30 Miles:26</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time: Miles:</p>

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LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Chino PRADO	<p>Name: COMP- Central Occ Med Providers-Riverside  Address: 4300 Central Ave.  City, State, Zip Code: Riverside, CA 92506  Phone Number: (951)222-2206  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:30  Miles:26</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  Circle Collection Type(s):      Urine      Breath  Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:  Miles:</p>

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LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Chowchilla CENTRAL CALIFORNIA WOMEN'S FACILITY	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: FIRM ASSOC            Address: 6042 N FRESNO ST STE 101            City, State, Zip Code: Fresno, CA 93710            Phone Number: (559) 224-6754  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:             Miles:</p>

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LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Chowchilla  VALLEY STATE  PRISON FOR  WOMEN</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number:  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: FIRM ASSOC  Address: 6042 N FRESNO ST STE 101  City, State, Zip Code: Fresno, CA 93710  Phone Number: (559) 224-6754  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:   Miles:</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  Circle Collection Type(s):      Urine      Breath  Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:   Miles:</p>

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LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Coalinga PLEASANT VALLEY STATE PRISON	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Coalinga Reg Med Lab            Address: 1191 Phelps Ave            City, State, Zip Code: Coalinga, CA 93210            Phone Number: 559-935-6414  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:             Miles:</p>

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LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Corcoran CA STATE PRISON CORCORAN</p>	<p>Name: Address: City, State, Zip Code: Phone Number: <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: FIRM ASSOC Address: 6042 N FRESNO STE STE 101 City, State, Zip Code: FRESNO CA 93710 Phone Number: (559 ) 224-6754 <b>Days/Hours:</b> 24/7</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:  Miles:</p>

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LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Corcoran CA SUBSTANCE ABUSE TREATMENT FACILITY</p>	<p>Name: Address: City, State, Zip Code: Phone Number: <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: FIRM ASSOC Address: 6042 N FRESNO STE STE 101 City, State, Zip Code: FRESNO CA 93710 Phone Number: (559 ) 224-6754 <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:  Miles:</p>

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LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Corona            CA INSTITUTION            FOR WOMEN</p>	<p>Name: COMP- Central Occ Med Providers-Riverside            Address: 4300 Central Ave.            City, State, Zip Code: Riverside, CA 92506            Phone Number: (951)222-2206  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:19             Miles:13</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:             Miles:</p>

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LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME/ MILES
<p>Crescent City PELICAN BAY STATE PRISON</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: North Coast Health Screening Address: 1325 Northcrest Dr. City, State, Zip Code: Crescent City, CA 95531 Phone Number: 707-465-1036 <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:  Miles:</p>

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LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Crestline PILOT ROCK</p>	<p>Name: COMP- San Bernardino Address: 201 E. Airport Dr. Ste C City, State, Zip Code: San Bernardino, CA 92408 Phone Number: (909) 723-1161 <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:33  Miles:18</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:  Miles:</p>

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LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Delano  KERN VALLEY  STATE PRISON</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Bakersfield Drug Testing  Address: 930 Truxtun Ave. #102  City, State, Zip Code: Bakersfield, CA 93301  Phone Number: (661) 321-0439  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:   Miles:</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (    )  Circle Collection Type(s):      Urine      Breath  Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:   Miles:</p>

ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Delano NORTH KERN STATE PRISON</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Bakersfield Drug Testing Address: 930 Truxtun Ave. #102 City, State, Zip Code: Bakersfield, CA 93301 Phone Number: (661) 321-0439 <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Diamond Bar PAROLES, REGION IV	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: IntegraTest            Address: 2814 W Lincoln Avenue            City, State, Zip Code: Anaheim, CA 92801            Phone Number: 714-828-1797  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:             Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	<b>FIXED FACILITY/MOBILE</b>	TRAVEL TIME*/ MILES	<b>ALTERNATE FIXED FACILITY</b>	TRAVEL TIME*/ MILES
Elk Creek VALLEY VIEW	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: NORTH STATE DRUG TESTING            Address: 2301 PARK MARINA DRIVE.            City, State, Zip Code: Redding, CA 96002            Phone Number: (530) 243-8921  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time</p> <p>Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:</p> <p>Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Fallbrook RAINBOW</p>	<p>Name: Address: City, State, Zip Code: Phone Number: <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: ADAT INC Address: 2667 CAMINO DEL RIO SOUTH City, State, Zip Code: SAN DIEGO CA 92108 Phone Number: ( 619 ) 295-9284 <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (     ) Circle Collection Type(s):            Urine            Breath Circle Method(s)                        Mobile            Fixed Facility</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	<b>FIXED FACILITY/MOBILE</b>	TRAVEL TIME*/ MILES	<b>ALTERNATE FIXED FACILITY</b>	TRAVEL TIME*/ MILES
<p>Folsom  PRISON INDUSTRY  AUTHORITY</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Collection Plus  Address: 2129 Hacienda Way Ste. H  City, State, Zip Code: Sacramento, CA 95825  Phone Number: (916) 487-3152  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:   Miles:</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (    )  Circle Collection Type(s):      Urine      Breath  Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:   Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Fort Bragg CHAMBERLAIN CREEK	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Alcohol &amp; Drug Testing Services/ADTS            Address: 417 Talmage Rd. Ste E            City, State, Zip Code: Ukiah, CA 95482            Phone Number: 707-463-1230  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:             Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Fort Bragg PARLIN FORK	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Alcohol &amp; Drug Testing Services/ADTS            Address: 417 Talmage Rd. Ste E            City, State, Zip Code: Ukiah, CA 95482            Phone Number: 707-463-1230  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:             Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	<b>FIXED FACILITY/MOBILE</b>	TRAVEL TIME*/ MILES	<b>ALTERNATE FIXED FACILITY</b>	TRAVEL TIME*/ MILES
Fort Jones DEADWOOD	<p>Name: Onarheim Services            Address: 120 Singleton Lane            City, State, Zip Code : Yreka, CA 96067            Phone Number: 530-842-1395  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:19             Miles:17</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:             Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Galt  RICHARD A.  MCGEE  CORRECTIONAL  TRAINING CTR.</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Collection Plus  Address: 2129 Hacienda Way Ste. H  City, State, Zip Code: Sacramento, CA 95825  Phone Number: (916) 487-3152  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:   Miles:</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (    )  Circle Collection Type(s):      Urine      Breath  Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:   Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Georgetown GROWLERSBERG</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Just Say No Drug Screening Address: 12161 Folsom Blvd City, State, Zip Code: Rancho Cordova, CA 95742 Phone Number: ( 916) 985-2223 <b>Days/Hours:</b> 24/7</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time</p> <p>Miles:</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:</p> <p>Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Hemet BAUTISTA</p>	<p>Name: COMP- Central Occ Med Providers-Riverside  Address: 4300 Central Ave.  City, State, Zip Code: Riverside, CA 92506  Phone Number: (951)222-2206  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:46  Miles:32</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  Circle Collection Type(s):      Urine      Breath  Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Imperial CENTINELA STATE PRISON</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: VALLEY TESTING Address: 588 BROADWAY City, State, Zip Code: EL CENTRO CA 92243 Phone Number: (760 ) 352-5358 <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                    Mobile      Fixed Facility</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	<b>FIXED FACILITY/MOBILE</b>	TRAVEL TIME*/ MILES	<b>ALTERNATE FIXED FACILITY</b>	TRAVEL TIME*/ MILES
Ione MULE CREEK STATE PRISON	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Collection Plus            Address: 2129 Hacienda Way Ste. H            City, State, Zip Code: Sacramento, CA 95825            Phone Number: (916) 487-3152  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:             Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
lone PRESTON YOUTH CORRECTIONAL FACILITY	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Collection Plus            Address: 2129 Hacienda Way Ste. H            City, State, Zip Code: Sacramento, CA 95825            Phone Number: (916) 487-3152  <b>Days/Hours:</b> 24/7</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:             Miles:</p>

ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Jamestown BASELINE</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: DNT Health Check            Address: 400 12<sup>th</sup> St. Ste #23            City, State, Zip Code: Modesto, CA 95354            Phone Number: 202-492-9549  <b>Days/Hours:</b> 24/7</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:            Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:            Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Jamestown SIERRA CONSERVATION CENTER	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: DNT Health Check            Address: 400 12<sup>th</sup> St. Ste #23            City, State, Zip Code: Modesto, CA 95354            Phone Number: 202-492-9549  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:             Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Julian LA CIMA</p>	<p>Name: Address: City, State, Zip Code: Phone Number: <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: EMSI– San Diego Address: 3425 Kenyon St. # 100 City, State, Zip Code: San Diego, CA 92110 Phone Number: (619) 758-7777 <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Klamath ALDER</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: North Coast Health Screening            Address: 1325 Northcrest Dr.            City, State, Zip Code: Crescent City, CA 95531            Phone Number: 707-465-1036  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:             Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Lancaster CA STATE PRISON L.A. COUNTY	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Sixcess            Address: 43535 17<sup>th</sup> St West Ste 302            City, State, Zip Code: Lancaster, CA 93534            Phone Number: ( 661) 951-0444  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:             Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	<b>FIXED FACILITY/MOBILE</b>	TRAVEL TIME*/ MILES	<b>ALTERNATE FIXED FACILITY</b>	TRAVEL TIME*/ MILES
<p>Lewiston TRINITY RIVER</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: NORTH STATE DRUG TESTING Address: 2301 PARK MARINA DRIVE City, State, Zip Code: REDDING CA 96002 Phone Number: ( 530 ) 2438921 <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Los Angeles  PAROLES REGION  III</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Integra Test  Address: 2814 W. Lincoln Ave  City, State, Zip Code: Anaheim, CA 92801  Phone Number: (714)828-1797  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:   Miles:</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (    )  Circle Collection Type(s):      Urine      Breath  Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:   Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Lower Lake KONOCTI	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Alcohol &amp; Drug Testing Services ADTS            Address: 6025 Labath Ave. Ste 104            City, State, Zip Code: Rohnert Park, CA 94928            Phone Number: (707) 588-1234  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:             Miles:</p>

ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Malibu MALIBU</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Valley Occmed Center Inc Address: 1009 Glenoaks Blvd. City, State, Zip Code: San Fernando, CA 91340 Phone Number: ( 818) 361-3369 <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: Miles:</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time: Miles:</p>

ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Mariposa MT. BULLION</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: DNT Healthcheck Address: 400 12<sup>th</sup> St Ste #23 City, State, Zip Code: Modesto, CA 95354 Phone Number: (209) 492-9549 <b>Days/Hours:</b> 24/7</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: Miles:</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time: Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Miramonte MIRAMONTE</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: FIRM ASSOC Address: 6042 N FRESNO ST STE 101 City, State, Zip Code: FRESNO CA 93710 Phone Number: ( 559) 224-6754 <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Nevada City  WASHINGTON  RIDGE</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Collection Plus  Address: 2129 Hacienda Way Ste. H  City, State, Zip Code: Sacramento, CA 95825  Phone Number: (916) 487-3152  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:   Miles:</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (    )  Circle Collection Type(s):      Urine      Breath  Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:   Miles:</p>

ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Norco CA REHABILITATION CENTER</p>	<p>Name: COMP- Central Occ Med Providers-Riverside Address: 4300 Central Ave. City, State, Zip Code: Riverside, CA 92506 Phone Number: (951)222-2206 <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:20 Miles:17</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time: Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Norco NORCO</p>	<p>Name: COMP- Central Occ Med Providers-Riverside  Address: 4300 Central Ave.  City, State, Zip Code: Riverside, CA 92506  Phone Number: (951)222-2206  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:20 Miles:17</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  Circle Collection Type(s):      Urine      Breath  Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time: Miles:</p>

ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/MILES
<p>Norwalk            SOUTHERN YOUTH            CORRECTIONAL            RECEPTION CTR            AND CLINIC</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: EMSI – Garden Grove            Address: 11612 Knott St. # 13            City, State, Zip Code: Garden Grove, CA 92841            Phone Number: (714) 898-9203  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )            Circle Collection Type(s):    Urine    Breath            Circle Method(s)                    Mobile    Fixed Facility</p>	<p>Time:             Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Oakland  PAROLES REGION  II</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Global Drug Alcohol &amp; DNA Services  Address: 449 15<sup>th</sup> St. Ste 201M  City, State, Zip Code: Oakland, CA 94612  Phone Number: ( 510) 504-2073  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:   Miles:</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (    )  Circle Collection Type(s):      Urine      Breath  Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:   Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Palmdale MOUNT GLEASON	Name: Address: City, State, Zip Code: Phone Number: (     ) <b>Days/Hours:</b>  URINE AND BREATH MUST BE AVAILABLE AT THIS SITE  <u><b>MOBILE SERVICES</b></u>  Name: Sixcess Address: 43535 17 <sup>th</sup> St West Ste 302, City, State, Zip Code: Lancaster, CA 93534 Phone Number: ( 661) 951-0444 <b>Days/Hours: 24/7</b>  URINE AND BREATH MUST BE AVAILABLE AT THIS SITE	Time:  Miles:	Name: Address: City, State, Zip Code: Phone Number: (     ) Circle Collection Type(s):     Urine     Breath Circle Method(s)                     Mobile     Fixed Facility	Time:  Miles:

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Paskenta SALT CREEK	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Paramex Screening            Address: 1450 Sherman Ave.            City, State, Zip Code: Chico, CA 95926            Phone Number: (530) 895-3203  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:             Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Paynes Creek ISHI	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: NORTH STATE DRUG TESTING            Address: 2301 PARK MARINA DRIVE            City, State, Zip Code: REDDING CA 96002            Phone Number: ( 530 ) 243-8921  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:</p> <p>Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:</p> <p>Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	<b>FIXED FACILITY/MOBILE</b>	TRAVEL TIME/ MILES	<b>ALTERNATE FIXED FACILITY</b>	TRAVEL TIME/ MILES
Pine Grove PINE GROVE YOUTH CONSERVATION CAMP	Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b>  URINE AND BREATH MUST BE AVAILABLE AT THIS SITE  <u><b>MOBILE SERVICES</b></u>  Name: Just Say No Drug Screening Address: 12161 Folsom Blvd City, State, Zip Code: Rancho Cordova, CA 95742 Phone Number: ( 916) 985-2223 <b>Days/Hours: 24/7</b>  URINE AND BREATH MUST BE AVAILABLE AT THIS SITE	Time:  Miles:	Name: Address: City, State, Zip Code: Phone Number: (    ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility	Time:  Miles:

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Redway EEL RIVER</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Health Screening Services Address: 2025 Harrison Ave, City, State, Zip Code: Eureka, CA 95501 Phone Number: 707-442-5474 <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Represa CA STATE PRISON, SACRAMENTO	Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code: Sacramento, CA 95825 Phone Number: (916) 487-3152 <b>Days/Hours:</b>  URINE AND BREATH MUST BE AVAILABLE AT THIS SITE  <u><b>MOBILE SERVICES</b></u>  Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code: Sacramento, CA 95825 Phone Number: (916) 487-3152 <b>Days/Hours: 24/7</b>  URINE AND BREATH MUST BE AVAILABLE AT THIS SITE	Time:29  Miles:21	Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code: Sacramento, CA 95825 Phone Number: (916) 487-3152 Circle Collection Type(s): Urine      Breath Circle Method(s)                      Mobile      Fixed Facility	Time:  Miles:

ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Represa FOLSOM STATE PRISON</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Collection Plus Address: 2129 Hacienda Way Ste. H City, State, Zip Code: Sacramento, CA 95825 Phone Number: (916) 487-3152 <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Sacramento PAROLES AND COMM SERVICES DIVISION	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Collection Plus            Address: 2129 Hacienda Way Ste. H            City, State, Zip Code: Sacramento, CA 95825            Phone Number: (916) 487-3152  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:             Miles:</p>

ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Sacramento PAROLES REGION I, HQ	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Collection Plus            Address: 2129 Hacienda Way Ste. H            City, State, Zip Code: Sacramento, CA 95825            Phone Number: (916) 487-3152  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:             Miles:</p>

ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>San Diego RICHARD J. DONOVAN CORRECTIONAL FACILITY</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: EMSI– San Diego Address: 3425 Kenyon St. # 100 City, State, Zip Code: San Diego, CA 92110 Phone Number: (619) 758-7777 <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time: Miles:</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time: Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	<b>FIXED FACILITY/MOBILE</b>	TRAVEL TIME*/ MILES	<b>ALTERNATE FIXED FACILITY</b>	TRAVEL TIME*/ MILES
<p>San Quentin  SAN QUENTIN</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Global Drug Alcohol &amp; DNA Services  Address: 449 15<sup>th</sup> St. Ste 201M  City, State, Zip Code: Oakland, CA 94612  Phone Number: ( 510) 504-2073  <b>Days/Hours:</b> 24/7</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:   Miles:</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (    )  Circle Collection Type(s):      Urine      Breath  Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:   Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	<b>FIXED FACILITY/MOBILE</b>	TRAVEL TIME*/ MILES	<b>ALTERNATE FIXED FACILITY</b>	TRAVEL TIME*/ MILES
<p>San Luis Obispo  CA MEN'S COLONY</p>	<p>Name: Gonzales Occupational Medicine Centers  Address: 301 E. Cook St. Ste C  City, State, Zip Code: Santa Maria, CA 93454  Phone Number: (805) 345-3030  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:32  Miles:37</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  Circle Collection Type(s):      Urine      Breath  Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>San Luis Obispo  QUESTA</p>	<p>Name: Gonzales Occupational Medicine Centers  Address: 301 E. Cook St. Ste C  City, State, Zip Code: Santa Maria, CA 93454  Phone Number: (805) 345-3030  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:37   Miles:32</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: ( )  Circle Collection Type(s):      Urine      Breath  Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:   Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Santa Cruz BEN LOMOND</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: DNA and Drug Screening Services Address: 242 Meridian Ave #C City, State, Zip Code: San Jose, CA 95126 Phone Number: 408-993-9998 <b>Days/Hours:</b> 24/7</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/MILES
Saugus FRANCISQUITO	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Valley Occmed Center Inc            Address: 1009 Glenoaks Blvd            City, State, Zip Code: San Fernando, CA 91340            Phone Number: ( 818) 361-3369  <b>Days/Hours:</b> 24/7</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:             Miles:</p>

ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Soledad CA TRAINING FACILITY</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: EMSI - Salinas Address: 546 Abbott St Ste 5 City, State, Zip Code: Salinas, CA 93901 Phone Number: 831-757-8378 <b>Days/Hours:</b> 24/7</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Soledad GABILAN	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: EMSI - Salinas            Address: 546 Abbott St Ste 5            City, State, Zip Code: Salinas, CA 93901            Phone Number: 831-757-8378  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:             Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Soledad SALINAS VALLEY STATE PRISON	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: EMSI - Salinas            Address: 546 Abbott St Ste 5            City, State, Zip Code: Salinas, CA 93901            Phone Number: 831-757-8378  <b>Days/Hours:</b> 24/7</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:             Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Springville MOUNTAIN HOME</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: FIRM ASSOC Address: 6042 N FRESNO ST STE 101 City, State, Zip Code: FRESNO CA 93710 Phone Number: ( 559) 224-6754 <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Stockton  N.A. CHADERJIAN  YOUTH  CORRECTIONAL  FACILITY</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: DNT Healthcheck  Address: 400 12<sup>th</sup> St Ste #23  City, State, Zip Code: Modesto, CA 95354  Phone Number: (209) 492-9549  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:   Miles:</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (    )  Circle Collection Type(s):      Urine      Breath  Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:   Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Stockton O.H. CLOSE YOUTH CORR. FACILITY	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: DNT Healthcheck            Address: 400 12<sup>th</sup> St Ste #23            City, State, Zip Code: Modesto, CA 95354            Phone Number: (209) 492-9549  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:             Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Suisun City DELTA</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: C-DAT Address: 17 Tennessee Street City, State, Zip Code: Vallejo, CA 94590 Phone Number: (510) 504-2073 <b>Days/Hours:</b> 24/7</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Susanville ANTELOPE</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Lassen Comm. Hosp Address: 1445 A Paul Bunyan Rd City, State, Zip Code: Susanville, Ca 96130 Phone Number: 530-252-1177 <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Susanville  CA CORRECTIONAL  CENTER</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Lassen Comm. Hosp  Address: 1445 A Paul Bunyan Rd  City, State, Zip Code: Susanville, Ca 96130  Phone Number: 530-252-1177  <b>Days/Hours:</b> 24/7</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:   Miles:</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (    )  Circle Collection Type(s):      Urine      Breath  Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:   Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Susanville HIGH DESERT STATE PRISON	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Lassen Comm. Hosp            Address: 1445 A Paul Bunyan Rd            City, State, Zip Code: Susanville, Ca 96130            Phone Number: 530-252-1177  <b>Days/Hours:</b> 24/7</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:             Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Tehachapi            CA CORRECTIONAL            INSTITUTION</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Sixcess            Address: 43535 17<sup>th</sup> St West Ste 302,            City, State, Zip Code: Lancaster, CA 93534            Phone Number: ( 661) 951-0444  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )            Circle Collection Type(s):            Urine            Breath            Circle Method(s)                        Mobile            Fixed Facility</p>	<p>Time:             Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Tracy DEUEL VOCATIONAL INSTITUTION	Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b>  URINE AND BREATH MUST BE AVAILABLE AT THIS SITE  <u><b>MOBILE SERVICES</b></u>  Name: DNT Healthcheck Address: 400 12 <sup>th</sup> St Ste #23 City, State, Zip Code: Modesto, CA 95354 Phone Number: (209) 492-9549 <b>Days/Hours: 24/7</b>  URINE AND BREATH MUST BE AVAILABLE AT THIS SITE	Time: Miles:	Name: Address: City, State, Zip Code: Phone Number: (    ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility	Time: Miles:

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Vacaville CA MEDICAL FACILITY	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Collection Plus            Address: 2129 Hacienda Way Ste. H            City, State, Zip Code: Sacramento, CA 95825            Phone Number: (916) 487-3152  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:             Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: (    )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:             Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Vacaville CA STATE PRISON SOLANO	<p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )</p> <p><b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Collection Plus            Address: 2129 Hacienda Way Ste. H            City, State, Zip Code: Sacramento, CA 95825            Phone Number: (916) 487-3152  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:</p> <p>Miles:</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )</p> <p>Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:</p> <p>Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
Valyermo FENNER CANYON	Name: COMP-San Bernardino open 24 hrs Address: 201 E Airport Dr. Ste C City, State, Zip Code: San Bernardino, CA 92408 Phone Number: 909-723-1161 <b>Days/Hours: 24/7</b>  URINE AND BREATH MUST BE AVAILABLE AT THIS SITE  <u><b>MOBILE SERVICES</b></u>  Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b>  URINE AND BREATH MUST BE AVAILABLE AT THIS SITE	Time:60  Miles:54	Name: Address: City, State, Zip Code: Phone Number: ( ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility	Time:  Miles:

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	<b>FIXED FACILITY/MOBILE</b>	TRAVEL TIME*/ MILES	<b>ALTERNATE FIXED FACILITY</b>	TRAVEL TIME*/ MILES
Ventura VENTURA YOUTH CORRECTIONAL FACILITY	<p>Name: Gonzales Occupational Medicine Centers            Address: 301 E. Cook St. Ste C            City, State, Zip Code: Santa Maria, CA 93454            Phone Number: (805) 345-3030  <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:99             Miles:103</p>	<p>Name:            Address:            City, State, Zip Code:            Phone Number: ( )            Circle Collection Type(s):      Urine      Breath            Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:             Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	<b>FIXED FACILITY/MOBILE</b>	TRAVEL TIME*/ MILES	<b>ALTERNATE FIXED FACILITY</b>	TRAVEL TIME*/ MILES
<p>Warner Springs  PUERTA LA CRUZ</p>	<p>Name:  Address:  City, State, Zip Code  <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: EMSI– San Diego  Address: 3425 Kenyon St. # 100  City, State, Zip Code: San Diego, CA 92110  Phone Number: (619) 758-7777  <b>Days/Hours:</b> 24/7</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:   Miles:</p>	<p>Name:  Address:  City, State, Zip Code:  Phone Number: (    )  Circle Collection Type(s):      Urine      Breath  Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:   Miles:</p>

ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Wasco WASCO STATE PRISON</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: FIRM ASSOC Address: 6042 N FRESNO ST STE 101 City, State, Zip Code: FRESNO CA 93710 Phone Number: ( 559 ) 224-6754 <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:  Miles:</p>

**ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)**

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/ MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/ MILES
<p>Weott HIGH ROCK</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Health Screening Services Address: 2025 Harrison Ave, City, State, Zip Code: Eureka, CA 95501 Phone Number: 707-442-5474 <b>Days/Hours:</b> 24/7</p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:  Miles:</p>	<p>Name: Address: City, State, Zip Code: Phone Number: (    ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:  Miles:</p>

ATTACHMENT 2 – AFTER HOURS – SITE LIST C (STATE CORRECTIONAL FACILITIES)

LOCATION	FIXED FACILITY/MOBILE	TRAVEL TIME*/MILES	ALTERNATE FIXED FACILITY	TRAVEL TIME*/MILES
<p>Yucaipa OAK GLEN</p>	<p>Name: COMP- San Bernardino Address: 201 E. Airport Dr. Ste C City, State, Zip Code: San Bernardino, CA 92408 Phone Number: (909) 723-1161 <b>Days/Hours: 24/7</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p> <p><b><u>MOBILE SERVICES</u></b></p> <p>Name: Address: City, State, Zip Code: Phone Number: ( ) <b>Days/Hours:</b></p> <p>URINE AND BREATH MUST BE AVAILABLE AT THIS SITE</p>	<p>Time:25  Miles:15</p>	<p>Name: Address: City, State, Zip Code: Phone Number: ( ) Circle Collection Type(s):      Urine      Breath Circle Method(s)                      Mobile      Fixed Facility</p>	<p>Time:  Miles:</p>

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**EXHIBIT B  
(Standard Agreement)**

**BUDGET DETAIL AND PAYMENT PROVISIONS**

1. **Invoicing and Payment**

- A. For services satisfactorily rendered, and upon receipt and approval of the invoices, DPA agrees to compensate the Contractor for actual expenditures incurred in accordance with the rates specified in this Agreement (Exhibit B - Attachment 1, Contractor Cost Worksheet).
- B. DPA agrees to reimburse the Contractor for reasonable expenses for transportation, meals, parking and lodging actually incurred. The Contractor must provide copies of receipts for expense claims. No reimbursement for expenses shall be made without copies of receipts.
- C. Invoices shall include the Agreement Number and shall be submitted in triplicate not more frequently than monthly in arrears for review and approval for payment to:

Department of Personnel Administration  
Benefits Division – Julie Lowe  
1515 S Street, No. Bldg., Suite 400  
Sacramento, CA 95811

2. **Performance Guarantees**

The Contractor agrees to put a percentage of risk retention against set Performance Guarantees (Exhibit B, Attachment 2, Performance Guarantees) based upon the scope of services within this Agreement.

**Percentage of Retention willing to put at Risk: 1%**

3. **Budget Contingency Clause**

It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for this program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds to the Contractor or to furnish any other considerations under this Agreement and Contractor shall not be obligated to perform any provisions under this Agreement.

The parties acknowledge and agree that the State's duty to issue payment on the invoices under this Agreement shall not arise unless and until there is a duly enacted State budget that provides the legally required spending authority to pay said invoices. Failure by the State to pay invoices during periods of time when there is no State budget shall not constitute a breach of this Agreement and provides no grounds for termination by Contractor. The Contractor agrees to withhold termination

**EXHIBIT B  
(Standard Agreement)**

proceedings for ninety (90) days following notification by the State that it is unable to make invoice payments due to a lack of an enacted State budget.

If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to State, or offer an agreement amendment to Contractor to reflect the reduced amount.

The State's obligation to make any payments under this contract shall be suspended during such time as the Budget Act covering that fiscal year has not been approved by the Legislature and signed into law by the Governor.

Nothing in this Agreement is intended to restrict DPA's right to terminate this Agreement at any time for any reason including but not limited to the absence of an appropriation in the Budget Act of the current year and/or any subsequent years covered.

It is mutually agreed that the Contractor does not waive any right to payment for approved services rendered in a prior fiscal that was covered by a Budget Act that was approved by the Legislature and signed into law by the Governor for that prior fiscal year.

3. **Prompt Payment Clause**

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

**A. DRUG AND ALCOHOL TESTING PROGRAM  
 SITE LISTS A, B, AND C - URINE COLLECTION SERVICES  
 COST PROPOSAL  
 RFP No. 500-11-01**

Note: The numbers of collections, tests, MRO reviews, etc., shown below are estimates and are used here for the sole purpose of comparing cost proposals. DPA does not guarantee that this will be the actual level of activity under this contract.

Urine Collection Clinical Facility	Unit Price	X	Number of Collections	=	Total Cost
Standard Rate (Monday-Friday, 8 a.m.-5 p.m. PST)	\$ 16.60	X	22,850	=	\$ 379,310.00
Holidays/Weekends	\$ 50.00	X	25	=	\$ 1,250.00
After Hours (for collection sites whose standard business hours are outside 8:00 a.m. - 5:00 p.m. PST)	\$ 25.00	X	25	=	\$ 625.00
After Hours Collections Occurring Outside Standard Business Hours* (for collections sites that remain open beyond their standard operating hours to perform urine collections)	\$ 25.00	X	25	=	\$ 625.00
Collections Exceeding Standard Rate**	\$ 80.00	X	25	=	\$ 2,000.00

On-Site (Mobile) Collection	Unit Price	X	Number of Collections	=	Total Cost
Standard Rate (Monday-Friday, 8 a.m.-5 p.m. PST)	\$ 120.00	X	25	=	\$ 3,000.00
Holidays/Weekends/After Hours	\$ 150.00	X	25	=	\$ 3,750.00

Other Fees (Mobile/24 hours)	Unit Price	X	Unit	=	Total Cost
Waiting time	\$ 0 /Hour	X	60 Hours	=	\$ .00
Mileage Rate	\$ 0 /Mile	X	7,000 Miles	=	\$ .00

<b>A. TOTAL URINE COLLECTION COSTS</b>	<b>\$ 390,560.00</b>
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Proposer's total cost includes all costs associated with providing services specified above, including labor, materials, supplies, equipment, travel, etc.

\*After Hours Collections Occurring Outside Standard Business Hours - This fee is for collection sites that are willing to accommodate the State should a delay in the collection process occur (e.g. shy bladder) and collection site is willing to remain open to complete the collection process.

\*\*This rate allows for collection/testing rates that exceed the Standard Rate when additional sites are requested by the State. Addition of any site which charges above Standard rate must be approved by State prior to implementation.

**A. DRUG AND ALCOHOL TESTING PROGRAM  
SITE LISTS A, B, C – BREATH ALCOHOL TESTING SERVICES  
COST PROPOSAL  
RFP No. 500-11-01**

Note: The numbers of collections, tests, MRO reviews, etc., shown below are estimates and are used here for the sole purpose of comparing cost proposals. DPA does not guarantee that this will be the actual level of activity under this contract.

Breath Alcohol Testing	Unit Price	X	Number of Collections	=	Total Cost
Standard Rate (Monday-Friday, 8 a.m.-5 p.m. PST)	\$ 27.75	X	16,650	=	\$ 462,037.50
Holidays/Weekends/After Hours	\$ 50.00	X	25	=	\$ 1,250.00
After Hours (for collection sites whose standard business hours are outside 8:00 a.m. – 5:00 p.m. PST)	\$ 35.00	X	25	=	\$ 875.00
After Hours Tests Occurring Outside Standard Business Hours* (for collection sites that remain open beyond their standard operating hours to perform breath alcohol tests)	\$ 35.00	X	25	=	\$ 875.00
Tests Exceeding Standard Rate**	\$ 80.00	X	25	=	\$ 2,000.00

On-Site (Mobile) Breath Alcohol Testing	Unit Price	X	Number of Collections	=	Total Cost
Standard Rate (Monday-Friday, 8 a.m.-5 p.m. PST)	\$ 120.00	X	25	=	\$ 3,000.00
Holidays/Weekends	\$ 150.00	X	25	=	\$ 3,750.00

Other Fees (Mobile/24 hours)	Unit Price	X	Unit	=	Total Cost
Waiting time	\$ 0 /Hour	X	60 Hours	=	\$ .00
Mileage Rate	\$ 0 /Mile	X	7,000 Miles	=	\$ .00

<b>A. TOTAL BREATH ALCOHOL TESTING COSTS</b>	<b>\$ 473,787.50</b>
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Proposer's total cost includes all costs associated with providing the services specified above, including labor, materials, supplies, equipment, travel, etc.

\*After Hours Collections Occurring Outside Standard Business Hours – This fee is for collection sites that are willing to accommodate the State should a delay in the testing process arise (e.g. shy lung) and collection site is willing to remain open to complete the collection process.

\*\*This rate allows for collection/testing rates that exceed the Standard Rate when additional sites are requested by the State. Addition of any site which charges above Standard rate must be approved by State prior to implementation.

**REQUEST FOR REVIEW**

**B. DRUG AND ALCOHOL TESTING PROGRAM  
 LABORATORY SERVICES  
 COST PROPOSAL  
 RFP No. 500-11-01**

Estimated Service Provided	Unit Price	X	Estimated Volume	=	Cost
<b>Basic Panel A (6 Substances)</b>					
Screens	\$10.75	X	6,000	=	\$ 64,500.00
GC/MS Confirmations	\$.00	X	200	=	\$ .00
<b>Basic Panel B (8 Substances)</b>					
Screens	\$10.75	X	17,000	=	\$ 182,750.00
GC/MS Confirmations	\$.00	X	500	=	\$ .00
<b>SUBTOTAL FOR INITIAL SCREENINGS AND CONFIRMATIONS</b>					<b>\$ 247,250.00</b>

<b>Extra Services</b>					
<del>Synthetic Opiates</del>	<del>\$175</del>	<del>X</del>	<del>17,000</del>	<del>=</del>	<del>\$297,750.00</del>
Blind Specimens	\$ .00	X	25	=	\$
Flawed Specimens	\$ .00	X	25	=	\$
Split Specimen Testing	\$ 75.00	X	25	=	\$ 1,875.00
D/L Isomer Tests	\$ 50.00	X	25	=	\$ 1,250.00
6-MAM Tests	\$ 50.00	X	25	=	\$ 1,250.00
Adulteration Screening	\$ 25.00	X	25	=	\$ 625.00
Fee for Consultant/Expert Testimony	\$50 /Hour	X	150 Hours	=	\$ 7,500.00
<b>SUBTOTAL FOR EXTRA SERVICES</b>					<b>\$42,250.00</b>

**REQUEST FOR REVIEW**

<b>B. TOTAL LABORATORY COSTS</b>	<b>\$289,500.00</b>
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~~The State does not currently test for synthetic opiates. This rate allows for testing rates should these drugs be added to the panel at later date.~~

**C. DRUG AND ALCOHOL TESTING PROGRAM  
 MEDICAL REVIEW OFFICER SERVICES  
 COST PROPOSAL  
 RFP No. 500-11-01**

Services Provided	Unit Price	X	Estimated Volume	=	Cost
Negative Test Review	\$ 2.50	X	22,550	=	\$ 56,375.00
Positive Test Review	\$ 2.50	X	450	=	\$ 1,125.00
Fee for Consultant/Expert Testimony	\$150 /Hour	X	150 Hours	=	\$ 22,500.00

<b>C. TOTAL MEDICAL REVIEW OFFICER COSTS</b>	<b>\$ 80,000.00</b>
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**D. DRUG AND ALCOHOL TESTING PROGRAM  
TRAINING AND INFORMATIONAL SERVICES  
COST PROPOSAL  
RFP No. 500-11-01**

Services Provided	Class Length			=	Cost
Training (Employee, Supervisor, etc.)	\$ 25 /Hour	X	100 Hours	=	\$ 2,500.00

<b>D. TOTAL TRAINING AND INFORMATIONAL SERVICES COSTS</b>	<b>\$ 2,500.00</b>
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**E. DRUG AND ALCOHOL TESTING PROGRAM****TOTAL CONTRACT COST**

RFP No. 500-11-01

<b>A. TOTAL URINE COLLECTION COSTS</b>	\$ 390,560.00
<b>TOTAL BREATH ALCOHOL TESTING COSTS</b>	\$ 473,787.50
<b>B. TOTAL LABORATORY COSTS</b>	\$ 289,500.00
<b>C. TOTAL MEDICAL REVIEW OFFICER COSTS</b>	\$ 80,000.00
<b>D. TOTAL TRAINING AND INFORMATIONAL SERVICES COSTS</b>	\$ 2,500.00
<b>E. TOTAL COST PROPOSAL (Add A, B, C and D)</b>	<b>\$* 1,236,347.50</b>

**Basis for Award**

\*This total represents estimated quantities given in Attachment 3 (A-C) for an 30-month period, which is the term of this contract.

Any alterations, or additional notations to the cost proposal will be disallowed and the proposal will be rejected.

**NOTE:**

1. Any quantities listed on cost proposal form are DPA's estimates only and are being given as a basis for the comparison of proposals. The State does not expressly or by implication agree that actual amount of work will correspond therewith and reserves the right to omit portions of work as may be deemed necessary or advisable by the State.
2. In case of a discrepancy between Unit Price and Item Total, Unit Price shall prevail; however, if Unit Price is ambiguous, unintelligible, or uncertain for any cause, or is omitted, Item Total shall be divided by the estimated usage to ascertain Unit Price. In case of a discrepancy between Total Cost Proposal and sum of Item Total, sum of all Item Totals shall prevail.
3. Dollar amount of total cost proposals will be rounded up to the nearest whole dollar when contract documents resulting from this RFP are prepared.

**EXHIBIT B – ATTACHMENT 2  
(Standard Agreement)**

**PERFORMANCE GUARANTEES**

The following terms are mutually agreed upon between the Contractor and DPA and are hereby incorporated into the Agreement:

1. Satisfactory implementation of contract.
2. Receipt of final contract within two weeks of final draft being delivered to carrier.
3. Collection site network (including mobile collection), laboratory, and MRO in place by contract implementation.
4. All testing forms delivered by contract implementation date to State departments.
5. All supplies and protocols delivered by contract implementation date to all collection sites.
6. Test result reporting system in place that will deliver accurate test results to DPA and State departments within required timeframes by contract implementation.
7. Collection site listing and logon instructions for DPA and State departments on contractor's website by contract implementation.
8. Toll-free number available for direct telephone contact during standard business hours (8:00 a.m. to 5:00 p.m. PST) by contract implementation.
9. After hours and emergency service protocols in place (including a toll-free telephone number) by contract implementation.
10. Breath alcohol and urine drug test results (negative) must be reported on the website at the same time and within 3 business days following the receipt of the breath alcohol test form and urine sample at the laboratory. No less than 90% of tests results must be reported within the 3 day requirement.
11. Accurate and timely test results posted on the test result reporting website. No less than 90% of test results must be reported accurately and timely.
12. Training services (initial and ongoing) provided to employees in State. Must receive a minimum of 85% satisfactory rating by participants.
13. Participation in annual Stewardship meetings as scheduled by DPA.
14. Utilization reports to DPA within 10 business days following the end of the reporting period.
15. Satisfactory service to State, including:

**EXHIBIT B – ATTACHMENT 2  
(Standard Agreement)**

- a. 15-day response to any and all unsatisfactory service complaints.
- b. Returning of after-hours phone calls (after 5:00 p.m. PST) within 30 minutes of a call from a State department, returning of emails within 24 hours, etc.
- c. Reporting of all grievances filed with and/or against provider within 45 days of initial filing. Report of final resolution of grievance to be sent within 45 days of settlement.
- d. Results of annual survey of State representatives with 85% satisfaction rating.

**EXHIBIT C  
(Standard Agreement)**

**GENERAL TERMS AND CONDITIONS**

1. **APPROVAL**: This Agreement is of no force or effect until signed by both parties and approved by the Department of General Services, if required. Contractor may not commence performance until such approval has been obtained.
2. **AMENDMENT**: No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties and approved as required. No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or Agreement not incorporated in the Agreement is binding on any of the parties.
3. **ASSIGNMENT**: This Agreement is not assignable by the Contractor, either in whole or in part, without the consent of the State in the form of a formal written amendment.
4. **AUDIT**: Contractor agrees that the awarding department, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Contractor agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated. Contractor agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Contractor agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Gov. Code §8546.7, Pub. Contract Code §10115 et seq., CCR Title 2, Section 1896).
5. **INDEMNIFICATION**: Contractor agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Contractor in the performance of this Agreement.
6. **DISPUTES**: Contractor shall continue with the responsibilities under this Agreement during any dispute.
7. **TERMINATION FOR CAUSE**: The State may terminate this Agreement and be relieved of any payments should the Contractor fail to perform the requirements of this Agreement at the time and in the manner herein provided. In the event of such termination the State may proceed with the work in any manner deemed proper by the State. All costs to the State shall be deducted from any sum due the Contractor under this Agreement and the balance, if any, shall be paid to the Contractor upon demand.

**EXHIBIT C  
(Standard Agreement)**

8. **INDEPENDENT CONTRACTOR:** Contractor, and the agents and employees of Contractor, in the performance of this Agreement, shall act in an independent capacity and not as officers or employees or agents of the State.

9. **RECYCLING CERTIFICATION:** The Contractor shall certify in writing under penalty of perjury, the minimum, if not exact, percentage of post consumer material as defined in the Public Contract Code Section 12200, in products, materials, goods, or supplies offered or sold to the State regardless of whether the product meets the requirements of Public Contract Code Section 12209. With respect to printer or duplication cartridges that comply with the requirements of Section 12156(e), the certification required by this subdivision shall specify that the cartridges so comply (Pub. Contract Code §12205).

10. **NON-DISCRIMINATION CLAUSE:** During the performance of this Agreement, Contractor and its subcontractors shall not unlawfully discriminate, harass, or allow harassment against any employee or applicant for employment because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (e.g., cancer), age (over 40), marital status, and denial of family care leave. Contractor and subcontractors shall insure that the evaluation and treatment of their employees and applicants for employment are free from such discrimination and harassment. Contractor and subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code §12990 (a-f) et seq.) and the applicable regulations promulgated thereunder (California Code of Regulations, Title 2, Section 7285 et seq.). The applicable regulations of the Fair Employment and Housing Commission implementing Government Code Section 12990 (a-f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations, are incorporated into this Agreement by reference and made a part hereof as if set forth in full. Contractor and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other Agreement.

Contractor shall include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform work under the Agreement.

11. **CERTIFICATION CLAUSES:** The CONTRACTOR CERTIFICATION CLAUSES contained in the document CCC 307 are hereby incorporated by reference and made a part of this Agreement by this reference as if attached hereto.

12. **TIMELINESS:** Time is of the essence in this Agreement.

13. **COMPENSATION:** The consideration to be paid Contractor, as provided herein, shall be in compensation for all of Contractor's expenses incurred in the performance hereof, including travel, per diem, and taxes, unless otherwise expressly so provided.

14. **GOVERNING LAW:** This contract is governed by and shall be interpreted in accordance with the laws of the State of California.

**EXHIBIT C  
(Standard Agreement)**

15. ANTITRUST CLAIMS: The Contractor by signing this agreement hereby certifies that if these services or goods are obtained by means of a competitive bid, the Contractor shall comply with the requirements of the Government Codes Sections set out below.

a. The Government Code Chapter on Antitrust claims contains the following definitions:

1) "Public purchase" means a purchase by means of competitive bids of goods, services, or materials by the State or any of its political subdivisions or public agencies on whose behalf the Attorney General may bring an action pursuant to subdivision (c) of Section 16750 of the Business and Professions Code.

2) "Public purchasing body" means the State or the subdivision or agency making a public purchase. Government Code Section 4550.

b. In submitting a bid to a public purchasing body, the bidder offers and agrees that if the bid is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2 (commencing with Section 16700) of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the bidder for sale to the purchasing body pursuant to the bid. Such assignment shall be made and become effective at the time the purchasing body tenders final payment to the bidder. Government Code Section 4552.

c. If an awarding body or public purchasing body receives, either through judgment or settlement, a monetary recovery for a cause of action assigned under this chapter, the assignor shall be entitled to receive reimbursement for actual legal costs incurred and may, upon demand, recover from the public body any portion of the recovery, including treble damages, attributable to overcharges that were paid by the assignor but were not paid by the public body as part of the bid price, less the expenses incurred in obtaining that portion of the recovery. Government Code Section 4553.

d. Upon demand in writing by the assignor, the assignee shall, within one year from such demand, reassign the cause of action assigned under this part if the assignor has been or may have been injured by the violation of law for which the cause of action arose and (a) the assignee has not been injured thereby, or (b) the assignee declines to file a court action for the cause of action. See Government Code Section 4554.

16. CHILD SUPPORT COMPLIANCE ACT: For any Agreement in excess of \$100,000, the contractor acknowledges in accordance with Public Contract Code 7110, that:

a. The contractor recognizes the importance of child and family support obligations and shall fully comply with all applicable state and federal laws relating to child and family support enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8 (commencing with section 5200) of Part 5 of Division 9 of the Family Code; and

b. The contractor, to the best of its knowledge is fully complying with the earnings assignment orders of all employees and is providing the names of all new employees to the New Hire Registry maintained by the California Employment Development Department.

**EXHIBIT C**  
**(Standard Agreement)**

17. UNENFORCEABLE PROVISION: In the event that any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.

18. PRIORITY HIRING CONSIDERATIONS: If this Contract includes services in excess of \$200,000, the Contractor shall give priority consideration in filling vacancies in positions funded by the Contract to qualified recipients of aid under Welfare and Institutions Code Section 11200 in accordance with Pub. Contract Code §10353.

19. SMALL BUSINESS PARTICIPATION AND DVBE PARTICIPATION REPORTING REQUIREMENTS:

a. If for this Contract Contractor made a commitment to achieve small business participation, then Contractor must within 60 days of receiving final payment under this Contract (or within such other time period as may be specified elsewhere in this Contract) report to the awarding department the actual percentage of small business participation that was achieved. (Govt. Code § 14841.)

b. If for this Contract Contractor made a commitment to achieve disabled veteran business enterprise (DVBE) participation, then Contractor must within 60 days of receiving final payment under this Contract (or within such other time period as may be specified elsewhere in this Contract) certify in a report to the awarding department: (1) the total amount the prime Contractor received under the Contract; (2) the name and address of the DVBE(s) that participated in the performance of the Contract; (3) the amount each DVBE received from the prime Contractor; (4) that all payments under the Contract have been made to the DVBE; and (5) the actual percentage of DVBE participation that was achieved. A person or entity that knowingly provides false information shall be subject to a civil penalty for each violation. (Mil. & Vets. Code § 999.5(d); Govt. Code § 14841.)

20. LOSS LEADER: If this contract involves the furnishing of equipment, materials, or supplies then the following statement is incorporated: It is unlawful for any person engaged in business within this state to sell or use any article or product as a "loss leader" as defined in Section 17030 of the Business and Professions Code. (PCC 10344(e).)

**EXHIBIT D  
(Standard Agreement)**

**SPECIAL TERMS AND CONDITIONS**

Prelitigation Dispute Resolution Process: Except as otherwise provided in this Agreement, any dispute concerning a question of fact arising under the Agreement which is not disposed of by written agreement shall be decided by the DPA, who shall reduce its decision in writing and mail or otherwise furnish a copy thereof to the Contractor. The Contractor will have thirty (30) calendar days after receipt of such decision to submit a written protest to the DPA specifying in detail in what particulars the Agreement requirements were exceeded. Failure to submit such protest within the period specified shall constitute a waiver of any and all rights to adjustment in Agreement terms and the DPA's decision shall be final and conclusive. Pending final decision of a dispute hereunder, the Contractor shall proceed diligently with the performance of the Agreement upon receipt of written order from the DPA to do so.

Agency Liability: The Contractor warrants by execution of this Agreement that no person or selling agency has been employed or retained to solicit or secure this Agreement upon agreement or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees or bona fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business. For breach or violation of this warranty, the State shall, in addition to other remedies provided by law, have the right to annul this Agreement without liability, paying only for the value of the work actually performed, or otherwise recover the full amount of such commission, percentage, brokerage, or contingent fee.

Subcontractors: Nothing, contained in this Agreement or otherwise, shall create any contractual relation between the State and any subcontractors, and no subcontract shall relieve the Contractor of his responsibilities and obligations hereunder. The Contractor agrees to be as fully responsible to the State for the acts and omissions of its subcontractors and of persons either directly or indirectly employed by any of them as it is for the acts and omissions of persons directly employed by the Contractor. The Contractor's obligation to pay its subcontractors is an independent obligation from the State's obligation to make payments to the Contractor. As a result, the State shall have no obligation to pay or to enforce the payment of any moneys to any subcontractor.

Termination of Agreement: The DPA may terminate this Agreement or any part thereof for any reason or no reason by giving the Contractor thirty (30) days written notice of the effective date of termination. In the event of such termination, the State shall be relieved of any payments arising under this Agreement and may proceed with the work in any manner deemed proper by the State. All costs to the State shall be deducted from any sum due to the Contractor under this Agreement and the balance, if any, shall be paid to the Contractor upon demand.

Provisions: If any provision of this Agreement shall be held illegal or invalid for any reason, the illegality or invalidity shall not affect the remaining parts of the Agreement, but the same shall be construed and enforced as if said illegal or invalid provision has never been inserted herein.

**EXHIBIT D**  
**(Standard Agreement)**

Amendments: Any changes to this Agreement shall be agreed to in writing by both parties. Persons designated to have authority in providing instruction to facilitate changes to this Agreement are listed in Exhibit A, Scope of Work. Persons authorized to provide daily operation instructions are also listed in the Scope of Work, Attachment A. The Department may amend either listing pursuant to a written notification.

Indemnification: Contractor agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Contractor in the performance of this Agreement. Nothing in this Agreement shall preclude the State from participating in and/or providing its own defense. However, Contractor shall not be relieved from its obligation to indemnify, defend and save harmless the State, its officers, agents and employees even though the State participates in and/or provides its own defense.

Inspections: The DPA reserves the right to conduct on-site inspections of the Contractor's and sub-contractor's facilities and to require the Contractor to participate in blind testing for quality control purposes.

Settlement of Disputes: Any claim that the Contractor may have regarding the performance of this agreement, including, but not limited to, claims for additional compensation, extension of time, shall be submitted to the Department of Personnel Administration, Legal Division within ten (10) days of discovery of the problem. Within ten (10) days of this filing, the Chief Counsel or Designee shall meet with the Contractor and assigned attorney for purposes of resolving the dispute. Should the Contractor disagree with the decision, the Contractor may appeal to the DPA Director or Designee within fifteen (15) working days of the decision. The DPA Director, or Designee, shall meet with the Contractor to review the issues raised. A written decision signed by the Director or Designee shall be returned to the Contractor within thirty (30) days of the meeting. The decision of the DPA Director or Designee shall be final. Except that, nothing in this section shall constitute a waiver by the Contractor to seek enforcement of any right under this contract after the above dispute resolution procedures have been exhausted.

Force Majeure: The parties' performance under this Contract is subject to government regulation, or governmental decision that restricts travel, acts of God, terrorism, disaster, strikes, civil disorder, curtailment of transportation facilities, or any other emergency beyond the parties' control, making it inadvisable, illegal or which materially affects a party's ability to perform its obligations under this contract. Either party may terminate this contract or, alternatively postpone any hearing previously scheduled pursuant to this agreement, for any one or more of such reasons upon notice to the other party of such occurrence or receipt of any of the above occurrences. This agreement may be terminated, or alternatively the hearing postponed, for any one or more such reasons without prejudice or penalty.

**EXHIBIT E**  
**(Standard Agreement)**

**CONTRACTOR EVALUATION**

**Notice of Agency Evaluation of Contractor Performance Per Public Contract Code**

Within sixty (60) days after the completion of this Agreement, the Contract Manager shall complete a written evaluation of the Contractor's performance under this Agreement. The evaluation shall be prepared on Contract/Contractor Evaluation form (STD 4), and maintained in the Agreement file. If the Contractor did not satisfactorily perform the work, a copy of the evaluation will be sent to the Department of General Services, Office of Legal Services, and to the Contractor within 15 working days of the completion of the evaluation. (PCC 10367; 10369; 10370).

**STANDARD AGREEMENT AMENDMENT**

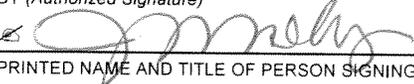
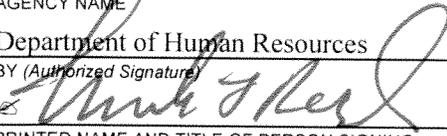
STD. 213 A (Rev 6/03)

 CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 4 Pages

AGREEMENT NUMBER	AMENDMENT NUMBER
<b>S1150006</b>	<b>3</b>
REGISTRATION NUMBER	
<b>eP1197434</b>	

1. This Agreement is entered into between the State Agency and Contractor named below:
- STATE AGENCY'S NAME  
Department of Human Resources
- CONTRACTOR'S NAME  
Comprehensive Drug Testing, Inc.
2. The term of this Agreement is February 1, 2012 through June 30, 2017
3. The maximum amount of this Agreement after this amendment is: **\$3,156,597.50**  
Three Million One Hundred Fifty-Six Thousand Five Hundred Ninety-Seven Dollars and Fifty Cents
4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:
- Agreement Number S1150006 effective February 1, 2012 between Comprehensive Drug Testing, Inc. and the Department of Personnel Administration is hereby amended as follows:
- 1) Exercises the option to extend the term for three (3) additional years through June 30, 2017.
  - 2) Adds funds for service.
  - 3) Effective July 1, 2012, the Department of Personnel Administration became the Department of Human Resources. This Amendment changes the contracting agency's name and all Agreement references to the contracting agency from Department of Personnel Administration (DPA) to Department of Human Resources (CalHR).
  - 4) Exhibit B, Attachment 1 – Contractor Cost Worksheet, is revised and replaced with the attached Amendment 3 replacement language for Exhibit B – Attachment 1 Contractor Cost Worksheet (3 pages).

**IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.**

<b>CONTRACTOR</b>		<b>CALIFORNIA</b> Department of General Services Use Only
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)		
Comprehensive Drug Testing, Inc.		
BY (Authorized Signature) 	DATE SIGNED (Do not type) 3/18/2014	
PRINTED NAME AND TITLE OF PERSON SIGNING Julie Montez, Chief Operating Officer		
ADDRESS 525 Cabrillo Park Drive #250 Santa Ana, CA 92701		<input checked="" type="checkbox"/> Exempt per: PCC 10295 (C) (4)
<b>STATE OF CALIFORNIA</b>		
AGENCY NAME Department of Human Resources		
BY (Authorized Signature) 	DATE SIGNED (Do not type) 3/24/14	
PRINTED NAME AND TITLE OF PERSON SIGNING Mark T. Rodriguez, Chief, Administrative Services Division		
ADDRESS 1515 S Street, North Building, Suite 400; Sacramento, CA 95811		

The cost of this Amendment shall be \$1,950,000.00. The total amount of the contract will not exceed \$3,156,597.50.

The effective date of this Amendment is date of final approval.

All other terms and conditions shall remain the same.

**EXHIBIT B**  
**Attachment 1 – Contractor Cost Worksheet**

Amendment 3 replacement language for Exhibit B – Attachment 1 Contractor Cost Worksheet.

**COMPREHENSIVE DRUG TESTING, INC. (CDT) – S1150006, Amendment 3**  
**FEBRUARY 1, 2012 – JUNE 30, 2017**

**Anticipated service start date of July 1, 2012**

**Urine Collection Services**

Standard Rate (Monday – Friday, 8 a.m. – 5 p.m. PST)	\$16.60
After Hours (for collection sites whose standard business hours are outside 8 a.m. – 5 p.m. PST)	\$25.00
After Hours Collections Occurring Outside Standard Business Hours* (for collection sites that remain open beyond their standard operating hours to perform urine collections)	\$25.00
Holidays/Weekends	\$50.00
Collections Exceeding Standard Rate**	\$29.50

**Breath Alcohol Testing Services**

Standard Rate (Monday – Friday, 8 a.m. – 5 p.m. PST)	\$27.75
After Hours (for collection sites whose standard business hours are outside 8 a.m. – 5 p.m. PST)	\$35.00
After Hours Tests Occurring Outside Standard Business Hours* (for collection sites that remain open beyond their standard operating hours to perform breath alcohol tests)	\$35.00
Holidays/Weekends/After Hours	\$50.00
Tests Exceeding Standard Rate**	\$44.00

**Laboratory Services**

Basic Panel A (Pre-Employment – 6 Substances) – NON DOT	
Screens	\$10.75
GC/MS Confirmations	\$0.00
Basic Panel A (6 Substance) – DOT	
Screens	\$10.75
GC/MS Confirmations	\$0.00
6-MAM Tests (run for each specimen)	\$12.50
Basic Panel B (Reasonable Suspicion – 8 Substances)	
Screens	\$10.75
GC/MS Confirmations	\$0.00

**EXHIBIT B**  
**Attachment 1 – Contractor Cost Worksheet**

<b>Basic Panel B (CDCR Reasonable Suspicion/Random – 8 Substances)</b>	
Screens	\$10.75
GC/MS Confirmations	\$0.00
6-MAM Tests (run for each specimen)	\$12.50
Ecstasy	\$1.00
<b>Extra Services</b>	
Blind Specimens	\$0.00
Flawed Specimens	\$0.00
Split Specimens	\$75.00
D/L Isomer Tests	\$50.00
6-MAM Tests	\$12.50
Synthetic Opiates***	\$1.75
Adulteration Screening	\$25.00
Fee for Consultant/Expert Testimony	\$50.00/Hour
<b>Medical Review Officer Services</b>	
<b>Test Review</b>	
Negative	\$2.50
Positive	\$2.50
Fee for Consultant/Expert Testimony	\$150.00/Hour
<b>Mobile/24-Hour Collection Services</b>	
<b>Breath Alcohol Testing</b>	
Standard Rate (Monday – Friday, 8 a.m. – 5 p.m. PST)	\$120.00
Holidays/Weekends	\$150.00
<b>Urine Drug Testing</b>	
Standard Rate (Monday – Friday, 8 a.m. – 5 p.m. PST)	\$120.00
Holidays/Weekends/After Hours	\$150.00
<b>Other Fees</b>	
Waiting Time	\$0.00/Hour
Mileage Rate	\$0.00/Mile
<b>Training and Informational Services</b>	
Training (Employee, Supervisor, etc.)	\$25.00/Hour

\* After Hours Collections Occurring Outside Standard Business Hours – This fee is for collection sites that are willing to accommodate the State should a delay in the collection process occur (e.g. shy bladder) and the collection site is willing to remain open to complete the collection process.

**EXHIBIT B**  
**Attachment 1 – Contractor Cost Worksheet**

\*\* This rate allows for collection/testing rates that exceed the Standard Rate when additional sites are requested by the State. Addition of any site which charges above the Standard Rate must be approved by the State prior to implementation.

\*\*\* The State does not currently test for synthetic opiates. This rate allows for testing rates should these drugs be added to the panel at a later date.

Upon request, the Contractor agrees to provide training regarding drug testing and Chain of Custody procedures to designated State employees and/or collection site personnel. This shall be provided at the rate specified by the Contractor in its bid proposal which as been incorporated into this Agreement.