


<input type="checkbox"/> Satisfactory background check (All)
<input type="checkbox"/> Satisfactory drug test (All)
<input type="checkbox"/> Signed Cardinal Health Delivery Driver Security Rules (Drivers)
<input type="checkbox"/> Document on file to support knowledge of handling Cardinal Health product (All)
<input type="checkbox"/> Provided a courier issued photo ID with courier and employee name (All)
<input type="checkbox"/> Communicated that courier issued photo ID must be visible at all times (All)
<input type="checkbox"/> Copy of courier issued photo ID provided to Cardinal Health for all drivers who come to the Cardinal Health FDC

Courier has confirmed that all items noted above have been completed, as they apply, for each depot employee and driver that have access to Cardinal Health product or FDC.

Date: 01/05/19

Courier's Printed Name: JANE DOE

Representative's Printed Name: PAUL SMITH

Representative's Signature: 



Driver Security Rules Receipt Acknowledgement Form

Pharmaceutical Distribution

The following rules are intended to promote safety and security for drivers and their vehicles. They are to be complied with at all times.

1. Test all vehicle locks each day and immediately report defects to a supervisor. Vehicles with defective locks cannot be utilized for Cardinal Health shipments.
2. Drivers to maintain a listing of emergency contact numbers: Supervisor, Cardinal Health Representative, and the Cardinal Health Security Operations and Intelligence Center (SOIC) card.
3. Arrive at the Cardinal Health location with your vehicle fully fueled, and in sufficient mechanical condition, to minimize the potential for vehicle down time.
4. While in transit, all vehicle doors must be locked.
5. Keep all merchandise within the storage section of the vehicle (e.g., trailer, trunk, etc). Materials must not be transported within the passenger section of the vehicle.
6. Passengers, including pets, must not be transported within the vehicle during the transportation cycle (excludes designated security ride a-longs).
7. Turn engine off, secure and lock the vehicle when making a delivery/pick-up. Roll up all windows, lock all doors, and take the keys with you. Keys, including spare keys, must never be left in an unattended vehicle.
8. Vehicles must never be left unattended with the engine running.
9. Do not make unscheduled stops or deviate from assigned route, proceed directly to each destination.
10. Deliveries must only be made to the address on the manifest and the tote label.
11. Ensure each consignee signs the Cardinal Health Manifest and/or Bill of Lading, accepting delivery of the materials.
12. Do not stop for stranded motorists. This could be a setup for a hijack. If you feel it is necessary to call for assistance, do so at your next stop.
13. If you are involved in an accident, report the accident immediately to your Supervisor. If safe to do so, stay with the vehicle until assistance arrives. If you must leave the vehicle, make sure the vehicle is secure and it is safe to leave the vehicle.
14. Make it a habit to check your rearview mirror to see if you are being followed. If you suspect that you are being followed, obtain a description of the vehicle, the license number and the occupants. Proceed to the local police station; if this is not possible, proceed to your next stop, and call the local police and/or your Supervisor.
15. If you break down, stay with your vehicle. Leave only to call for assistance and then promptly return to the vehicle. Secure vehicle before leaving the vehicle. Notify your Supervisor of the incident as soon as possible.
16. Avoid areas where there is an unusual threat of theft or the threat of personal injury is high. If something appears suspicious, do not stop.
17. Report all suspicious activity in or around your destinations or a Cardinal Health location to your Supervisor or the local police.
18. Drivers must notify their depot manager of any regulatory agency contact or requests, other than Cardinal Health or designated courier personnel, prior to responding to or allowing access of their delivery vehicle.
19. In the event of a robbery:
 - a. Offer no resistance
 - b. Stay Calm
 - c. Be Observant
 - d. Immediately notify your Supervisor and Law Enforcement

My signature below acknowledges receipt of the above security rules and I agree to adhere to them:

Driver Name: JANE DOE

Driver Signature: JD

Courier Name TRACK ONE LOGISTICS

Courier Location RIVERSIDE

Courier Representative Signature: [Signature]

Date 01/05/19

Vendor Name: TRACK ONE LOGISTICS Driver #: _____

DRIVER/ VEHICLE INFORMATION SHEET

Driver:

Name: JANE DOE

Address: 1234 SUNSHINE AVE

City: RIVERSIDE State: CA Zip: 92507

Primary Contact #: (123)456-7899 Secondary: _____

Driver License # C1234567 State: CA

Expiration: 9/3/2023 Class: C Restrictions: NONE

Personal Vehicle Information or Vendor Vehicle Info

License Plate # 4CYU258 State: CA Expiration: 5/14/2020

Vehicle: CHEVY Make: VOLT Model: 2017

VIN#: 1234567899101112

Personal Auto Insurance

Company: PROGRESSIVE Limits: FULL

Policy #: 123456789 Expiration: 06/06/2020

Emergency Contact

Name: NICK DOE Relation: HUSBAND Phone: (123)456-7899

Propriety Information of 4Sameday Transportation LLC
(This information MAY NOT BE COPIED in any form, without the written permission of 4Sameday)



APPLICANT DISCLOSURE AND AUTHORIZATION FORM

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION] DISCLOSURE REGARDING BACKGROUND INVESTIGATION

TRACK ONE LOGISTICS may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current position, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by [One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing [Employer] to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by [One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645], another outside organization acting on behalf of [Employer], and/or [Employer] itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

<u>New York applicants or employees only:</u> You have the right to inspect and receive a copy of any investigative consumer report requested by [Employer] by contacting the consumer reporting agency identified above directly.
<u>Minnesota and Oklahoma applicants or employees only:</u> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/>
<u>California applicants or employees only:</u> By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/>

PLEASE PRINT LEGIBLY

Last Name DOE First JANE Middle —

Other Names/Alias _____

Social Security* # 123456789 Date of Birth* 010181

Driver's License # C1234567 State of Driver's License CA

Present Address 1234 SUNSHINE AVE Phone Number (123)456-7899

City/State/Zip RIVERSIDE CA 92507

All Previous Addresses in the Last Seven Years _____

Signature: JD Date: 01/05/19

*This information will be used for background screening purposes only and will not be used as hiring criteria.

Pharmacy Driver HIPAA Compliance Acknowledgement

Track One Logistics provides services to certain health care providers and pharmacies. These providers are considered Covered Entities under Health Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA") and regulation promulgated hereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") the Health Information Technology for Economic and Clinical Health Act ("HITECH Act"). HIPAA and the HITECH Act are laws that require Covered Entities to protect the confidentiality of healthcare information about the patients they treat and give patients access to their records.

A Covered Entity is someone who provides health care services to patients such as doctor, hospital, or pharmacy. Covered Entities must make sure that vendors like Track One Logistics comply with HIPAA and HITECH Act and that Track One Logistics vendors (you) are also compliant. Track One Logistics has signed similar agreements with its customers that we are asking you to sign below.

1. You may only use protected health information about a patient ("PHI") for the sole purpose of delivering product, medications or supplies to a patient. PHI includes but is not limited to: patient's name, patient's social security#, patient's address, patient's medical condition or medication received or any other information about a patient or their medical condition that would reasonably be deemed to be confidential. All other uses of PHI are strictly prohibited. JD (initial)
2. Only the patient or an authorized representative of the patient or facility where the product is dropped may sign for the product. It is a HIPAA violation if you deliver to wrong person, address or a person not authorized to receive product. IF YOU HAVE A QUESTION ABOUT THE PERSON SIGNING, CALL DISPATCH BEFORE YOU LEAVE THE PRODUCT. JD (initial)
3. You will take necessary steps to mitigate any harm caused by mistaken deliveries or other improper uses of patient health information. JD (initial)
4. COPIES OF DRIVER'S LOGS OR PAPERWORK THAT HAVE PHI ON THEM, MUST BE SHREDDED IMMEDIATELY OR MAINTAINED IN YOUR CONFIDENTIAL FILES UNTIL FULL PAYMENT FOR YOUR SERVICES HAS BEEN RECEIVED AFTER WHICH THEY SHOULD BE SHREDDED IMMEDIATELY. JD (initial)
5. PHI is confidential and must remain confidential at all times. You are prohibited by law from improperly using or disclosing this PHI. It must not be disclosed in any manner to any person except the patient, the person signing for the delivery, or a Track One Logistics employee. You must report any improper disclosures of this patient protected health information to Track One Logistics immediately. JD (initial)
6. Any driver that works for you as a sub-contractor must be pre-approved by Track One Logistics and must sign a similar document indicating their compliance with the above requirements. JD (initial)
7. The importance of HIPAA compliance has been explained to me and I have received basic HIPAA compliance training. JD (initial)

I JANE DOE acknowledge, understand and will adhere to guidelines noted above. I understand the importance of patient confidentiality and HIPAA compliance and understand the possible penalties if I make incorrect deliveries or improperly disclose confidential PHI.

Sign: JD

Driver# _____

Date: 01/05/19

Department of Justice
Food and Drugs
Drug Enforcement Administration

Employee, Contractor, and Subcontractor Notification of Reporting Responsibilities

Notice to all Employees, Contractors, and Subcontractors

The following federal regulations apply to you as an Employee, Contractor, and Subcontractor of Track One Logistics. Please read these requirements carefully in order to fully understand your responsibilities.

Reports of listed chemicals or drug diversion by fellow Employees, Contractors, and Subcontractors is not only a necessary part of an overall Employee, Contractor, and Subcontractor security program but also serves the public interest at large. It is, therefore, the position of the Drug Enforcement Administration that an Employee, Contractor, and Subcontractor who has knowledge of drug diversion from Track One Logistics by a fellow Employee, Contractor, and Subcontractor has an obligation to report such information to a responsible security official of Track One Logistics. Track One Logistics shall treat such information as confidential and shall take all reasonable steps to protect the confidentiality of the information and the identity of the Employee, Contractor, and Subcontractor furnishing information. A failure to report information of drug diversion will be considered in determining the feasibility of continuing to allow Employee, Contractor, and Subcontractor to work in a drug security area. Track One Logistics shall inform all Employees, Contractors, and Subcontractors concerning this policy 21 CFR 1301.91.1309.73

It is the position of Drug Enforcement Administration that Employees, Contractors, and Subcontractors, who possess, sell, use or divert listed chemical or controlled substances will subject themselves not to State or Federal prosecution for any illicit activity, but shall also immediately become the subject of independent action regarding their continued employment. Track One Logistics will assess the seriousness of the Employee's, Contractor's, and Subcontractor's violation, the position of responsibility held by the Employee, Contractor, and Subcontractor, past record of employment, etc. in determining whether to suspend, transfer, terminate or take other action against the Employee, Contractor, and Subcontractor. 21 CFR 1301.92.1309.72 (b)

Employees, Contractors, and Subcontractors are required to report to carrier any violation or criminal drug statute conviction for unlawfully manufacturing, possessing or distributing controlled substances within ten (10) days after the violation/conviction.

Date: 01/05/19

Print Name: JANE DOE

Signature: JD

**Urgent Notice
All Drivers:**

In California ALL Prescription Drugs must be delivered to:

- **The Address and Suite that is listed on the manifest only. DO NOT COMBINE deliveries to one delivery point.**
- **And signed for by a registered pharmacist. Ask for ID if you are unsure.**

No exceptions!

Please Sign Below to Acknowledge your understanding of the above.

Driver Name: JANE DOE **Route:** 001 **Date:** 01/05/19

**Pharmacy Law
With
Rules and Regulations
2015 California Lawbook for Pharmacy**

Business and professions Code 4059.5. Who May Order Dangerous Drugs or Devices*:
Exceptions; Compliance With Laws of All Involved Jurisdictions.

4059.5. (a) Except as otherwise provided in this chapter, dangerous drugs or dangerous Devices may only be ordered by an entity licensed by the board and shall be delivered to The licensed premises and signed for and received by a pharmacist.

*Dangerous Drugs or Devices refers to all prescription products.