

D&S Diversified Technologies LLP

Headmaster LLP

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TESTING SITE AGREEMENT form 1502OX

Facility Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Room #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Email: \_\_\_\_\_ ODH Training Code: \_\_\_\_\_

hereinafter known as the Testing Site, will allow GXMO Knowledge Tests to be administered at our facility, under the following guidelines for FIXED and/or FLEXIBLE testing schedules.

As a FLEXIBLE Schedule Test Site (In Facility) we will comply with the following guidelines:

1. We will complete and mail or fax this **Form 1502OX** to D&S Diversified Technologies.
2. We will supply D&S DIVERSIFIED TECHNOLOGIES an approved area for testing GXMO candidates on the Knowledge Tests. **The Knowledge area must be a separate area that is completely enclosed (doors on all entrances and floor to ceiling walls to avoid noise and distractions).** The testing area may be used for up to 4 hours on test day.
3. We will contact an Observer/Knowledge Test Proctor on the D&S Diversified Technologies approved list and mutually agree to a test date. We will then **IMMEDIATELY** contact (phone, fax or email) D&S Diversified Technologies and inform them of the scheduled test date.
4. We will assume all liability for our Candidates tested in our facility because they are our employees or trainees.
5. We agree to unannounced visits by the Ohio Department of Health and/or D&S DIVERSIFIED TECHNOLOGIES for the purpose of observing tests in progress.

**FIXED Schedule** (Regional) we will comply with the following guidelines:

1. We will supply an area to be used by a D&S DIVERSIFIED TECHNOLOGIES certified, independently contracted, Observer/Knowledge Test Proctor to administer Knowledge Tests. The provided area, **The Knowledge testing area must be a separate area that is completely enclosed (doors on all entrances and floor to ceiling walls to avoid noise and distractions).** The testing area may be used for up to 4 hours on test day.
2. We will complete and mail or fax this **Form 1502 OX** to D&S DT.
3. We agree to unannounced visits by the Ohio Department of Health and/or D&S DT for the purpose of observing tests in progress.
4. On testing days, we will allow an independently contracted Knowledge Test Proctor and test Candidates admittance to our designated Test Site. We will hold them accountable for damage, theft, or any other act or action harmful to the facility in any way. Neither D&S DIVERSIFIED TECHNOLOGIES nor the Ohio Department of Health assumes any liability for independently contracted Knowledge Test Proctors.

I certify that our site is under no Ohio Department of Health sanctions and I have read, understood, and will abide by the guidelines listed. I also understand that I cannot have any video recording devices in the Knowledge lab areas. I also understand that if one is found that your testing rights will be terminated on the spot. By signing this I understand the testing requirements as stated on this 1502 form.

Site Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Print designated contact person: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

D&S DIVERSIFIED TECHNOLOGIES use ONLY: SITE #: \_\_\_\_\_ approved on \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_