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HUMAN PERFORMANCE GROUP CHAIRMAN FACTUAL

ATTACHMENT # 6

DR. JOSEPH CIUFFO INTERVIEW TRANSCRIPT

(66 pages)

UNITED STATES OF AMERICA

NATIONAL TRANSPORTATION SAFETY BOARD

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Investigation of:

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WORLD WIDE TOURS BUS ACCIDENT
BRONX, NEW YORK

* Docket No.: HWY-11-MH-005
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Interview of: JOSEPH CIUFFO, M.D.

HealthCor Medical Services
73-01 Grand Avenue
Maspeth, New York 11378

Tuesday,
March 15, 2011

The above-captioned matter convened, pursuant to notice.

BEFORE: JANA PRICE, Ph.D.
Accident Investigator

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MS. PRICE: Please do get started.

MR. COLLINS: Okay. Just a little bit of background. Obviously we're looking into the Bronx crash. World Wide has let us know that you perform their medicals. And just to get --

DR. CIUFFO: Correct.

MR. COLLINS: -- background information, we like to just touch base with the doctor and get a feel for the process.

DR. CIUFFO: Sure.

MR. COLLINS: And then if there's anything specific about a particular driver that you can remember, we can get into that a little bit. And you're kind of a double whammy for us because there's also -- you know, we document the federal regulations, whether they're meeting the drug testing requirements and that sort of stuff. So that's it. We're just here having a conversation and getting a little bit of information along those lines.

DR. CIUFFO: Okay.

INTERVIEW OF JOSEPH CIUFFO

BY MR. COLLINS:

Q. And if you could just start, your name and the spelling, and address and contact information here at work?

A. Okay. It's Joseph J. Ciuffo, M.D. C-I-U-F-F-O is the spelling of my last name. I'm at 73-01 Grand Avenue, Maspeth, New York 11378. And I'm at 718 -- or you can contact me on my phone

1 is 718-457-5900.

2 Q. Great. And could you give us a little information on
3 your education, your residency, your background -- your medical
4 background?

5 A. I finished my residency in 1986. I did my family
6 practice training at Brookdale Hospital Medical Center in
7 Brooklyn, New York. I've been in practice in this location since
8 that time.

9 Q. Okay.

10 A. And early on in my family practice career began to
11 perform services for corporations, and one of those services were
12 pre-employment screening of individuals, particularly for the
13 Department of Transportation regulations. And then became a
14 medical review officer, a certified medical review officer to
15 review drug testing when the government started doing drug
16 testing.

17 Q. Okay. Where did you attend medical school?

18 A. I started in the State University of Guerrero (ph.) and
19 I finished with my programming in the -- through the State
20 University at Downstate.

21 Q. Okay. And --

22 MS. PRICE: State University of what?

23 DR. CIUFFO: It's the State University of New York in
24 Brooklyn at Downstate. Now it's called the Health Science Center
25 of Brooklyn. SUNY, it's SUNY Brooklyn.

1 MS. PRICE: SUNY Brooklyn.

2 BY MR. COLLINS:

3 Q. And your residency was in?

4 A. Family practice.

5 Q. Okay. And --

6 A. And I'm a board-certified family physician since the
7 time of completion of my training in 1983.

8 Q. Okay. And you said you're a certified MRO. The
9 certifying body is?

10 A. The American Academy of Medical Review Officers, AAMRO.

11 Q. Okay.

12 A. And I recertified recently, within the last 6 months, I
13 believe.

14 Q. Okay. And when was it that as part of your family
15 practice you started to -- you said you were getting commercial
16 customers. When did you first get into doing those commercial
17 customers?

18 A. Probably in the late eighties. I had a background from
19 working at Brookdale Hospital, which was a trauma center. I did
20 emergency medicine. And in the course of that -- I am in a
21 residential location. Adjacent to us in Maspeth is an industrial
22 area, and we started doing work -- my first client was United
23 Parcel Service doing their work-related injuries, disability
24 management, and along with that came their pre-employment
25 physicals. Then sometime in the late eighties the government

1 passed Department of -- DOT, they passed drug testing regulations
2 for various operating industries, and that's when we got involved
3 in doing that. And I was actually at the meeting when the AAMRO
4 was being founded, so it started back in -- sometime in the late
5 eighties.

6 Q. Okay.

7 A. So since that time I'm doing drug testing for
8 corporations. We do randoms. We do -- we help them comply with
9 the regulation by providing the services that they need to do:
10 drug collections, breath alcohol testing, pre-employment
11 physicals.

12 Q. Okay. When did you first begin doing the DOT medical
13 forms for commercial drivers, the exams?

14 A. Probably around that same time, late eighties. I don't
15 remember exactly when. But my practice started in '86; it was
16 shortly thereafter.

17 Q. Okay. And about how many would you say you do a year of
18 those DOT medicals?

19 A. It's hard to say.

20 Q. Or if you can't estimate a year --

21 A. I could do on average, by day, we could 5 to 10 per day
22 sometimes.

23 Q. Okay.

24 A. Sometimes less, sometimes none in a day. But it's
25 fairly consistent now over the years. We're doing these fairly

1 frequently. But to give you an exact number, I don't want, I
2 mean --

3 Q. Five to 10 a day works. And --

4 A. And sometimes none. You know, it depends on how busy
5 the situation is. But it's fairly regularly.

6 Q. Okay.

7 A. I could say that.

8 Q. That works.

9 World Wide explained to us the process when we were
10 talking to them, and they showed us a yellow card that they have.
11 If I'm a prospective World Wide driver and I come in with a yellow
12 card, could you walk me through the process of what happens?

13 A. Yeah. We -- my company that I formed is called
14 HealthCor Corporate Medical Services. We have our own referral
15 form that we use. Certain companies of our corporate clients
16 utilize their own type of referral form. World Wide uses their
17 yellow, little index-size card, a little larger than an index
18 card, which has the various categories of testing. It's mainly to
19 confer to us that a service is authorized, particularly as the
20 individual checks in at my front desk, so that we don't have to
21 question why the referral is being made, is the referral
22 authorized, and what it's for. We want to have the information;
23 that is, is this a pre-employment test, a periodic test, is it a
24 physical, is it a drug test, is it both, is it -- and for what
25 category. So for category of testing and type of testing.

1 It's presented to the individuals at the front, the
2 front start the process of checking in the person, checking their
3 photo I.D. But the card is to give us the -- it's a referral.
4 It's the -- it's an authorized referral form.

5 Q. Okay. And if I came in as a new hire with one of those
6 cards and it said they need -- World Wide needed a pre-employment
7 drug, and they wanted the medical because they'd send all of their
8 drivers to you, is our understanding, what would happen is the
9 front desk takes the card and processes me. What would happen
10 next?

11 A. The front desk checks the card. If it's completed
12 properly, they will start the process. If not, if there's a
13 question about a service, they will call the contact people from
14 the company. They will get the paperwork that's needed for that
15 particular service. If it's a physical exam, they'll give them
16 physical examination paperwork to complete, which would be the DOT
17 physical form and the card, the DOT card. They'll ask the
18 individual to complete their portions of it while they're in the
19 waiting area, and when they're complete, they will give it back to
20 the receptionist. The receptionist will give it -- have it for
21 the medical assistant to bring the individual into the office to
22 start to have the service provided.

23 If it's a physical exam alone, the medical assistant
24 will screen the individual with their vision, with their blood
25 pressure, and they will put them in an exam room. And then I

1 would come in and do the physical examination, or my physician
2 assistant would come in and do the physical examination.

3 Q. Okay.

4 A. If it is a breath alcohol test, the medical assistant
5 will conduct the breath alcohol. Or it could be me, but usually
6 it's not -- it's not myself or my P.A. Usually it's the medical
7 assistant that does the things that don't require us to do. So
8 usually if it's a breath alcohol, they'll complete the test. If
9 it's a drug test, they will select the chain of custody form, the
10 appropriate one for that company, and bring the individual in and
11 do the drug testing. If they're -- if they can't give us urine
12 and they're drinking while they're waiting to do the test, we
13 might perform the physical first. Usually we get the drug test
14 and the breath alcohol out of the way first, then we screen the
15 individual. That's the normal practice.

16 And that's pretty much the standard procedure for every
17 company that utilizes our services; we follow the same procedure.
18 The only thing that may change is the referral form or the chain
19 of custody form if the company has a different account with --
20 they use a particularly different MRO. Not all the companies that
21 come here for drug collection utilize me as an MRO. So --

22 Q. Okay.

23 A. -- that's pretty much the routine.

24 Q. Now with respect to the DOT medicals, you said that your
25 P.A. -- they fill out the driver portion, the informational

1 portion, and then the P.A. does the vision and the hearing --

2 A. There is a medical --

3 Q. -- or you can --

4 A. Usually the medical -- I have certified medical
5 assistants.

6 Q. Okay.

7 A. The medical assistant will usually do the vision screen,
8 do the blood pressure, do the breath alcohol, the drug test, and
9 put the person in the exam room. There's a urine dip that has to
10 be done, so they will collect the urine and do the dip and write
11 it on the exam form. That's pretty much the standard procedure.
12 And then we do the physical exam, myself or physician assistant
13 will --

14 Q. Or your P.A.

15 A. -- do the physical exam.

16 Q. And then --

17 A. It's only myself and a physician assistant that works in
18 this office, and the P.A.'s been with me for probably about 11
19 years.

20 Q. Okay. Just the two of you for the physicals. How many
21 folks do you have that can do the initial screening and the dip?

22 A. It's one full-time person, and I might have two part-
23 timers. Actually, my biller is a certified medical assistant.
24 From time to time she'll fill in as a -- to help if the primary
25 person's out sick. But the primary person is here from 9 to 5.

1 I'm sorry, I hope I'm not going too fast, but you're recording it
2 anyway. So 9 to 5, Monday to Friday.

3 MS. PRICE: You're fine. You talk however you want to.

4 DR. CIUFFO: Okay, yeah. She's 9 to 5 -- she's here
5 full -- primarily, I have one medical assistant that's full-time
6 that works most of the hours of the day, which is like 9 to 5,
7 Monday to Friday, and she does the Saturdays. So she's covering
8 the majority of the times. But I do have a couple of part-timers
9 that may be here at a particular time of the day, depending,
10 because we have extended hours and we're here six days a week, so.

11 BY MR. COLLINS:

12 Q. Okay. So they come back here and let's say you're going
13 to do the physical exam. Can you walk me through the things you
14 check and what you're looking for?

15 A. Well, first, we'll go through the -- I'll see that all
16 the paperwork is complete. I normally check the referral form
17 against what we're doing to just double-check to make sure that
18 we're -- whatever category, that I have the proper paperwork. I
19 usually kind of eyeball that. I'll go through the history. If
20 there's any positive histories outlined, I will question the
21 individual about anything that they marked off as positive.

22 And then go through the physical examination form the
23 way it's outlined, pretty much from head to toe, going through the
24 procedure. And I'll complete the exam and then complete the
25 paperwork in the exam room when I'm done doing the examination,

1 which is outlined top to bottom as the form outlines. And then
2 sign off on the appropriate places, kind of double-checked my
3 paperwork after I do the exam, and I fill out the form right here.
4 And normally, if it's a pre-employment physical, in general, we do
5 not give out DOT cards to anyone until the drug test comes back.

6 Q. Okay.

7 A. If it's a -- if I'm not the medical review officer and
8 we're doing the drug test, I would normally mail all the pre-
9 employment paperwork to the company and have them distribute the
10 DOT card. If it's a periodic exam, then I normally would give the
11 driver the copy of their card right at the time of the physical
12 examination. That's the standard procedure. There's -- we
13 utilize a two-part form. I will keep the paper copy and give them
14 the harder kind of higher --

15 MR. VAN ETTEN: It's just a card?

16 DR. CIUFFO: Yeah, the hard -- it's --

17 BY MR. COLLINS:

18 Q. It's a thicker weight?

19 A. Yeah, you know, the pound, the pound of -- it's a
20 thicker weight. It's more of a card that they keep in their
21 wallet. So I normally would tear that off right here. We keep
22 our portion; we give them theirs. Some companies utilize their
23 own form that have a card that doesn't have two parts because they
24 come in with their own, and we'll photocopy that to keep a record
25 of it. Because I like to keep a record of all of the things that

1 I hand out, so.

2 Q. Okay.

3 A. That's our normal procedure for --

4 Q. And the long form, you give the driver his card because
5 it's a periodic?

6 A. Yes.

7 Q. You keep a copy of the long form?

8 A. We keep the long form. We make a -- what we do is we
9 have a sheet that we input the information into our computer, kind
10 of an intake sheet that's our internal form. A worksheet, so to
11 speak, which captures the name, Social Security number, company
12 name. And then when we're done with the physical examination, I
13 would check off on that form the -- if they passed or not.

14 Q. Okay.

15 A. Or if they passed -- and how long they passed for: if
16 they passed for two years, if they passed one year, if it was one
17 year because they were hypertensive, if -- whatever the case would
18 be. That form, that packet of paper stays together. Goes to -- I
19 enter these into a computer so that we can search individuals by
20 company. And then that packet, a copy is made for us and the
21 originals go to the company.

22 Q. Okay.

23 A. That's the normal, standard procedure. If we do a drug
24 test, we wait for the drug -- we keep all the paperwork together
25 with the chain of custody form. We wait for the drug test result

1 to come in. When the drug test result comes in, we enter that
2 information as well. If they fail, we -- if the test is positive,
3 then we go through the procedure of verifying the drug test
4 result. If the test is negative, then we enter it into the
5 computer as negative, print out a chain of custody form with the
6 information that's been already put into the computer, and attach
7 that. It becomes one packet of data for the driver that we keep a
8 copy of and we send a copy to the company.

9 Q. Okay. And have you ever undergone any special lectures
10 or training or anything on the DOT medical certification of
11 drivers? Any training?

12 A. With regard -- I don't recall any formal training for
13 the DOT, other than going through the website, other than going
14 through the literature that's put out for individual companies.
15 There's the medical certification, all the subparts of whatever
16 C.F.R. part it is; I don't recall. But I have read through -- you
17 know, in the early days UPS would send in a packet with each
18 employee that has all the details. ABF Freight would send in the
19 fine printed -- with every physical that came in. But back in the
20 original days, I studied it from whatever material was available.
21 It was even before I had internet and websites. We didn't even
22 use the -- I didn't even have the internet. I don't even remember
23 when the internet started, but it predates the internet.

24 So it was on hardcopy, and I read through all of those fine
25 print regulations about who qualifies, who's disqualified, who --

1 you know, the physician uses his judgment in which circumstances
2 and so forth. So over the years of reviewing this and whatever --
3 getting AAMRO materials belonging to that, getting things from --
4 alerts from the DOT from time to time, mailings, going on the
5 websites from time to time. It was really -- that part of the
6 medical qualification, I don't recall there's any formal training.

7 The drug testing part did have formal training through
8 the American Academy of Medical Review Officers, getting the
9 newsletters of MRO Alert, those types of things through that type
10 of trade organization and -- professional organization, I should
11 say, with formal lectures and so forth. Issues may come up from
12 time to time, but not really in formal training for DOT. More
13 self-taught and researching the regulations and reviewing the
14 material.

15 Q. Okay. I don't know if you've been monitoring the news
16 or following the DOT, but Federal Motor Carrier is in the process
17 of changing how the certification process works with the Medical
18 Review Board and that sort of thing. Have you been following that
19 process? Have you participated in any of the listening sessions
20 or any of that?

21 A. I did not hear about that. One of the things is getting
22 to -- getting more formal notifications of these types of
23 initiatives so that I can be kept informed.

24 Q. Okay.

25 A. Because I do this for a lot of different companies.

1 Many times I hear about it through the corporations we
2 work with, too. Or sometimes working with some major national
3 corporations that we're doing this work for and their safety
4 people may bring up something that we further research and then
5 look into it on our own. But, you know, I don't -- I would like
6 to get more notifications. That would be good too. You know,
7 like formal notifications of things. But it's mainly keeping up
8 with it on our own and --

9 Q. Okay. Do you know roughly how many drivers a year World
10 Wide -- how many new drivers a year you get from World Wide or how
11 many of their drivers you do in the course of a year or two years?

12 A. I could look it up, but I don't know off the top of my
13 head.

14 Q. Fair enough.

15 A. I don't think it's in the hundreds. I think it's
16 maybe -- I would be guessing.

17 Q. Okay.

18 A. I don't exactly know. I could -- but we would have it
19 on file because we maintain their random database of drivers, so I
20 could check through my -- I have administrative staff that walk --
21 you know, does that aspect of this.

22 Q. Okay. And do you remember specifically Mr. Williams'
23 physical from November?

24 A. I don't remember it specifically.

25 Q. Okay. So --

1 A. I pulled the paperwork and looked at the physical, but I
2 don't remember the individual.

3 Q. Would it be possible for us to get a copy of what you
4 have --

5 A. Absolutely.

6 Q. -- for Mr. Williams? Great.

7 MR. COLLINS: And I think I'm good if you have a few,
8 Mr. Van Etten?

9 MR. VAN ETTEN: Well, more than one.

10 MR. COLLINS: Actually, Jana?

11 BY MS. PRICE:

12 Q. Just a small thing. Can you tell me how HealthCor is
13 spelled?

14 A. Oh, H-E-A-L-T-H-C-O-R. It's one word.

15 Q. C-O-R. Okay, I was not sure if it was C-O-R-P-S or --

16 MR. COLLINS: Or C-O-R-E or --

17 MS. PRICE: Yeah.

18 BY MS. PRICE:

19 Q. Okay.

20 A. Because I do my family practice and the occupational
21 medicine under the same location. As I was starting to grow and
22 submit proposals to companies, and people would ask us what we do,
23 it was becoming -- you know, to do this under Joseph Ciuffo Family
24 Practice was getting more confusing, as to do it under a corporate
25 name and forming a company to do this, so --

1 Q. Um-hum. One thing I just didn't catch you say, and I'm
2 curious about it too, is you said that if it's a pre-employment
3 physical you don't give them a DOT card until the drug test comes
4 back. But then you said if it's a something, then you give them
5 the DOT card that way --

6 A. What happens is there's --

7 Q. -- and I didn't catch that.

8 A. -- two categories of service. Essentially, it's broken
9 down into two different categories. One, if a company has a pre-
10 employment and I'm the medical review officer for them, then I
11 would get back the drug test result on that particular account.
12 If I am not the medical review officer, then I would not get back
13 that drug test account -- that drug test result. Their -- we
14 would do the physical examination here, but for not all of our
15 clients am I the medical review officer where I receive the
16 result. That might be -- we may do the collection here, but the
17 drug test result goes to another physician that the company has a
18 contract with.

19 Q. Okay.

20 A. That medical review officer reports the result to the
21 employer, so I may never know the result of that drug test. So I
22 am saying that the person passes when they're in the exam room,
23 but I don't know if they ultimately will pass the drug test. So I
24 don't want to give the card to the driver so he has a valid
25 card --

1 Q. Right.

2 A. -- in his possession that shows that he had a physical,
3 if I don't know if he ever really passed the drug test.

4 Q. Okay.

5 A. I would prefer -- in the early days I insisted that I
6 would get the drug test result here because I'm kind of compulsive
7 with how this operates. What's happened over the years, and more
8 in the recent times, there are more and more people in this drug
9 testing business and more non-medical individuals and third
10 parties that --

11 Q. Um-hum.

12 A. -- which has evolved since the late eighties, and they
13 insisted that I give the physicals to the employer and then I
14 leave it up to the employer to see that the drug test is negative
15 to put the person on the road.

16 For World Wide, I'm the medical review officer; I get
17 the drug test result back. But even in that case -- so when I do
18 the physical, I'm sending out the -- if I do the drug collection
19 at the same time, which normally is the case for a pre-employment,
20 we'll do the physical examination and the drug test at the same
21 encounter. I don't have the result immediately available so I
22 don't issue the pre-employment card.

23 Q. Okay.

24 A. I will hold that and match it up when the result comes
25 in.

1 Q. Um-hum.

2 A. If the result comes in as a -- if we ultimately verify
3 that drug test as a positive, I will make a notation on the
4 physical exam long form and I will rip up -- I don't issue -- we
5 do the physical with the card and the long form and we do the drug
6 collection. If the result comes back to me and the person doesn't
7 pass, I destroy the card and I make a notation on the long form
8 and we make a notation that the drug test failed, and that's how
9 it gets entered into our computer system. If we are not the
10 medical review officer, I complete the card and the form, and
11 forward that to the employer for them to get the drug test result
12 back. And then I have to rely on them when they get the result.

13 I'm not crazy about that routine because, as a
14 physician, it's like how I handle my patients. I send out
15 someone's blood test for their cholesterol or for whatever test, I
16 like to get their results back and take care of it from start to
17 finish. Here, I'm a little bit vulnerable in the sense that when
18 I'm not the medical review officer for a company and I have --
19 they do not want to give me the test -- I can't control. So
20 theoretically I'm leaving -- I'm turning over that
21 responsibility to the employer.

22 I was never completely happy with that. But that's just
23 the way a lot of this works because I -- they don't go back to the
24 examining physician and say here's the drug test result. It's the
25 employer -- we turn it over to the employer and leave it up to the

1 employer contact.

2 So I don't -- but I don't want to issue the pre-
3 employment card not knowing the result of the drug test. Now if
4 it's a periodic, we're not normally doing a drug test unless they
5 happen to be coming for a random at the same time, which sometimes
6 happens. But on the periodics, I issue the DOT card, the driver's
7 copy at the time of the encounter so that -- just for the sake of
8 having them have their cards.

9 Q. Okay, that explains it to me fully and now I --

10 A. We also --

11 Q. -- now I understand it much better. Thank you. I am --
12 for the record, I'm newer, I'm learning, so I -- that's why I seem
13 a little --

14 A. Yeah, no -- I --

15 Q. -- less knowledgeable about it.

16 A. No, no, no.

17 Q. Another just general question I have a little bit due to
18 my ignorance is how do -- with respect to the drug tests, I
19 understand it's kind of random, so is that your responsibility to
20 select the drivers who are going to have the drug tests? And if
21 so, like how does that work?

22 A. Okay, it's not kind of random. The way it's done --
23 it's pretty formal. We know -- and we handle every company the
24 same way, essentially. We follow the regulations of -- we
25 maintain a database of drivers. The database is the information

1 that's given to us from the company. Because I don't -- when I do
2 a pre-employment I don't automatically add them to the database
3 because I don't know if somebody's hired or not. So what we do is
4 we have a database of -- we have a listing of drivers. It goes
5 into a software. We predetermine before the calendar year the
6 number of picks per year for that particular company. So we kind
7 of maintain a spreadsheet, and it more or less depends on the
8 numbers. If the company has a lot of drivers, we may do monthly
9 picks. If the company has less drivers, it may be every other
10 month, every 3 months. It's a -- there's no particular pattern to
11 it, but it will vary because what we're looking to test is 50
12 percent of the drivers in the course of the calendar year for
13 drugs and 25 percent for alcohol. That's the standards that we
14 follow.

15 We take those numbers and we would -- let's say 100
16 drivers are in a database, we would look to select 50 over the
17 course of the calendar year, and we may do picks at various times.
18 So if we decide to do five picks per year, we'll predetermine --
19 we predetermine internally. We don't tell the company. We will
20 have the -- let's say we're going to do -- let's say there's 100
21 drivers. I'll give you numbers for an example. 100 drivers, so
22 we're going to test 50 for drugs. We will -- and we're going to
23 have 5 picks per year. Then we would be testing 10 people at a
24 time. We probably would have more frequent picks because we don't
25 look to test large numbers and we look to have more frequent

1 picks. But it's more or less we plan this out before the year
2 begins.

3 Then I have an individual that follows the database. We
4 get periodically additions and deletions to the database based on
5 the information the company provides us. And then we'll do a
6 pick. If we were planning to pick 10, we do a list of 10, and
7 we'll have some alternates, and then we forward that list to the
8 contact person at the company, and then we rely on the company to
9 send them in.

10 Usually we try to pick it by a certain date, but every
11 company has a different, you know, plan on how they want to do
12 things. They may go with our date, they may go with another date
13 shortly after, but we give the information to a contact person at
14 the company, and then that individual sends the people in.

15 We do do periodic audits and remind the company if the
16 numbers are up to where they're supposed to be, particularly
17 towards the end of the year to make sure that they reach their
18 quota of tests for that particular year. So we will monitor that
19 as well.

20 I have an administrative person that follows those
21 numbers, the additions and deletions are given to that person.
22 The picks are done by that person and the periodic checking of the
23 numbers is done by that person.

24 Q. So --

25 A. Kind of an internal audit.

1 Q. -- I like your 100 example. That's easy to think about.
2 So if you found -- first of all, how -- guessing, how often do
3 companies, or if you know in particular, how often would World
4 Wide update you with new drivers?

5 A. I don't know the answer. I'd have to ask. My staff
6 would know the answer. I could ask her.

7 Q. Okay.

8 A. The person that handles it, Christine, she comes in at
9 11:00. I could ask her how often -- you know, those questions.
10 We have the same procedure for every company. What this
11 particular company has done, I'd have to defer to her to ask her
12 exactly what they did because I'm not exactly sure what they did.

13 Q. Okay.

14 A. I know it's done and I know the contact person at World
15 Wide, Chris Muldoon (ph.), is pretty compulsive in how he handles
16 things. In fact, their company has policy to do annual exams
17 rather than every 2 years, is something that I've seen in my
18 experience. He puts annual on the card, which really is not a
19 routine category for doing the physicals, but he does them yearly.

20 Q. Okay. Okay, so it's not -- it's seems like there's
21 variability in how they update you. With respect to how you would
22 decide, like with the 100-driver example --

23 A. Well, I try to not -- the way I do it, I like to do
24 everything where there's no variability. But every company
25 doesn't want to --

1 Q. Yeah.

2 A. -- comply exactly with how --

3 Q. Right.

4 A. I would like to do it on a, you know, whatever regular
5 basis, particularly before each pick. But it becomes from a
6 practical --

7 Q. Oh, sure. No, no, I --

8 A. It becomes more difficult from that perspective.

9 Q. With respect to the frequency with which you make the
10 selections, if it was 100, is there a rule of thumb that you would
11 follow for how often you would do the selections?

12 A. Not particularly. We kind of take it from a logistical,
13 practical point of view also. We don't want to -- you don't want
14 to have too few -- I don't like to have too few picks in the
15 course a calendar year because then the testing of random is
16 infrequent. Also, then you have -- if the numbers are too large,
17 you have too many people at each particular time, and that usually
18 interferes with companies' operations. So I prefer more frequent
19 picks. On the other side, usually companies are not more than
20 monthly, you know, in my experience of the size clients that we
21 have. The larger ones might do monthly picks.

22 Q. Okay.

23 A. It serves a couple of purposes, I think, that -- I like
24 it as a deterrent because of the randoms. It has -- there's a
25 frequency of testing that's -- and it varies. We don't do it the

1 same time of the month every month. And some companies we go on
2 site to do the collections because it makes it better from a
3 logistical point of view. It depends on how the company's
4 organized. If all the drivers show up at a particular time, then
5 I can send the collector on site and do the collections on site.
6 If it doesn't work that way and the shifts are different, or
7 depending on the individual company's operation, they would refer
8 the people here. But I prefer it to be done more frequently and I
9 like -- I prefer it to keep the numbers on the lower side.
10 Because when you try to give a large list to a company, then I
11 think it becomes an interference to their operation, and then
12 that's an issue when it comes to the compliance.

13 The other factor is then we try to -- we have alternates
14 on the list so that we can try to make sure that we test the quota
15 that we're looking to get at that particular pick time. So if
16 we're looking for five, I want to get five. I don't want to get
17 one or two, because then it becomes a difficulty where we're short
18 later on in the year. So those are the general things that we
19 look at, but there's no specific -- it's really company by
20 company.

21 Q. Okay. When the selection is made, where do you notify
22 them? Do you e-mail them or call them? How does the information
23 get back to the carrier?

24 A. We, you know, that's evolved over the years. I think in
25 the old days we probably faxed them. Now we may e-mail them. To

1 answer that, again, I have to defer to the exact person that does
2 it. But it's going to be to the contact person with a list.
3 It's -- we do it confidentially. We wouldn't do it to a fax that
4 wasn't a -- you know, we don't -- we're careful about like sending
5 it to a general -- we keep the list confidential. If it's to a
6 fax, it has to be a secured fax. If it's through an e-mail, it's
7 going to be where there's only the one person having access to it.
8 It's not going to be a general location. Those types of things
9 I'm sensitive to. But to say how -- each company may be
10 different. Some companies may not want -- and I don't know that
11 we're even e-mailing, but I'm just saying if we were to use that,
12 those would be the general concerns I would have.

13 Q. Okay. And then so let's say they get the e-mail, is
14 there some kind of a limit where they need to have their -- those
15 individuals here?

16 A. We like to -- again, my preference would be it takes
17 place on the day that I'm saying this is going to be the testing
18 day. That's my preference.

19 Q. Okay.

20 A. Not every company complies with the preference, but I
21 try to encourage not more than a 2-week time frame that they're
22 holding on to a list. Now, the way it works is we encourage the
23 company contact -- they're keeping that list confidential, so that
24 time frame of flexibility is only with the contact. It's not with
25 the driver. I don't want them giving out a driver a notification

1 for a random that takes place anytime they want to come. You
2 know, that I'm very sensitive to --

3 Q. Okay.

4 A. -- educating the clients not to do it that -- see I try
5 to guide the clients as much as I can.

6 Q. Um-hum.

7 A. Then the clients have their own mindset as to what they
8 want to do. These are the clients in general. So they don't
9 always listen to my -- you know, again, I try to be very
10 organized. I try to be very structured. I can't swear that every
11 company does it that way.

12 Now, from my experience with World Wide, to get back to
13 them, Chris is pretty compulsive about this. So I'm sure he keeps
14 the list confidential. And I don't know exactly how he does the
15 notifications because that you'd have to ask him, but I would
16 encourage all of my clients to -- they're notifying a person; they
17 have to go on the day of notification. I'm very sensitive to
18 that.

19 My front desk will monitor the referrals and the dates.
20 Someone is not supposed to come in on a date after we send them
21 for a random -- the contact sends them. So if the referral form
22 comes in with a particular date, my front desk is trained to know
23 that it has to be that day that they're here. If they see a
24 discrepancy, they're going to question the person, they're going
25 to question me, and we'll notify the contact. Because I don't

1 like collections to taken care or taken -- I don't like anything
2 to be done on a day that's not the date that they're referred.

3 Q. So the yellow --

4 A. From my end --

5 Q. The yellow card --

6 A. -- I control it.

7 Q. The yellow card should not be more than like a day
8 different than when the paperwork is for?

9 A. I think pretty much, you know, I would even say that the
10 card, when it's presented here, it should be the person coming in
11 the day that they're supposed to come in. That's my policy. A
12 person's referred, I don't want them delaying because, as the MRO,
13 if you're giving people time, if they're dirty, they're going to
14 look to delay the testing. So that's my --

15 BY MR. VAN ETTEN:

16 Q. So the date that's on the card ought to be the date that
17 they show up --

18 A. The date the person is referred. If a person is
19 referred for testing on a day, that would be the day that I would
20 like to see them. If they're coming for a drug test.

21 Q. Okay, well --

22 A. If it's a physical, it should be done before the --

23 MR. VAN ETTEN: I'm sorry to interrupt. I want to get
24 this --

25 MS. PRICE: No.

1 DR. CIUFFO: When it comes to drug testing.

2 BY MR. VAN ETEN:

3 Q. When you say the date that they're referred, that
4 doesn't necessarily mean the date that they were notified?

5 A. Okay, I'm using the referral date as the date that
6 they're -- that we're being told they're coming in for testing.

7 Q. Okay. When I --

8 A. If a person's given a notification -- in other words,
9 what I'm looking to monitor is when a contact tells, notifies -- I
10 don't want to get caught up in this and I want to -- we're on the
11 same page. I'm looking to see that -- my preference is a person's
12 notified and they come to the facility to be tested the same day.
13 I don't want -- the list remains confidential with the company
14 contact. He notifies a person, the person comes here that day.

15 Q. All right.

16 A. You don't give advance warning, you don't give
17 flexibility. That's --

18 Q. That's the way it should be.

19 A. That's the way I want it to be run.

20 Q. Right.

21 A. What I advise my client this is what you should do.

22 Q. Right.

23 A. We also monitor here from -- that the person is sent in
24 on the day -- if they tell us someone is coming in on the 15th of
25 March, I'd expect them in the 15th of March. If there's a

1 discrepancy, we will bring that to the attention of the company.
2 Because we will say you told a person to come in on the 13th,
3 they're here 2 days later, we want to make you aware of that.

4 Q. But you don't have any control over if somebody shows up
5 today and the referral day is the 15th and today's the 15th, you
6 don't know when they actually got the notification --

7 A. That's correct.

8 Q. -- from the employer?

9 A. That's correct. I don't know exactly when they got the
10 notification, unless it was written on the forms, and I don't know
11 that any of the forms have that necessarily.

12 Q. Okay. So all that's on that --

13 A. The things that are out of my control, are out of my
14 control.

15 Q. I understand. But the thing -- but the date that's on
16 the yellow card is the date of reference for them to be here, not
17 the date that they were notified?

18 A. You know, I don't recall how the yellow card is written.
19 I have a general referral form that we use and then they use a
20 yellow card.

21 Q. They use a yellow card.

22 A. And I know that they have dates on the card, and I --

23 Q. Right.

24 A. -- know how my form is written. I don't -- you know, I
25 can't -- I don't recall exactly, you know, what the date says

1 on -- does it say date referred, date notified, I don't remember
2 that.

3 Q. All right. Let me ask you this. Do you keep -- do you
4 ever -- strike that.

5 Do you ever do a review of when you notify the carrier
6 of the folks that you want to have come in, from that day and then
7 the date on which actually somebody comes in? Do you --

8 A. For physicals or drug testing?

9 Q. For drug testing.

10 A. For drug testing. Could you -- what was the question?

11 Q. Okay. You notify the company it's a random test.

12 A. We give each a --

13 Q. You notify the company, let's say, on the 1st of March.
14 Okay, the guy comes in. On the card it says the 6th of March. So
15 somewhere between the 1st of March and the 6th of March this
16 driver was notified that he had to come in. Do you ever track or
17 do you ever -- have you ever done an audit to see what that
18 interval is between --

19 A. I don't think --

20 Q. -- the time that you sent the notification and between
21 when the guy came in? I mean, if you sent the notification on
22 March 1st, and the guy doesn't show up until the 31st --

23 A. I understand.

24 Q. -- there is an issue.

25 A. Let me answer that. Yes. I don't think that we can do

1 that type of audit, because I'll explain to you why. When we
2 issue the -- we have the date that we have the pick done and we
3 notified the client.

4 Q. Correct.

5 A. I would like to pick a particular day that we're going
6 to call the testing day and have the individual come in on that
7 testing day. But what's out of my control is when -- if that the
8 client wants to do it that way or that the client complies with
9 that. So what has happened over the years is that I have been
10 unable to have a particular testing day that I can mandate to that
11 client.

12 Q. Right.

13 A. So what I have done is issued the list in advance to the
14 client. So let's say we're going to do a pick in the month of
15 March. I will issue that confidential list to the contact at the
16 company.

17 Q. Right.

18 A. And I give the contact at the company the flexibility of
19 deciding what the testing day will be, under the premise that when
20 he makes the notification the person comes in when he's notified.

21 Q. Right.

22 A. That's the standard ground rules that I would work from.

23 Q. Right.

24 A. But I -- it's impossible for me to control -- that's out
25 of my control also.

1 Q. You can't control when the driver is notified. I was
2 just wondering since you know the date that you sent the
3 notification to the carrier and you know the people on that list
4 and you know when the person comes in, so you know that date.

5 A. I know the date of --

6 Q. I was wondering if you ever ran any sort of audit to see
7 is a particular company waiting an entire month to send their
8 people in or are they doing it within 2 or 3 days or -- you see
9 because the longer the time frame, the more likely something's
10 going on. You know what I'm saying?

11 A. Yes. I think --

12 Q. Or at least the potential for something go on.

13 A. Yeah. Ideally, I would love to have them come in on a
14 particular testing day that we all agreed upon. But what I find
15 from a practical perspective is each company wants to pick their
16 testing day based on whatever their internal needs are. Now I
17 would urge them not to have these delays because, you know, when
18 we set up the programs, I go over the way this should go and I
19 fashion it after what I believe is the intentions of the DOT and
20 just a little bit of common sense when you're testing people for
21 drugs. I'm aware of the fact that if some -- you know, the
22 more -- I don't like flexibility in this really.

23 Q. Right.

24 A. I like to keep it very rigid. But my frustration as the
25 party doing this from time to time is that -- from time to time

1 with the companies, depending on who the company is, is that it's
2 hard to control what they do or what they want to do.

3 Q. They're going to do what they're going to do. As long
4 as they complete --

5 A. Yeah, so I urge them to do it the way I would love to
6 see this done and maintain complete control, but they don't let me
7 complete control.

8 Q. I just wondered if you ever --

9 A. But I never really checked it out because I can't check
10 it out because I honestly don't know -- every company may say --
11 okay, if I interviewed a bunch of different companies, some may
12 say we utilize a particular testing day, some -- the easy ones are
13 when I go on site. They don't make the list available until the
14 time that -- the day that we predetermine and --

15 Q. Walk in the door.

16 A. -- we walk in the door and they issue the -- tell them,
17 okay, here's the -- you're going for a drug test. Those are the
18 best, the most control we have.

19 Then the others may say -- you know, I urge them not to
20 give them an advance notification and tell them to show up
21 whenever they show up. That shouldn't happen because if that was
22 happening, then they couldn't put a date on the referral form.
23 They would have it -- the date would be blank, I suppose, if
24 they --

25 Q. Well, not necessarily. If you send them the list, they

1 basically have a certain time frame in which to send their people
2 in. They could -- if they were notified on the 1st, they could
3 tell the driver on the 2nd, hey, we're going to do a drug test
4 this month, so get yourself clean, and then have him come in on
5 the 31st --

6 A. Show up -- right, right.

7 Q. -- and then they write the 31st on the card. So that's
8 why I was curious if you'd ever done an audit to see what these
9 time intervals were to possibly have an idea of maybe somebody's
10 not doing what they should be doing or --

11 A. That part of it I haven't done because I don't know when
12 they actually do the --

13 Q. Right, right. No, I --

14 A. -- notification. And even if I identified it -- let's
15 say, let's go to the next step --

16 Q. Yeah, what would you do then?

17 A. What would I be able to do about this?

18 Q. Well --

19 A. And that's -- my frustration is the things that you're
20 alluding to. I would like -- you know, I use everything I do here
21 as an example of how I treat my patients. If I'm ordering a
22 stress test on someone and I'm going to send them to a
23 cardiologist, I still want to get the result of the stress back
24 before I make the referral, and then I want to make the
25 appointment with the cardiologist because then I know I got the

1 stress test and they're seeing the doctor.

2 Q. Right.

3 A. But if I just give them the name of the doctor and say
4 make an appointment, make the appointment for the stress test,
5 make the appointment for the doctor, in between if there was
6 something really wrong these people could be -- could have a heart
7 attack in between from one time to another.

8 So I do this with my patients, so why wouldn't I want to
9 do this with my corporate accounts. I have this type of -- I'm a
10 control -- my office and my kids, they call me, you're a control
11 freak. You know, but some of these things are completely out of
12 my control and that leads to the frustration. And, you know, so
13 who does and who doesn't comply, you know, it kind of -- it's all
14 over the place, I think. Some of them are very easy ones to deal
15 with. It comes to the same thing when it comes to the audits.

16 The one thing that I can tell you is the ones that
17 comply and that are easy to work with when we issue a list and
18 that they're sending in the adequate numbers of people. I mean
19 you have a whole calendar year to get your quota in. You know, I
20 hate when it comes to the last month of the year and companies are
21 not sending in their people and then we find that they're
22 deficient and then we're sending them, you know, notifications
23 that they still have people that have to come in. And then we're
24 doing this to make sure they're staying in compliance --

25 Q. Um-hum.

1 A. -- and then if we have difficulty having them send the
2 numbers in, that's a problem. So a company that comes up short
3 every month, that we do do audits on and that we do do
4 notifications on. It's all over. Some of them are excellent.
5 It's like everything else in life. Some of them are really good
6 and pay attention, and some of them don't pay attention. We're
7 paying attention.

8 MS. PRICE: Right.

9 BY MS. PRICE:

10 Q. So some companies you would look at and we would see
11 like a steady flow of tests being --

12 A. Right.

13 Q. -- conducted over a calendar year, and some --

14 A. Right, I ask for 10 --

15 Q. -- companies it might be --

16 A. -- we get 10. I have a --

17 Q. -- very few and then in December a big spike?

18 A. That happens. I'm sure you see that. You know, I don't
19 know if you do or don't see that. I can tell you from my
20 experience, there are some clients, if I ask them for four picks,
21 I get four picks. I try to make it as easy as possible. I give
22 them alternates. If someone's out on disability, if someone was
23 terminated and they happen to be on the list, I give them an
24 alternate to be tested.

25 Q. Um-hum.

1 A. And they have to explain why they skip somebody. They
2 can't just, you know, pick -- it's really -- what I find is in my
3 role is, even out -- even when I'm not their medical review
4 officer, I'm doing a lot of education from what I know to the
5 various parties because that's not their -- I call it my area of
6 expertise. I've been doing this a long time. I work with major
7 companies. I try to keep up to par. So I give them my
8 perspective of what I believe is the intention of the regulations,
9 and some -- and a lot of it is commonsense things that you want to
10 do. Somebody's dirty with drugs, you don't want to give them the
11 time to clean themselves up.

12 You know, maybe they have other -- another agenda from
13 time to time, you know. But, what you were alluding to, you know,
14 they have a drug -- get yourself cleaned up and come back. I
15 would hope that doesn't happen. I don't know if it does. I'm
16 sure you're saying this because you do the investigations of this.
17 So but, you know, those are kind of the things that I review with
18 companies and I find that there's ongoing education. And it's
19 quite frustrating because some companies are very excellent and
20 some of them are not so excellent.

21 BY MS. PRICE:

22 Q. Um-hum. What -- you mentioned that some companies have
23 you do the testing on site?

24 A. No. Oh --

25 Q. Oh.

1 A. -- do collections?

2 Q. Yeah, collections.

3 A. There's three components to this. There's the
4 collection, there's the analysis, and there's the medical review
5 officer --

6 Q. Right.

7 A. -- review of the result.

8 Q. I guess I meant the collections.

9 A. There are some companies that we go to their location
10 and do the drug collection. We don't do the analysis. That's
11 done by the major laboratories. And then some of these companies
12 we would be the review officer where we actually receive the
13 results.

14 Q. Okay.

15 A. So some we're doing all three components of them.

16 Q. What --

17 A. Two components out of three.

18 Q. About just -- about what proportion do the on site
19 collection?

20 A. Of the companies that I work with?

21 Q. Um-hum.

22 A. Very few.

23 Q. Okay.

24 A. There's only a couple per month maybe that we go on site
25 for. And some of those I'm not even the medical review officer.

1 I'm just in the geographic location that it makes it convenient
2 for us to go to someone in our vicinity.

3 BY MR. COLLINS:

4 Q. Do you use one of the particular major labs?

5 A. We probably use several of the major labs. We do use
6 several of the major labs. We use LabCorp, Quest, and MEDTOX.
7 Those are the main --

8 Q. Okay.

9 A. -- the main ones we deal with.

10 Q. And is there a pattern, you know, all of one company's
11 drivers go to LabCorp or is it just --

12 A. It's usually dictated based on price. And it's dictated
13 based on what the company had or if -- we may, the account may be
14 set up by a third party and we're the collector and we utilize
15 that company that they're telling us to utilize.

16 Q. Do you know if World Wide uses a particular lab?

17 A. I don't know off the top of my head. I can look at the
18 -- MEDTOX, we use --

19 Q. MEDTOX.

20 A. -- for World Wide.

21 Q. But it would be related to company? If two UPS drivers
22 came in, one wouldn't be sent to MEDTOX --

23 A. No.

24 Q. -- and one to Quest?

25 A. No, that's not the normal procedure.

1 Q. It would be whatever the arrangement was, they would all
2 go --

3 A. Although some companies, that are not by my choosing,
4 have some -- there are a few companies that have come through that
5 I have seen -- and it's not by my choice. I have seen them use
6 pre-employments with one lab and randoms with another lab. And
7 how they're doing -- I don't know, and we're usually the
8 collector. Or they're -- my normal procedure is I like to have --
9 again, my control, I like to have the chain of custody forms here
10 for the various accounts. They may have -- they all have
11 different headings on them, so we have a file cabinet of chain of
12 custody forms and a list to cross-reference. But some companies
13 prefer to send the person in with the chain of custody,
14 particularly when I'm not the medical review officer. If we're
15 doing a collection only, they'll send someone in with the form. I
16 don't like that because if we make a mistake with the form -- I
17 just like to have the forms here so that -- some companies don't
18 want to give you the form, but -- but most of them, we, I would
19 say, we have most of the time. But we -- the procedure on all my
20 accounts I can tell you, if we're using MEDTOX, we're using MEDTOX
21 for everything. If we're using LabCorp, we're using LabCorp. I
22 don't mix one with the other.

23 Q. Great.

24 A. Yeah.

25 MR. COLLINS: Are you done?

1 BY MS. PRICE:

2 Q. I had another just question about something I didn't
3 quite catch --

4 A. Sure.

5 Q. -- and wasn't quite understanding. You said with
6 respect to tracking the long forms, you said that you have a, kind
7 of a field computer set of information that you input from it. Do
8 you then match up the long form with that or is that --

9 A. No. We have a database that we maintain for the ease of
10 keeping track of a particular company's -- what services that we
11 do, in that when we set up a company, we have it -- it's in like a
12 Microsoft Access Sequel Server --

13 Q. Oh, okay.

14 A. -- or something like that. So we put in the company
15 information, who the contact is, what the fees are, what services
16 we're doing for that company. When an individual comes in, then
17 we can put in did we do a drug test for them, a pre-employment
18 drug test, did we do a pre-employment physical, so that if that
19 person comes back we could search by their Social Security Number
20 and have their name come up with what services we provided for
21 them for as long as I've had the database, which is probably for
22 the past few years.

23 So before that, we used a different program, but that
24 program was inadequate. None of them -- see I started this very
25 early on. There were no off-the-shelf programs for handling this.

1 So in the late eighties nothing was computerized. I started with
2 just maintaining lists in a word processor. That shortly became
3 obsolete for me because I couldn't search in that fashion. So
4 then I -- there no off-the-shelf programs. The only program we
5 did use that was through the laboratory was the random program.
6 But to maintain lists for companies and drivers and information,
7 everything was ran manual and on paper. This was the late
8 eighties.

9 Then sometime after that I had someone develop a program
10 that we would have a database program we could search. The key
11 thing was searching, looking up a company, looking up if a driver,
12 if a person, employee came in, or an applicant came in, and then
13 what testing they had. So then the latest version we're using for
14 the past 3 years, which is this Microsoft Access-based, Microsoft
15 product that we had somebody design so I could print out
16 information from it.

17 We do recall lists from that software we put in. If I
18 do a physical today and it has a 2-year expiration, we'll put the
19 2-year expiration so that a month before the expiration date we
20 issue a list with individual notification letters that we mail to
21 our clients so that the clients can give out a letter to the
22 driver. You know, the larger companies, UPS, Yellow Freight, they
23 keep track of this for themselves. But the smaller clients don't
24 have that so we do that for them. Companies that don't have a
25 Chris Muldoon that maintains their files. It may be just a person

1 assigned at a company to do it. So we --

2 Q. Okay.

3 A. That's what we use the database for.

4 MR. VAN ETTEN: Is this packet for us?

5 DR. CIUFFO: This is the packet that I asked them to
6 pull that had to do with the particular driver in question, and I
7 have a copy of this if you'd like. I think this is our copy of
8 what --

9 MR. VAN ETTEN: Right.

10 DR. CIUFFO: -- was sent to World Wide.

11 MR. VAN ETTEN: Okay.

12 DR. CIUFFO: So this is everything that had to do with
13 that encounter from the date of the first one. So I'm sure --

14 MR. VAN ETTEN: I believe that we'll want a copy.

15 DR. CIUFFO: I believe the only time he was here was
16 that one time.

17 MR. VAN ETTEN: All right.

18 DR. CIUFFO: Which was a day in --

19 MR. VAN ETTEN: Jana, are you done? I don't want to
20 interfere.

21 MS. PRICE: No.

22 DR. CIUFFO: And I could go through the --

23 BY MS. PRICE:

24 Q. So when a new employee comes like on board, you enter
25 them into this Access system?

1 A. When they're referred here. I don't have -- and I don't
2 know that they're an employee. They may be an applicant.

3 Q. Okay.

4 A. Anyone that's referred here for services --

5 Q. So when --

6 A. -- we put in the database.

7 Q. Okay.

8 A. I don't know if they're ultimately hired, if it's a pre-
9 employment. But it keeps track of did they pass their physical,
10 did they fail their physical, did they pass their drug test, did
11 they fail their drug. It's a record of services that are provided
12 for a client.

13 BY MR. VAN ETTEN:

14 Q. So you don't keep a record of what category it is?

15 A. Yes.

16 Q. So you do know if it's a pre-employment or it's a random
17 test?

18 A. Correct, yes. I have a worksheet.

19 Q. That's what I misunderstood.

20 A. Yeah.

21 MS. PRICE: Uh-huh.

22 DR. CIUFFO: There's a worksheet. This is our internal
23 form that we utilize for the data entry. We put the person's
24 name, their Social, the date that the service was provided, the
25 company. Then it has -- this list shows you the test type, which

1 if it's pre-employment --

2 MS. PRICE: Sure.

3 DR. CIUFFO: -- if it had a drug test, if it had a
4 breath alcohol test. It has hair collection, because some of the
5 clients may have hair. The type of physical. We do respiratory
6 protection exams. We do pre-employments.

7 So we take the referral that the person comes in with,
8 and World Wide it's the yellow card, and we fill out this
9 internally, and this stays with the packet of information that
10 goes to my person here that puts this information into the
11 computer, which will reflect a person came in for a pre-employment
12 physical, a person came in for a pre-employment physical and a
13 pre-employment drug test, a person came in for a periodic
14 physical, a person came in for a random drug test and a random
15 breath alcohol.

16 And then when we get the results, we enter the results.
17 If I'm the MRO, we won't have the result. Then it will itemize --
18 it will show line by line what service was performed, was a urine
19 drug collection done, was it a collection with an MRO service, if
20 we're billing for collection analysis and MRO service. At the end
21 of the month we print a summary list, and that matches up with an
22 invoice that gets sent to the company.

23 So we utilize it for several purposes. We utilize it
24 for billing because we can run summary reports. We utilize it for
25 recalling physicals because from that database we capture the

1 expiration date and we can put in 1 year, 2 years, based on -- and
2 then send those lists to the company. I try to help the companies
3 as much as I can from the part of -- I'm trying to provide
4 evaluated service for them so that I can do the best that I can to
5 help them and to help them be in compliance. That's what we do.

6 BY MS. PRICE:

7 Q. How does the company tell you when they have hired
8 somebody?

9 A. They don't, necessarily --

10 Q. Okay.

11 A. -- tell me. We -- with the audits of the database and
12 the additions and deletions to the database, we have to leave that
13 up to them to give us the notification to keep our databases
14 accurate.

15 Q. Okay.

16 A. There's changes in their databases --

17 Q. Okay.

18 A. -- constantly and they --

19 Q. Okay.

20 A. -- we have to keep it with them.

21 Q. So after a pre-employment, you don't know if that
22 individual has been hired --

23 A. Correct.

24 Q. -- until they send you a new list of all of their
25 drivers periodically?

1 A. Right. Or they may send me additions and deletions from
2 the last list. You know, one of my procedures is I send you the
3 list, you correct it and send me back the additions and deletions.
4 People may be terminated, they may be on permanent disability,
5 they may retire, they may be out sick, whatever the case is, it's
6 keeping it up-to-date with the client.

7 Q. Okay. With respect to World Wide, they use you for pre-
8 employment services and for drug and alcohol testing. Did they
9 send drivers here if they had illness or injury ever?

10 A. I'm sure they would, but I can't -- I don't recall.
11 It's not one of my clients that I recall having frequent injuries.
12 Many of our clients I see for both purposes, drug and alcohol and
13 to treat them for acute injuries. Most of those clients are the
14 ones that are doing deliveries and the Coca-Colas, the trucking
15 companies, the UPSs, the ones that hurt their back lifting up
16 packages.

17 World Wide doesn't stick out off the top of my head as a
18 company that comes for injuries. I don't think that -- I don't
19 have knowledge that their workers get injured. The bus companies
20 that I do work for don't normally come in for injuries. I suppose
21 I have seen some somebody from time to time from one of the bus
22 companies, but not that I recall any World Wide injury people.

23 And then again, I don't know who companies use for what
24 either. They can tell me they use everything or I could assume
25 they use me for everything, and they don't necessarily. There's

1 no way to control that. But in my experience it hasn't been that
2 I've seen people for injuries for this company.

3 Q. Okay.

4 MS. PRICE: Dennis or Gary?

5 BY MR. VAN ETTEN:

6 Q. I would like -- you say you generate these summaries.
7 What information is in the summary?

8 A. It's essentially the information that's on this page.
9 It has the name of the individual, the date that a service took
10 place, the type of service that took place, and what category of
11 testing it is, and then what service it was. Service meaning a
12 physical exam, a drug test collection, breath alcohol test, that
13 type of information. And then it would give you --

14 Q. Is this on a spreadsheet?

15 A. -- a tally at the bottom of the thing.

16 Q. A spreadsheet?

17 A. It looks like a spreadsheet, yeah. Pretty much it has
18 the company name --

19 Q. Right.

20 A. -- and then it has the lines under it in date order.

21 Q. Would it show -- for the drug test, would it show
22 positive and negative results?

23 A. Probably. I believe it does. Because we send that list
24 to the company --

25 Q. If you're the MRO?

1 A. If I'm the MRO. If I'm the MRO, what it will say is --
2 let's say it's a pre-employment drug test and I don't know the --
3 and I'm not the MRO. It will have the company's name -- see, I
4 tried to design it so that I could utilize it for all
5 circumstances.

6 Q. Right. If you not the MRO --

7 A. So if I'm not the MRO it will say the person's name, his
8 Social, pre-employment.

9 Q. Right.

10 A. The result area would be blank. And then at the end it
11 will say urine collection.

12 Q. Right. Well, if --

13 A. If I am the MRO --

14 MR. COLLINS: I'm sorry.

15 MR. VAN ETTEN: For World Wide you are the MRO?

16 DR. CIUFFO: You know, I'm the type of guy, I do a lot
17 of talking.

18 MR. VAN ETTEN: Oh, yeah?

19 DR. CIUFFO: I'm sorry.

20 BY MR. VAN ETTEN:

21 Q. For World Wide you are the MRO and --

22 A. Yes.

23 Q. -- so you would have those results. And so to cut to
24 the chase, we'd like to have --

25 MR. VAN ETTEN: Well, you want a 2-year or 3-year

1 summary?

2 MS. PRICE: At least 2, yeah.

3 MR. VAN ETTEN: It's up to you guys.

4 MR. COLLINS: Could we get the summary for everything --

5 MS. PRICE: Maybe --

6 MR. COLLINS: -- for '10 and '09 you did for World Wide?

7 DR. CIUFFO: I can give you the summary as long as the
8 computer had this records, which I think this computer goes back
9 to like -- several years to probably 2003.

10 MR. VAN ETTEN: Then whatever you've got for World Wide.

11 DR. CIUFFO: So whatever --

12 MS. PRICE: We can just --

13 MR. COLLINS: Just a summary --

14 DR. CIUFFO: We could print out a summary --

15 MR. VAN ETTEN: Just a summary.

16 MR. COLLINS: -- for World Wide.

17 DR. CIUFFO: Yes, the answer is yes. It would be
18 very -- if the person was here, I could probably even do it now if
19 you'd like it now.

20 MS. PRICE: That would be great.

21 MR. VAN ETTEN: Yeah. Yeah, we'd like it before we
22 leave.

23 MR. COLLINS: If it's possible to get it before we
24 leave, sure.

25 DR. CIUFFO: Yeah, I could just tell you -- what years

1 would you like? Would you like it done by year or would like them
2 all on one report? It's just a matter of how you select and --

3 MS. PRICE: Will it be -- will the years be on the one
4 report?

5 MR. VAN ETTEN: I would do it by year.

6 MR. COLLINS: By year. By year.

7 DR. CIUFFO: We could probably do one -- I think we
8 could search -- let me just --

9 MR. VAN ETTEN: I would say do it by year for however
10 many years you have there, whatever you have on your database.

11 DR. CIUFFO: Okay.

12 MR. VAN ETTEN: Also, I still have another couple of
13 questions.

14 MR. COLLINS: Okay.

15 MR. VAN ETTEN: Although they may answer those in the
16 database because it shows the date that they show up. So if we
17 see a --

18 MR. COLLINS: I got a call, a voice mail, so I'm going
19 to step out and take it. It's from a 202 number --

20 DR. CIUFFO: Okay, I'd like you to run a summary
21 report --

22 MS. PRICE: Thanks for letting us know.

23 DR. CIUFFO: -- for World Wide -- did you say for 2009,
24 2008?

25 MR. COLLINS: Probably at least 5 years. If you've got

1 5 years' worth, 5 years.

2 DR. CIUFFO: By year. Could you go back to World Wide,
3 and I don't know how long the database goes back, but do a yearly
4 summary report by year for at least 5 years, one year at a time?
5 Why don't you do -- as you're doing one year, staple it and bring
6 it to us in here so I can give them one year at time, one summary.
7 You can do it right from down here? Okay.

8 MR. VAN ETTEN: Yeah.

9 DR. CIUFFO: All right, thanks.

10 MR. VAN ETTEN: Well, we'll --

11 DR. CIUFFO: And then you'll see what --

12 MR. VAN ETTEN: It will be a while, while we go over
13 this stuff.

14 MS. PRICE: Great.

15 BY MR. VAN ETTEN:

16 Q. And if we have question, I'm sure we can ask.

17 A. But it would have pre-employment --

18 Q. Right.

19 A. -- the result --

20 Q. Right.

21 A. -- and what service for each individual.

22 Q. And that's what I'm looking --

23 A. And it would be chronological. The report will be
24 chronologically by date.

25 Q. Right.

1 A. It's in date order, date of collection order, date of
2 service order.

3 Q. Right.

4 A. It's referenced by date of service.

5 Q. Right. Did you say --

6 A. And it's essentially --

7 Q. Did you say it will have the date notified?

8 A. No, it won't have that. It will have the date of
9 service.

10 Q. Just the date of service?

11 A. Yes. We --

12 Q. And so the assumption would be that that date of service
13 and the date of notification are somewhat close together?

14 A. I would have to say yes.

15 Q. Have you had -- has there been -- let me strike that.

16 In your experience with World Wide, if you can factor it
17 out like that --

18 A. Okay.

19 Q. -- have you noticed them sending in their people like
20 maybe only once a year or twice a year or something like that? In
21 other words, do they do it -- well, maybe I should strike that.

22 How often do you notify them when they want -- when you
23 want somebody to come in? Do you do it every month? Do you do
24 it --

25 A. For drug testing or physicals? Because physicals would

1 be based on their -- pre-employment I have no control over.

2 Q. Yeah, pre-employment's a --

3 A. Periodic, we send them a monthly, if they have somebody
4 coming up.

5 Q. I'm not looking for a periodic because that's -- they
6 got to do that based upon the expiration.

7 A. We send them a note if --

8 Q. Right.

9 A. We send them -- we keep of the expiration dates.

10 Q. Okay.

11 A. And we send notification letters letting them know that
12 they're --

13 Q. Right. My concern is strictly with the drug and alcohol
14 testing.

15 A. Okay.

16 Q. How often do you send them notification? You say some
17 companies are every month, some are every other month, some are
18 quarterly, some are biannual. What --

19 A. Okay, I would have -- we have a procedure for them. To
20 accurately answer that, I have to check with the person that does
21 our spreadsheet for that company to ask them what was our pattern
22 of tests.

23 Q. And is that person --

24 A. 11:00 she comes in. I don't know that anybody else
25 would be able to answer -- she does it mainly, so if I ask my

1 assistant to go look, they'll be looking through somebody else's
2 work. So I don't want to do that. I'd rather -- we have it on a
3 chart.

4 MS. PRICE: That's not too far away.

5 DR. CIUFFO: We have it on a spreadsheet.

6 MR. VAN ETTEN: Twenty minutes. Twenty minutes.

7 MS. PRICE: We can just do something --

8 DR. CIUFFO: Yeah. So when she gets here, we can easily
9 answer that question.

10 MS. PRICE: Sure.

11 DR. CIUFFO: You know -- come in.

12 UNIDENTIFIED SPEAKER: '5 and '6 right now printed out.

13 Sorry.

14 DR. CIUFFO: What are these?

15 UNIDENTIFIED SPEAKER: 2005, 2006.

16 DR. CIUFFO: Oh, you started -- I thought you -- okay.
17 I thought you'd go backwards, but. World Wide Travel. So here --
18 this is the way it's printed. Each line item would correspond to
19 one of these data sheets and one encounter. Well, one service, I
20 should say.

21 MS. PRICE: Yeah, that's useful.

22 MR. COLLINS: Okay.

23 BY MR. VAN ETTEN:

24 Q. So it's spread out throughout the year. They're coming
25 in monthly, it looks like. Or pretty close to monthly.

1 A. Well, Chris is -- you know, in my experience with him,
2 he's pretty compulsive about following up things. And I think
3 looking at the card -- you asked me the date question, because now
4 I'm looking at the card, there is no date on the card. But I
5 think what he does is send us e-mails. I think he sends us e-mail
6 notifications the following people will be coming in on the
7 following days, or the following people will be coming in. I
8 don't exactly remember the content of the e-mail, but he sends an
9 e-mail list. We utilize an e-mail to my front desk. I don't use
10 the e-mail on my card. I should have crossed it out.

11 The reception gets e-mails from clients. It's
12 reception@healthcoronline.com. The front desk gets the e-mail
13 telling them who to expect to come in. They may come in with a
14 card, but I see the card doesn't have the date, which I didn't
15 know until I looked at the card. But that's why I say we have our
16 own referral form that his company doesn't use. But he's good at
17 e-mailing us and also following up. I -- he also follows up if
18 someone -- he'll question did someone come in that he sent on the
19 e-mail list. So he's, in that sense, from my recollection,
20 somebody that's --

21 Q. Okay, I just wanted to be sure that he wasn't, for lack
22 of a better word, clumping everybody in one month or --

23 A. In general, I know him to be pretty compulsive about
24 doing this. He's -- you know, does whatever he does. I don't
25 know of his exact relationship to the company. I kind of know him

1 as the safety person for the company --

2 Q. He is the safety --

3 A. -- and the person that maintains -- you know, the 19-A
4 examiner, which I don't exactly know what a 19-A examiner does
5 because -- only my part of what interacts with it.

6 Q. Yeah, that's fine.

7 A. But, you know, we've dealt with various 19-A examiners
8 for different bus companies over the years.

9 Q. Yeah, yeah.

10 A. But, you know, from whatever he does with maintaining
11 whatever records he needs for the state and whatever the 19-A
12 examiner does. I know about my drug testing and physical portion
13 of it, you know. But as far as in general, you know, he's -- you
14 know, he stays on -- contacts us. He, you know, calls, did
15 somebody come, did somebody -- and, again, the cards are from an
16 e-mail, so he follows up on anybody that doesn't come in from the
17 e-mail. So I think for the most part he's -- it's not one of my
18 problem clients, let me put it that way, from my perspective of
19 trying to get stuff done.

20 A. Yeah.

21 Q. There are companies that we send list after list after
22 list, and then no one comes in, and then we -- what can we do
23 other than send them notification? And I get frustrated with that
24 because I'm trying to tell them this is what you need to comply,
25 you know. Every month that goes by, every list that goes by, you

1 don't have picks, you don't have picks, you don't have picks, you
2 don't have picks, you know. And we send out different various
3 notifications to them telling them that you're not -- that's not
4 the case in this company.

5 Q. I would suspect those are smaller independent companies
6 who never get checked by --

7 A. Many of them.

8 Q. -- a governmental agent.

9 A. Many of them. And then we get the panic phone calls.
10 All of the sudden an agent shows up and then they want to have a
11 letter documenting that we're going to do the work for them, and
12 all, you know. I get those too. You know, I've been kind of
13 seeing the gamut of this.

14 UNIDENTIFIED SPEAKER: '7 through '11.

15 DR. CIUFFO: Okay. So here --

16 MS. PRICE: Thank you.

17 UNIDENTIFIED SPEAKER: Thank you.

18 MR. COLLINS: Thank you.

19 MR. VAN ETTEN: Thank you.

20 Yeah, other than getting a copy of that, I think that's
21 -- I think Jana covered a lot of what I was going to ask too.

22 MR. COLLINS: And the only question I have in looking
23 over this, qualified for 6 months due to DM?

24 DR. CIUFFO: Diabetes.

25 MR. COLLINS: Diabetes.

1 MS. PRICE: Diabetes Mellitus.

2 MR. COLLINS: Mellitus.

3 DR. CIUFFO: Mellitus. Diabetes mellitus.

4 MS. PRICE: Mellitus.

5 DR. CIUFFO: Yeah, that's one of the differences in the
6 federal regulation and the --

7 MS. PRICE: Did you say --

8 MR. COLLINS: HTN I call it, because I happen to have
9 HTN. I'm fully aware what HTN stands for.

10 DR. CIUFFO: Yeah. Diabetes -- that's one of the -- in
11 the state regulation, we qualify people for 6 months if they're
12 diabetic under the 19-A rules. Whereas in the federal regulation,
13 if they're controlled, they would be qualified for 2 years if
14 they're not on insulin.

15 But because his -- in fact in the early years we used to
16 do two physical forms, the long form and the 19-A New York State
17 DMV form. We would do both forms. Then a couple of years ago we
18 just converted over to -- they allowed us to do the one, which I
19 have mixed feelings about that too because when you have -- you
20 know, this -- I wish the regulations were exactly the same because
21 there's this -- I don't know if other states have different
22 regulations when it comes to diabetes, but that's one of the
23 discrepancies between the federal and the state regulation.

24 MR. VAN ETEN: Yeah.

25 DR. CIUFFO: But then you're putting it on a federal

1 form, but you're still putting the qualified for 6 months, but you
2 can't tell the difference if it's -- if it was a federal -- if it
3 was a trucker that only had to follow federal regulations and
4 didn't have to follow 19-A regulations, you wouldn't be giving
5 them 6 months.

6 MR. VAN ETTEN: Well, states can make it tougher. They
7 just can make it more liberal. They can -- it's just like the
8 feds it's a year, it's annual. But a lot of companies say, you
9 know, we want to do it annually instead of 2 years. And sometimes
10 the state will say if they've got this condition, then it's every
11 6 months or whatever. So you can make it more strict, you just
12 can't make it less strict.

13 Are you done?

14 MR. COLLINS: Are you good?

15 MS. PRICE: I wouldn't mind asking Christine a question
16 when she comes in, but I guess maybe I can go back --

17 MR. VAN ETTEN: The lady that's going to --

18 MS. PRICE: Yeah.

19 DR. CIUFFO: She does the actual --

20 MR. COLLINS: (indiscernible).

21 DR. CIUFFO: She's the administrative person who
22 actually does the list, gets the additions and deletions.

23 MS. PRICE: I'm just -- I guess I'm curious to know more
24 about how she communicates the picks to the --

25 MR. VAN ETTEN: Well --

1 MS. PRICE: -- carriers.

2 MR. VAN ETTEN: Yeah. Yes. I didn't -- I wasn't
3 suggesting you leave right this minute.

4 MS. PRICE: Okay, okay. All right.

5 MR. COLLINS: But we might be able to let the doctor get
6 back to work.

7 MS. PRICE: Yeah.

8 MR. VAN ETTEN: Yeah.

9 MS. PRICE: Yeah, we don't want to keep you
10 unnecessarily. I'm sure you have people you --

11 (Whereupon, the interview was concluded.)

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CERTIFICATE

This is to certify that the attached proceeding before the

NATIONAL TRANSPORTATION SAFETY BOARD

IN THE MATTER OF: WORLD WIDE TOURS BUS ACCIDENT
 BRONX, NEW YORK
 Interview of Joseph Ciuffo, M.D.

DOCKET NUMBER: HWY-11-MH-005

PLACE: Maspeth, N.Y.

DATE: March 15, 2011

was held according to the record, and that this is the original, complete, true and accurate transcript which has been compared to the recording accomplished at the hearing.

Kimberly A. Hawkins
Transcriber