

# **Savard Labor & Marine Staffing, Inc.**

## **Drug Free Work Place Program**

## **Statement of Drug Free Workplace Policy**

Savard Labor & Marine Staffing, Inc. hereafter known as “The Company,” strives to provide a safe work place and encourages good worker health. We consider the use of illegal drugs either on or off the job to be an unsafe and counter-productive to our goals. Also, we see substance abuse as a serious threat to our staff and to our customers. With these objectives in mind, the Company has established the following Drug Free Workplace policy.

The Company has a legal duty to provide a workplace for our employees that is free of conditions that may cause injuries. Illegal drug usage is a problem that we seek to eliminate and our substance abuse program is targeted at alleviating the problem. Our commitment to eradicating substance abuse reflects our firm belief that by building this community, we build our Company.

The ultimate goal of this policy is to balance our respect for individual privacy with our need to keep a safe and drug free environment. Our intention is to prevent and treat substance abuse. We would like to encourage those who use drugs or abuse alcohol to seek help in overcoming their problem.

It is the Company’s policy that an employee found with the presence of illegal drugs and/or alcohol in his/her anatomical bodily system, in possession of, using, selling, trading, or offering for sale illegal drugs during working hours, or on Company premises (including parking lots) may be subject to disciplinary action up to and including discharge. It also includes reporting to work under the influence of alcohol or with illegal drugs in an employee system.

Drugs prescribed by an employee's physician may be taken during work hours. The employee shall notify the supervisor if the use of properly prescribed medication will affect the employee's work performance.

All information gathered as a result of the drug testing program is confidential and may not be disclosed except in accordance with procedures allowed under the Federal/State Statute, professional licensing regulations, or Company policy.

As a condition of employment, employees must abide by the terms of this policy and must notify the Company in writing of any conviction of a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

Sincerely,

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Jill Savard

## **Notice of Drug Free Workplace Program**

*(Dated and on your letterhead)*

February 12, 2007

Dear Employees,

The use of drugs is a national problem that seriously affects every American. Drug abuse not only affects individual users and their families, but also presents dangers in the workplace. Business and labor must take leadership roles in the nationwide efforts to reduce the use of illegal drugs and alcohol abuse.

As you are aware, this Company has always been committed to providing a safe workplace and fostering the well-being and health of our employees. Illegal drug use jeopardizes this commitment and undermines the capability of the Company to produce quality products and services.

Therefore, we have developed a policy regarding the illegal use of drugs and the abuse of alcohol that we believe serves the interest of all employees. Our policy formally and clearly states that the illegal use of drugs will not be tolerated. This policy was designed with two basic objectives:

- 1) to provide a workplace free from the effects of illegal drugs
- 2) This Company has a responsibility to maintain a healthy and safe workplace.

This is your legal notice that we have implemented a Drug Free Workplace that will activate within 60 days of today.

We fully expect your cooperation with the implementation of this important policy.

Sincerely,

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Jill Savard

## **Policy and Work Rules**

The Company's policy is to employ a workforce free from the use of illegal drugs, either on or off the job, and the abuse of alcohol in the workplace. This policy does not represent or express an implied contract, and it does not effect an employee's status as an at will employee under the law. Any employee determined to be in violation of this policy is subject to disciplinary action, **which may include termination**, even for the first offense. It is a Standard of Conduct of the Employees of this Company that employees shall not use illegal drugs or abuse legal ones. In order to maintain this policy the Company shall establish and maintain the following programs.

The policy does not represent or express an implied contract, and it does not affect an employee's status as an at-will employee under Mississippi law.

Prohibited Conducts: Medical Marijuana & Synthetic Drug use, possession, manufacture, distribution, sale, dispensation, cultivation or storage of alcohol, illegal drugs, illegally used drugs, or drug paraphernalia. Being under the influence of a controlled substance or illegally used drug or alcohol.

### **Confidentiality:**

All information received in regard to drug testing results will be maintained in separate confidential files and only be used for the purposes stated.

### **Education:**

Employee and Supervisor education will be conducted annually and documented.

### **Discrimination:**

This Company will not discriminate against applicants for employment because of past substance abuse. It is the current abuse of drugs which prevents employees from properly performing their jobs and which the Company will not tolerate.

### **Employee Drug Testing:**

It shall be a condition of employment for all employees to refrain from reporting to work, or working with the presence of drugs or alcohol in his or her body and to submit to drug screening. All or specified employees may be required to submit to a medical examination and to submit urine, saliva, breath, and/or blood samples blood for testing for the presence of illegal drugs. Refusal to take a drug or alcohol test may result in the employee forfeiting his or her eligibility for medical and indemnity benefits under State Workers' Compensation law. Also, such refusal is cause for automatic termination of the employee which may also cause denial of unemployment compensation.

### **Drug Screening Testing:**

All testing will be done by a Substance Abuse and Mental Health Service Administration (SAMHSA) approved and/or state certified lab; positive and negative results will be checked by a Medical Review Officer to assure accuracy. All testing, sample collection, storage, handling, and chain of custody will be done in accordance with appropriate State and Federal rules and regulations.

### **Initial Test**

The preliminary initial screen for all drugs except alcohol shall use an immunoassay. For alcohol the initial test may be the enzyme oxidation methodology. For illegal drugs, the following cutoff levels shall be used when first screening specimens to find whether they are negative or need to be tested further with the GC/MS test.

<b>Illegal Drug Class</b>	<b>Cut-Off Level</b>	<b>Confirmation</b>
	Enzyme Immunoassay	Gas Chromatography/ Mass Spectrometry
Amphetamines	1000 ng/ml	300 ng/ml
Cannabinoids	50	10 ng/ml
Cocaine	300	150 ng/ml
Opiates	2000	150 ng/ml
Phencyclidine	25	25 ng/ml
Alcohol		0.05 g/dl%
Methaqualone		150 ng/ml
Barbiturates		150 ng/ml
Benzodiazophines		150 ng/ml
Methodone		150 ng/ml
Propoxyphene		150 ng/m

### **Confirmation Test:**

The initial test will be an Enzyme Immunoassay. A positive finding will generate a confirmation test through the Gas Chromatography/ Mass Spectrometry (GC/MS) method, and the results will be kept confidential. A copy of any positive test results may be received by the employee by submitting his/her request in writing.

If a test is not collectable because of possible tampering or adulteration, a second test, will be requested. The second test may be observed. If a test is rejected because of purposeful adulteration - the employee will be terminated. Documentation of a positive drug test result will be placed in the employee's confidential file within five working days of receipt of the positive. If an employee is tested for reasonable suspicion, documentation of this test will be placed in the employee's confidential file within five working days of the reasonable suspicion test.

### **Alcohol Testing:**

Testing Employees for the presence of alcohol will initially be performed through the use of breath, skin and/or other alcohol detector tests. If an Employee test positive for alcohol in such a test, such positive test result may, if challenged by the Employee, be confirmed through the use of a breath analyzer or blood alcohol test. A breath analyzer or blood alcohol test result (or breath scan/comparable alcohol detector test which is not challenged) showing a concentration of 0.04% or greater shall be grounds for appropriate disciplinary action, including, without limitation, immediate discharge and/or termination.

### **Consequences of a Positive Drug or Alcohol Test**

1. In the event of a confirmed positive test result for the presence, use or abuse of illegal drugs, alcohol and other such substances during a pre-employment drug or alcohol screening, the applicant will not be hired.
2. In the event of a confirmed positive test result for the presence, use or abuse of illegal drugs, alcohol or other such substances for current Employees during a drug/alcohol screen provided for by this Company Policy, the Employee (1) may be immediately terminated and discharged, for cause, (2) may be reported to state and federal authorities and agencies and (3) may be denied workers' compensation benefits and/or unemployment compensation benefits.

### **Pre Employment Testing:**

Consistent with the Company's policy opposing drug abuse and its commitment to a safe working environment, we have implemented a pre-employment drug testing policy. **All job applicants will undergo screening for the presence of illegal drugs** as a condition of employment. Applicants will be required to voluntarily submit to a urinalysis test at a laboratory chosen by the Company after signing a consent and release form. The employee may begin work pending the result of the drug test. All testing will be done by a Substance Abuse and Mental Health Service Administration (SAMHSA) certified lab, and positive test results will be checked by a Medical Review Officer to assure accuracy. All testing, sample collection, storage, handling and chain of custody will be done in accordance with the Health Care Administration's rules and regulations.

### **Post Incident Drug or Property Damage Testing:**

We require a drug test when there is any mishap, incident, near miss or accident involving, caused by, or contributed to by an employee in which injury to a person or persons occurs and/or where there is damage to property.

### **Random Drug-Testing:**

All regular full-time and regular part-time employees **may** be randomly tested for drugs. A computer program or other independent, bias free method of name selection may be used to ensure that employees to be tested are randomly selected.

### **Reasonable Suspicion:**

An employee reporting for work visibly under the influence and is unable to properly and

safely perform required duties will not be allowed to work. If possible, the supervisor should first seek another supervisor's opinion of the employee's status. Then the Supervisor should consult privately with the employee to determine the cause of the observation, including whether substance abuse has occurred. If, in the opinion of the supervisor, the employee is unfit for duty, the employee should be taken to a collection facility to be tested using a safe method of transportation, and depending on the extent of the observed impairment, accompanied by the supervisor or another employee. **The reason for the reasonable suspicion drug test must be articulated; that is written down facts of observed reasons that suggest impairment.** An employee such as this should not be allowed to drive to the testing facility or to their home. It is the responsibility of the Company's supervisor to confront an employee whenever the supervisor witnesses a change in the performance that suggests a problem.

If reasonable suspicion exist to believe that an employee is using or has used illegal drugs a drug test will be performed. Employees tested for reasonable suspicion may be suspended without pay or placed in non-safety sensitive jobs pending the results of the required test and/or investigation. An employee with a negative result will be reinstated (if suspended with full back-pay and/or return to previous duties). A positive test will result in immediate action up to and including termination. Circumstances that could be (but are not limited to) indicators of a drug problem and considered reasonable suspicion are:

- (1) observed drug use during work hours on Company premises;
- (2) incoherent mental state;
- (3) marked changes in personal behavior that are otherwise unexplainable;
- (4) deteriorating work performance that is otherwise unexplainable;
- (5) accidents or other actions that provide reasonable cause

The Company will provide to an employee (upon their request) within 7 days a written report regarding the circumstances that formed the basis for reasonable suspicion. The original and signed report will be maintained in the confidential human resource records for one year.

#### **Extended Absence Drug-testing:**

Employees who return to work after an extended absence of 12 weeks or more, after medical leave, after a work related injury or after rehabilitation may be subject to a drug and /or alcohol testing upon return to work.

#### **Rehabilitative Drug-testing:**

Employees who successfully complete a rehabilitation program may return to work. The employee must agree to follow-up drug testing for two years following a return to duty. Testing will be once each quarter for two years and will be unannounced. Employees not complying with these conditions, or testing positive will be terminated from employment.

#### **Routine Fitness for Duty:**

The Company will require an employee to submit to a drug test if the test is conducted as part

of a routinely scheduled fitness for duty medical examination that is required for all members of an employment classification or group.

### **Results of Drug Possession and/or Usage**

Our Company is a Drug Free Workplace for the benefit of all employees, customers and the community.

**State law provides for the possible denial of workers' compensation benefits for employees who are injured while working and the denial of unemployment compensation due to a test positive.**

An employee bringing onto the Company's premises or property, having possession of, possessing in the employee's body, blood or urine an amount above the threshold levels established by the Substance Abuse and Mental Health Service Administration (SAMHSA) or using, consuming, transferring, selling or attempting to sell, or transfer any form of illegal drug while on Company business or at any time during the hours between the beginning and the end of the employee's working day, whether on Company property or not, is guilty of misconduct and is subject to discipline including discharge or suspension without pay from employment, even for a first offense. Failure to submit to required medical or physical examinations or tests is misconduct and is grounds for discharge.

**The use of illegal drugs will not be tolerated or subsidized. Employees who test positive may be terminated for violation of this policy.**

#### **Medical Review Officer:**

A qualified medical officer shall review all positive test results concerning that employee/applicant. An employee/applicant may consult with the MRO before or after being tested in order to report any prescription or non-prescription drug use. The employee/applicant may use the phone in any office or room to ensure privacy.

#### **Employee Assistance Program:**

With proper treatment, many troubled employees can be restored to a satisfactory level of job performance. No information regarding the nature of the personal problem will be made available to a supervisor, nor will it be included in the permanent personnel file. Participation in an EAP, or another mental health or substance abuse counseling program, will not affect the employee's future career advancement or employment, nor will it protect an employee from disciplinary action if substandard job performance continues. The Human Resource Office has a list of EAP and other mental health facilities available in your area. The employee has the right to review the EAP file discreetly (use phone in private). **The cost of these services will be borne by the employee.**



### **Grounds for Discipline or Termination:**

An employee bringing onto the Company's premises or property, having possession of, being under the influence of, possessing in the employee's body, blood, or urine in the amount set forth, purposely tampering or adulterating a specimen, or using, consuming, transferring, selling, attempting to sell or transfer any form of illegal drug as defined above while on Company business or at any time during the hours between the beginning and ending of the employee's working day, whether on duty or not, whether on Company business, property or not, **is guilty of misconduct and subject to termination**, even for the first offense.

### **Responsibilities of the Employee:**

As a condition of employment, employees must abide by the terms of this policy and must notify the Company in writing of any conviction of a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such a conviction.

The employee must notify his/her supervisor that his/her prescription drug or medication may affect or impair his/her judgment or job performance or safety which can impair or lessen job performance (whether allowed to be dispensed with or without prescription) and upon request by the Employee's supervisor or the Company's Drug Policy Administrator, must provide proper written medical authorization to the Company from a physician.

1. This includes, without limitation, drugs such as tranquilizers, muscle relaxers, pain medication and anti-depressants. It is the Employee's responsibility to determine from a physician (s) whether prescribed, off-the-shelf or over-the-counter drugs, medicines or other such substances may impair job performance. Failure to report the use of such drugs, medicines or other substances, failure to provide proper evidence of medical authorization or the use (as evidence by presence in an Employee's body fluids or otherwise) of such drugs, medicines or other such substances in amounts in excess of the amounts prescribed by the physician or in excess of the label recommendations for over-the-counter or off-the-shelf drugs, medicines or other such substances may result in disciplinary actions, up to, and including, immediate termination.
2. Employees must not consume prescribed drugs or off-the-shelf or over-the-counter drugs, medicines or other such substances more often than prescribed by their doctor or as directed on the off-the-shelf or over-the-counter medications label(s). All prescribed, off-the-shelf, over-the-counter medications must be in its original container with the Employee's name, the doctor's name and prescription number on the label and each prescription must not be older than one year of the date issued. However, the Company at any time reserves the right to have a licensed physician determine whether the prescription drug use increases the risk of injury to the Employee, the Company's residents or guests while the Employee is working. If such a finding is made, the Company may limit, suspend or terminate the Employee's work activities during the period job safety may be adversely affected by the consumption of such medication.
3. Any Employee refusing to cooperate with submitting to questioning, medical or

physical testing or examinations, when requested by the Company or its designee, is in violation of this Company policy and subject to disciplinary action, including, but not limited to, immediate termination.

The employee or job applicant must notify the employer and laboratory of any administrative or civil action planned as a result of a positive test within five working days from receipt of notification. The employee has the right to contest the result of a positive drug test, in writing, within five (5) working days of being notified in writing of the positive test result. The employee has a right to a copy of the test result, upon request, and to have the sample taken to a certified lab to be re-tested at the employee's expense.

### **Rights of the Employee/Job Applicant**

- 1) An employee or job applicant who receives a positive confirmed drug test may contest or explain in writing the result to the Medical Review Officer/Company within five working days of receipt of the written test results.
- 2) The employee or job applicant has the right to consult the Medical Review Officer for technical information regarding the effects of prescription medication on the drug test.
- 3) An employee or job applicant may, by written request, have the original specimen re-tested at the laboratory of their choice, at their expense.
- 4) The employee can request, in writing, within seven (7) days, a written report regarding the circumstances of the basis for their reasonable suspicion testing.

### **Drugs that may be tested for:**

**Alcohol** (booze, drink)

**Amphetamines** (biphetamine, desoxyn, dexedrine, speed)

**Cannabinoids** (marijuana, hashish, hash, hash oil, pot, joint, grass, weed,)

**Cocaine** (coke, blow, nose candy, snow, flake, crack)

**Phencyclidine** (PCP, angel dust, hog)

**Methaqualone** (Quaaludes, Ludes)

**Opiates** (opium, Dover's powder, paregoric, parepectolin)

**Barbiturates** (Phenobarbital, Tuinal, Amytal)

**Benzodiazepines** (ativan, Azene, Clonopin, Dalmane, diazepam, Halcion, Librium, Paxipam, Serax, tranxene, Valium, Vera trine, Xanax)

**Methadone** (Dolophine, Methadose)

**Propoxyphene** (Darvocet, Darvon N, Dolene)

### **Collective Bargaining Units:**

An employee who is a member of a collective bargaining unit will be subject to the drug testing rules promulgated by agreement between the Company and said bargaining unit. The

business agent or representative will be notified when there is testing for reasonable suspicion, probable cause (accident or injury) and/or positive is received for any test.

**Conclusion:**

This Company's Drug Free Workplace Policy is not intended to be abusive or discriminatory or to come into conflict with any public policy. This Company considers drug testing to be only one of several steps to achieve a safe, healthy, and productive atmosphere for its employees. This policy is available for inspection by the job applicant or employees during regular business hours. This policy supersedes any information provided to applicants and/or employees either written or oral and reserves the right to change the provisions of this policy and testing program at any time in the future without prior notice and does not constitute a contract for employment.

**Definitions:**

**Legal Drug** - includes prescribed drugs and over-the-counter drugs which have been legally obtained and are being used solely for the purpose for which they were prescribed or manufactured.

**Illegal Drug** - any drug which: (a) is not legally obtainable; (b) may be legally obtainable but has not been legally obtained; or (c) is being used in a manner or for a purpose other than as prescribed.

**Job Applicant** - a person who has been offered employment.

**Detectable Amount** - the cut off levels established by SAMHSA, D.H.H.S. and or A.H.C.A. for screening and confirmation.

**Safety Sensitive** - positions determined by law, usually include positions that involve national security; health, safety; functions that require a high degree of trust and confidence; operation of Company vehicles, machinery, or equipment.

**Notification of prescription and over the counter medication** - should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Office will contact you to ask you about prescriptions and over-the-counter medications you may have taken.

**Donor Release** - signing Step 4 in the Chain of Custody Form is your certification that you provided a urine specimen to the collector, that they have not adulterated it in any manner, that each specimen bottle used was sealed with a tamper-evident seal in the collector's presence and the information provided on the Chain of Custody Form and on the label affixed to each specimen bottle is correct.

**Medical Review Officer (MRO)** - a licensed physician (medical doctor or doctor of osteopath) responsible for receiving laboratory results generated by an employer's drug testing program. The MRO must have knowledge of substance abuse disorders and appropriate medical training to interpret and evaluate an individual's confirmed positive test, medical history, and other relevant biomedical information.

**Unfit for Duty** - any worker who is unable to perform his/her assigned duties with reasonable skill and safety due to physical, emotional, or chemical purposes.

## **Over the Counter and Prescription Medications** **That May Affect the Drug Test Result**

**Alcohol** - All liquid medications containing ethyl alcohol (ethanol). Please read the label for alcohol content. For example, Vick's Nyquil is 25% (50 proof) ethyl alcohol; Comtrex, 20% (40 proof); Listerine, 26.9% (54 proof).

**Amphetamines**- Obetral, Biphedamine, Desoxyn, Dexedrine, Didrex.

**Cannabinoids**- Marinol (Dronabinol, THC).

**Cocaine** -Cocaine HCl topical solution (Roxanne).

**Phencyclidine** -Not legal by prescription.

**Methaqualone** - Not legal by prescription.

**Opiates**- Paregoric, Parepectolin, Donnagel PG, Morphine, Tylenol with Codeine, Empirin with Codeine, APAP with Codeine, Aspirin with Codeine, Robitussin AC, Guiatuss AC, Novahistine DH, Novahistine Expectorant, Dilaudid (Hydromorphone), M-S Contin and Roxinol (morphine sulfate), Percodan, Vicodin, etc.

**Barbiturates** - Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Fiorecet, Esgic, Butisol, Mebarbal, Butabarbital, Phrenilin, Triad, etc.

**Benzodiazepines** - Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restoril, Centrax.

**Methadone** -Dolophine, Methadose.

**Propoxyphene** -Darvocet, Darvon N, Dolene and others.

**Authorization for Limited Use and Disclosure of Medical Information**

To ensure the confidentiality, accuracy and prompt availability of medical information we request this authorization be signed.

I hereby authorize the Medical Review Officer, any counselor or treatment facility I am referred to and the testing laboratories to furnish this Company with the results of all tests run. I further authorize any doctor that has written a prescription which I may be using to disclose the purpose of the prescription, the conditions under which it is to be taken, and any other pertinent information to the Medical Review Officer to assist in the MRO's determination of my fitness for duty.

The Company may use the medical information authorized only for the following purpose: To determine my ability to do my job or my qualifications for employment or continued employment and to defend in any legal proceedings in which my employment or actions are at issue. This authorization shall become effective immediately and shall remain in effect throughout the duration of my employment with the Company and any post-employment legal matters or proceedings.

I understand that the Company may not further use or disclose the medical information unless further authorization is given by me or in case of post accident testing or disclosure is required or permitted by law or licensing authority. I further understand that I have a right to receive a copy of this authorization on my request. I further agree that a reproduced copy of this form shall have the same force and effect as the original.

I hereby authorize the hospital, clinic, or laboratory, its physicians and technicians specified by the Company, to obtain a sample of my urine, blood, or breathe to be analyzed for the presence of controlled substances.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Drug Free Workplace Annual Education Documentation**

This form acknowledges the required training and education on illegal drug use and the possible denial of Workers' Compensation benefits required in by state law.

Our Company is a drug-free workplace for the benefit of all employees, customers and the business entity. State law provides for the possible denial of workers' compensation benefits for employees' who are injured while working and subsequently test positive. The use of illegal drugs will not be tolerated or subsidized.

The following drugs are among those tested for under our Company policy:

- Cannabis
- Cocaine
- Amphetamines
- PCP
- Opiates

I understand the Company's Drug Abuse and Drug Testing Policy and consent to the terms set forth in the policy. I further understand that the program has been publicly posted in an appropriate and conspicuous place on the Company's premises and copies of this policy are available for inspection by me or the general public in the administrative office or other designated place during regular business hours. By the signing of this agreement, I herewith acknowledge that I have read this instrument and fully understand that the Company can establish other work rules related to possession, use, sale or solicitation of drugs, including policies concerning arrest of convictions for drug or alcohol-related offenses, and can suspend or terminate my employment or deny employment for such conduct.

There are multiple sub-families of individual drugs under the Substance Abuse and Mental Health Service Administration (SAMHSA) requirements. These are known by many names. As adults we all know it is ill-advised for anyone to take pills or medication that has not been prescribed by a physician. Improper use of prescription medication can place you in a position of forfeiting your job, workers' compensation benefits and unemployment benefits as well.

I understand to not misuse prescribed, non-prescribed or over-the-counter medication; do not use illegal drugs or misuse alcohol. The Company has a written policy on drug abuse. It is posted and available to you to read, understand and follow. It is your responsibility to know the provisions of this policy.

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

## **Drug Test Consent and Release Form**

I hereby consent to submit to urinalysis and/or other tests as shall be determined thereof by the Company as a condition of employment and for the purpose of determining specific drug content.

I agree that a Substance Abuse and Mental Health Service Administration (SAMHSA) certified lab may collect these specimens for these tests and may use them or forward them to a testing laboratory designated by the Company for analysis.

I further agree to have these results reviewed by a Medical Review Officer. I hereby release to the Company, the results of the test(s) to which I have consented. I further authorize the Company to discuss the results with medical/personnel collecting the Specimen, the testing facility, it's directors, officers, agents, and employees responsible for administering the aforementioned test(s) or evaluating the results thereof and any of them herein and to use the test results in conjunction with employment actions, professional licensing procedures, and as a defense to any legal action to which I am party.

I further release any testing facility or any physicians who have tested me from any liability arising from a release of any and all results, written reports, medical reports, and data concerning my test(s) to the appropriate Company officials or government agencies.

I further agree that a reproduced copy of this consent and release form shall have the same force and effect as the original.

I further agree and expressly consent to all terms, conditions, mandates and prohibitions set forth in the Company's Drug Testing Policy.

I expressly confirm that I have carefully read and understand the Company's Policy on Drug Testing and fully the contents and ramifications of a positive test. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Notice of Positive Test Results

Date:

To:

The drug test you took has been determined to be **positive**. The test was confirmed Positive in accordance with Substance Abuse and Mental Health Service Administration (SAMHSA) standards.

Our Medical Review Officer has conferred with you. Nonetheless, you have five working days to contest the test results to the Company. In accordance with our Company policy you are hereby (discipline, as stated in policy).

Because you tested Positive you may forfeit medical and indemnity benefits in accordance with State Workers' Compensation Act. You are suspended for three days without pay for violation of our drug policy.

You may appeal this decision or challenge it legally or administratively, at your expense. Also, in accordance with the administrative provisions of the Workers' Compensation Act, you may have the sample in question re-tested at your own expense at another qualified laboratory.

Sincerely,

  

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## Termination Letter

Date:

Dear:

Pursuant to the Drug-Free Workplace policy of the Company, it has been determined that you have a positive confirmed drug test result. As a consequence of this positive drug test, you are being terminated from employment, effective immediately.

Enclosed is a copy of the Consent and Release form that you originally signed which explained your rights, duties, and obligations under this companies drug-free workplace program. You have the right to contest the result of the test within five (5) working days after you receive this letter notifying you of the test result. Your contest must be in writing and should state why the test results do not constitute a violation of this Company's drug-free workplace program. If you intend to contest the results of this drug test, you must notify the testing laboratory of any administrative or civil action brought and advise the laboratory of the need to retain any sample taken.

You have the right to consult this testing laboratory for technical information regarding prescription and non-prescription medications or other relevant information. Upon request you have a right to the copy of the drug test results, and any portion of any sample or specimen taken to be re-tested, at your expense, and at a laboratory of your choice. The re-testing must be done at a Substance Abuse and Mental Health Service Administration (SAMHSA) approved laboratory. This testing must be performed within 180 days of this letter.

By administrative rule, this employer has fifteen (15) days to respond to your explanation of why your positive drug test is not in violation with the drug-free workplace program. If your explanation is not accepted, you have the right to administratively challenge this position by filing a claim with a judge of Compensation claims within thirty (30) days after the receipt of this employer's response to your explanation. If you intend to challenge the drug test, it is your responsibility to inform the above stated laboratory at the address and telephone number shown to ensure that the specimen sample is retained.

Sincerely,

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## **Pre-Employment Positive Test Result**

To:

The drug test you took has been determined to be positive. The test was confirmed **Positive** in accordance with Substance Abuse and Mental Health Service Administration (SAMHSA) standards.

Our Medical Review Officer has conferred with you. Nonetheless, you have five working days to contest the test results to the Company.

In accordance with our Company policy you are hereby disqualified from employment at this Company.

You may appeal this decision or challenge it legally or administratively, at your expense. Also, in accordance with the administrative provisions of the Workers' Compensation Act, you may have the sample in question re-tested at you own expense at another qualified laboratory.

Sincerely,

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## Rehabilitation Commitment Letter

I, \_\_\_\_\_, have tested positive, or have admitted to the violation of the Company's Drug-Free Workplace Policy and, at my own expense, agree to be evaluated by a substance abuse counselor and to take whatever treatment, rehabilitation, or educational course the counselor recommends. I agree to this in return for the Company not terminating me for this occasion of my violation of the Drug-Free Workplace Policy.

I agree that my continued employment is conditional upon successfully completing the recommended treatment, rehabilitation, or education course. I further agree that the counselor may consult with the Company's Drug-Free Workplace Administrator and give, and receive, regular progress reports, and the results of any tests and other relevant information concerning my ability to perform my duties.

I further understand that the Company will require me to undergo follow up testing for two years. I understand that I have no more chances; if I violate any provisions of the Drug-Free Workplace Policy again, I will be immediately terminated.

I further acknowledge that in no way does this agreement limit the Company's or my right to terminate employment at either party's discretion, nor does it create a contract for a set term of employment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

**OBSERVED BEHAVIOR REASONABLE SUSPICION RECORD**

**Employee Name:** \_\_\_\_\_

**Location of Observation:** \_\_\_\_\_

**Date of Observation:** \_\_\_\_\_

**Time of Observation:** \_\_\_\_\_

**Reasonable Suspicion of Alcohol or Controlled Substance use:** \_\_\_\_\_

*Check all that apply:*

**Appearance:**

Normal \_\_\_\_

Sleepy \_\_\_\_

Tremors \_\_\_\_

Cleanliness \_\_\_\_

Written Description: \_\_\_\_\_

**Behavior:**

Normal \_\_\_\_

Erratic \_\_\_\_

Irritable \_\_\_\_

Inappropriate gaiety \_\_\_\_

Mood swings \_\_\_\_

Lethargic \_\_\_\_

Written Description: \_\_\_\_\_

**Speech:** \_\_\_\_\_

**Body Odors:** \_\_\_\_\_

**Other Observations of Reasonable Suspicion of Drug or Alcohol Usage:** \_\_\_\_\_

**Supervisor that confronted employee:** \_\_\_\_\_

**Witness that validated supervisor's observance:** \_\_\_\_\_

**Outcome of the private meeting with the employee:** \_\_\_\_\_

**I am reasonably suspicious that this employee is impaired in violation of the Company drug and alcohol policy and therefore will require a reasonable suspicion drug test.**

(print name) \_\_\_\_\_ (signed) \_\_\_\_\_

**Drug and Alcohol screen must be administered within 2 hours of Reasonable Suspicion Determination.**

**Do not allow suspected employee to drive if supervisor determines reasonable suspicion that warrants drug or alcohol testing. Employee should be driven to specimen collection site.**

**Turn this form into the Safety Director as soon as possible.**