

# DRUG FREE WORKPLACE D.O.T. POLICY AND CONSENT FORM

As an applicant or current employee of the company, I am committed to assuring a safe, healthful and productive work environment by supporting maintenance of a Drug Free Workplace.

This Drug Free Workplace policy prohibits the use, sale or purchase, distribution, manufacture or possession of alcohol, drugs or any related paraphernalia. Employees are prohibited from reporting to work or working with the presence of drugs (including the non-prescribed use of prescription medication) or alcohol in his/her body to the extent of possible impairment, defined as having bodily concentrations of metabolites of drugs or alcohol exceeding threshold levels listed below, while on Company premises or work-site, including parking lots, unless prescribed by a licensed physician.

The following substances will be tested for the following (all levels are in ng/mL - nanograms per milliliter of urine)

<b>Drug</b>	<b>EMIT (screen)</b>	<b>GC/MS (final determination)</b>
<b>Marijuana (Delta-9 Carboxy-THC)</b>	<b>50</b>	<b>15</b>
<b>Cocaine (Benzoyllecgonine)</b>	<b>150</b>	<b>100</b>
<b>Opiates (Morphine/Codeine)</b>	<b>2000</b>	<b>2000</b>
<b>Heroin (6-Acetylmorphine)</b>	<b>10</b>	<b>10</b>
<b>Phencyclidine (PCP)</b>	<b>25</b>	<b>25</b>
<b>Amphetamine &amp; Methamphetamine</b>	<b>500</b>	<b>250</b>
<b>MDMA (Ecstasy)</b>	<b>500</b>	<b>250</b>

As a condition of employment and continued employment, I must take and pass a urine drug test and/or blood alcohol test in compliance with the following testing criteria listed in the company's Drug Free Workplace Policy: pre-employment, reasonable suspicion (including post accident), random, routine fitness for duty and follow-up testing.

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Refusing to submit to drug and/or alcohol testing (including blatant tampering or adulteration of specimen) violates the company's Drug Free Workplace policy and will be treated as a positive confirmed test for drugs and/or alcohol, which may result in discipline up to and including termination and possible forfeiture of Workers' compensation medical and indemnity benefits.

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Analysis of specimens will be performed only by laboratories licensed or certified by the Substance Abuse and Mental Health Services Administration (SAMHSA - formally NIDA), utilizing qualified sites and employing collectors trained to follow authorized collection protocols and maintain legal specimen chain-of-custody.

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A Medical Review Officer (MRO) certified by MROCC (Medical Review Officer Certification Council) or AAMRO (American Association of Medical Review Officers) will review all negative and confirmed positive laboratory reports. Confirmed positive results are reported to the employer after the MRO is certain that personal prescriptions or other legal substances do not account for laboratory findings. Investigations may include, if appropriate, telephone contact with the employee and/or any prescribing physician and/or pharmacies identified.

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Within five (5) days of receiving notice of a confirmed positive test result which has been verified by the Medical Review Officer (MRO), the employee may submit information to the company or MRO in writing explaining the test results. If the company disagrees with the employee's position, within fifteen (15) days of receiving a formal explanation of the test results, the company must respond. If an employee wishes to maintain his/her explanation, within thirty 30 days of receipt of the company's written response, the employee may appeal to a court of competent jurisdiction or where injury is involved, to a Judge of Compensation Claims for final disposition. An employee wishing to explain the laboratory results is responsible for notifying the testing laboratory through the MRO. The laboratory shall retain the specimen for a period of 180 days. The employee or job applicant shall be permitted by the employer to have a portion of the original specimen re-tested, at the employee's or job applicant's expense, using a licensed and SAMHSA-approved laboratory, of the employee's or job applicant's choosing.

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Except to the extent necessary for defenses in civil and administrative matters raised by the employee, including determining compensation under DOT Statutes or prevailing rules or State statutes, all information, interviews, reports, statements, memoranda, and drug test results, written or otherwise, received by the company shall be treated as confidential communications and may not be disclosed without my specific written consent. Furthermore, drug test results are not admissible in evidence and may not be used in any criminal proceeding against me.

I further consent to test results being disclosed to Owner/Client.

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By signing below, I certify that I have read (or have had read to me) this Drug Free Workplace Policy and Consent form. I further understand that a copy of the company's complete Drug Free Workplace Policy is available to me upon request.

\_\_\_\_\_  
APPLICANT/EMPLOYEE'S PRINTED NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT/EMPLOYEE'S SIGNATURE