

## APPENDIX A

The items contained in this appendix may be duplicated for use as necessary. This appendix contains the following:

- Letter to Employees
- Notice of Drug Testing
- Assignment of Responsible Personnel
- Acknowledgement Receipt form
- Pre-employment form



**LETTER TO ALL EMPLOYEES***Date:* \_\_\_\_\_

The illegal use of drugs and the abuse of alcohol are problems that invade the workplace, endangering the health and safety of the abusers and those who work around them. This company is committed to creating and maintaining a workplace free of substance abuse without jeopardizing valued employees' job security.

To address this problem, our company has developed a policy regarding the illegal use of drugs and the abuse of alcohol that we believe best serves the interests of all employees. Our policy formally and clearly states that the illegal use of drugs or abuse of alcohol or prescription drugs will not be tolerated. As a means of maintaining our policy, we have implemented pre-employment and active employee drug testing. This policy was designed with two basic objectives in mind:

- Employees deserve a work environment free from the effects of illegal drug use or alcohol abuse and the problems associated with it.
- This company has a responsibility to maintain a healthy and safe workplace.

To assist us in maintaining a safe and healthful workplace, we have created an Employee Assistance Program (EAP), which provides employees confidential assessment, referral, and follow-up for personal or health problems.

An employee whose conduct violates this Company's Drug-Free Workplace Policy (and who does not accept the help offered under EAP) will be disciplined up to and including termination.

I believe it is important that we all work together to make this company a drug-free workplace and a safe, rewarding place to work.

Sincerely,

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President



**EMPLOYEE 60-DAY NOTICE OF DRUG TESTING**

This is a notice from the company president announcing that a drug-testing program will be implemented 60 days from date of the notice as provided in the Drug-Free Workplace Program. It is the responsibility of all employees to familiarize themselves with the following drug-testing elements of said program:

- The purpose of the Drug-Free Workplace Program
- That the employee will have the opportunity to voluntarily admit to being a user of illegal drugs and to receive counseling or rehabilitation and shall not be subject to disciplinary action
- The availability and procedures necessary to obtain counseling and rehabilitation through the Employee Assistance Program (EAP)
- That the program includes both voluntary and mandatory testing
- The circumstances under which testing may occur
- That the employee's position may be designated a Testing Designated Position
- That the employee's position will be subject to random testing no sooner than 60 days following the notice
- That opportunity will be afforded to submit medical documentation of lawful use of an otherwise illegal drug
- That the laboratory assessment is a series of tests which are highly accurate and reliable, and that, as an added safeguard, laboratory results are reviewed by the Medical Review Officer
- That positive test results verified by the Medical Review Officer may only be disclosed to the employee, the appropriate EAP administrator, the appropriate management officials necessary to process an adverse action against the employee, or a court of law
- That all medical and rehabilitation records in an EAP will be deemed confidential patient records and may not be disclosed without the prior written consent of the patient, an authorizing court order, or otherwise as permitted by Federal law

This document serves as both General and Individual notice. It is the employee's responsibility to ensure that he/she understands company policy for drug testing. If you have questions or concerns, see your supervisor.

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Company President

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Date of NOTICE



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**ASSIGNMENT OF RESPONSIBLE PERSONNEL**

To validate the implementation of this Drug-Free Workplace Program, the assignment of personnel to key positions responsible for supervising particular aspects of the program is required. (Smaller companies may combine several of the duties listed into a single position.)

\_\_\_\_\_ (hereafter referred to as the Company) identifies the following responsible personnel.

\_\_\_\_\_  
Name of COMPANY President (or CEO) Signature/Date

\_\_\_\_\_  
Name of General Manager (GM) Signature/Date

\_\_\_\_\_  
Name of Drug Program Director (DPD) Signature/Date

\_\_\_\_\_  
Name of Employee Assistance Program (EAP) Administrator Signature/Date

\_\_\_\_\_  
Name of Employee Assistance Program (EAP) Coordinator Signature/Date

\_\_\_\_\_  
Name of Employee Assistance Counselor(s) Signature/Date

\_\_\_\_\_  
Name of Medical Review Officer (MRO) Signature/Date

\_\_\_\_\_  
Name of Supervisor(s) Signature/Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name and Address of Certified Specimen Collection Lab



**ACKNOWLEDGEMENT/RECEIPT FORM**

I acknowledge, by signing this form, that my full compliance with the Substance Abuse Prevention Plan (the "Plan") and DOT drug and alcohol regulation requirements is a condition of my initial and continued employment with the Company. I understand and agree that I may be discharged or otherwise disciplined for any drug and/or alcohol violation committed by me, as cited in the Plan and/or in the DOT drug and alcohol regulatory requirements.

I also acknowledge, by signing this form, that a copy of the Plan has been made available to me and that I have read and understand the requirements of the Company and DOT drug and alcohol program. I have also been provided with informational material on the dangers and problems of drug abuse and alcohol misuse.

Signed, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Employee Name (Please Print)

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

\_\_\_\_\_  
Company Representative Name (Please Print)

\_\_\_\_\_  
Company Representative Signature



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## PRE-EMPLOYMENT DRUG TESTING CONSENT & RELEASE FORM

**I hereby consent** to submit to urinalysis and/or other tests as shall be determined by \_\_\_\_\_ (The COMPANY) in the selection process of applicants for employment and vacancy announcement, for the purpose of determining the drug content thereof.

I agree that \_\_\_\_\_

(Name of physician or clinic)

may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to, and hereby authorize, the release of the results of said tests to the company.

I further agree to hold harmless the company and its agents (including the above-named physician or clinic) from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the company's consideration of my application of employment.

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

I have carefully read the foregoing, and fully understand its contents. 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.

Applicant: Print Name \_\_\_\_\_ SSN: \_\_\_\_\_

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

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

Witness Signature: \_\_\_\_\_

(This certificate becomes part of the active employee's personnel file.)



**APPENDIX B: DESIGNATED PERSONNEL AND SERVICE AGENTS****CONSORTIUM/THIRD PARTY ADMINISTRATOR (C/TPA)**

NAME: NCMS

ADDRESS:

PHONE NUMBER:

**DESIGNATED EMPLOYER REPRESENTATIVE (DER)/PROGRAM MANAGER**

NAME: Darlene Abegglen

ADDRESS: R1 Box 1112, Roosevelt, UT 84066

PHONE NUMBER: (435)-722-4047

**MEDICAL REVIEW OFFICER (MRO)**

NAME: Toni Valdez- Client Service Manager (IMRO)

ADDRESS: 1430 S. Main St., Salt Lake City, UT 84115

PHONE NUMBER: (801)-486-5400 ext.#101

**SAMHSA/HHS-APPROVED LABORATORY**

NAME: Quest Diagnostics

ADDRESS: 377 N. Fairgrounds Rd, Price, Utah 84501

PHONE NUMBER: (435)-637-5936

**COLLECTION SITE(s) – DRUG AND BREATH ALCOHOL**

NAME: Intermountain Toxicology Collections

ADDRESS: 425 Roosevelt Cir, Roosevelt, Utah 84066

PHONE NUMBER: (435)-725-5249

**LIST OF APPROVED EBTs USED:**

(EBT Manufacturer Name and EBT Model Name)

EV30 - LifeLoc

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**SUBSTANCE ABUSE PROFESSIONAL (SAP)**

NAME: Darlene Abegglen

ADDRESS: R1 Box 1112, Roosevelt, UT 84066

PHONE NUMBER: (435)-722-4047

**EMPLOYEE ASSISTANCE PROGRAM (EAP)**

NAME: NorthEastern Counseling Center

ADDRESS: 285 West 800 South, Roosevelt, Utah 84066

PHONE NUMBER: (435)-725-6300







## APPENDIX C: COVERED POSITIONS

FOLLOWING ARE THE SUPERVISOR AND EMPLOYEE JOB CLASSIFICATIONS/TITLES THAT ARE SUBJECT TO ALCOHOL & DRUG TESTING AND/OR TRAINING:

### Supervisor Titles

- Manger
- Supervisors
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Employee Titles

- Technicians
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_







## APPENDIX D: DISCIPLINARY ACTIONS AND PROCEDURES

### Company Discipline

Under the Substance Abuse Prevention Plan, E & B Oilfield Services Inc. is committed to a drug- and alcohol-free workplace. Violations to this Plan include:

- A) The presence in the body, possession, use, distribution, dispensing, and/or unlawful manufacture of prohibited drugs, and the misuse of alcohol, is not condoned while conducting Company business, or while in work areas, or in Company vehicles on or off Company premises. No employee will work under the influence of prohibited drugs and alcohol.
- B) An employee or applicant who tests positive for drugs, has an alcohol concentration of 0.04 or higher, or refuses to take any drug or alcohol test as directed by the Company.
- C) The prohibited use of alcohol with a test result of 0.02 or greater, but less than 0.04.

Employees violating this Plan will be subject to disciplinary actions up to and including termination. Disciplinary action may include, but is not limited to: removal from working in a covered position, suspension, loss of pay, and termination of employment.

### Additional Company Procedures

#### Reservation of Rights

E & B Oilfield Services Inc. reserves the right to interpret, modify, or revise this policy statement in whole or in part without notice. Nothing in this policy statement is to be construed as an employment contract, nor does this alter an employee's employment at-will status. The employee remains free to resign his/her employment at any time for any or no reason, without notice.

#### Compliance with All Laws

This policy statement will be amended from time to time to comply with changes in Federal and State laws.

E & B Oilfield Services Inc. reserves the right to revise or amend this policy with or without notice at any time.