
Must turn in with applicant

- ___ Company Contact Sheet
- ___ W- 9 Form from company (Must be filled out with Payable Name)
- ___ ICC Lease Agreement – Must fill out and sign 3 copies. All with original signatures.
- ___ Application from each driver and owner
- ___ Class A CDL from each driver and owner
- ___ Medical card from each driver and owner
- ___ Motor Vehicle Record (MVR) of each driver and owner
- ___ Drug policy w/signature from each driver and owner
- ___ Pre-employment drug screen for each driver
- ___ **Fleet Information** for each truck
- ___ Copy of the current registration for each truck
- ___ Copy of the current annual inspection for each truck
- ___ Copy for FEIN Paperwork for the company (or social security card if filling taxes under social)
- ___ Certificate of Bobtail, Non-Trucking, and Physical Damage Insurance .

MUST LIST HARVEST GRAIN INC. AS ADDITIONAL INSURED.

Vin Number for each truck must be listed on the certificate. Certificates must be send via email/fax by the insurance company.
Fax 708-249-0607 Email: Employment@harvestgraininc.com



Harvest Grain Inc.

STATEMENT OF COMPANY POLICY

We are pleased that you are a part of HARVEST GRAIN INC. It is our desire that we establish a sound working relationship based on trust and cooperation. To accomplish this, it is important for you to know, understand, and follow established rules and policies that affect you and help keep HARVEST GRAIN INC strong.

Accident prevention and safety are high priority items with HARVEST GRAIN INC. You will be expected to read and become knowledgeable about the following Company safety policies and work rules. Should it be necessary for you to drive a Company vehicle, you will be required to be an approved driver. The approval process includes review of your motor vehicle record, obtained from the Illinois Department of Public Safety. If a record shows serious violations (driving while intoxicated or under influence of drugs or repeated violations) you could be prohibited from becoming an approved driver. You are expected to observe all traffic laws, use your seatbelt, drive your vehicle only on Company authorized business, and not drive if you are in a mental or physical condition that impairs your driving judgment or ability.

HARVEST GRAIN INC prohibits the illegal use, possession, transportation, or sale of drugs and the unauthorized use of alcoholic beverages, firearms, or explosives during work hours. Company employees must not report for duty under the influence of any drug, alcoholic beverage, intoxicant, or other substance, including legally prescribed drugs and medicines, which will in any way affect work ability, alertness, coordination, response, or risk the safety of fellow workers or the general public. During the course of your employment, you are subject to inspection for possession or use of unauthorized materials such as alcohol, drugs, or firearms as required by our policies or those of companies with which we do business. Your entry into or presence on Company work sites, vehicles, or owned property is conditioned on the Company's right to search any employee's property, including lunch boxes, lockers, bags, and private vehicles (including trunks, glove compartments, etc.). By entering into or being present on Company controlled or provided work sites, vehicles or owned property, any person is deemed to have consented to such searches which may include periodic and unannounced searches of anyone while on, entering, or leaving such facilities. These searches may include the use of electric or electronic detection devices, scent-trained animals, or the taking of blood or urine samples for testing to determine the presence of substances prohibited by this policy. The Company will pay for the full cost of any tests and transportation to and from such tests. If you chose not to consent to the search or medical testing, you are subject to discipline up to and including suspension or termination based upon observable symptoms or any other information. All searches will be conducted in the presence of HARVEST GRAIN INC representatives. As a part of HARVEST GRAIN INC. you are expected to maintain your internal and external work relationships in a professional manner. Good faith compliance with applicable laws, rules and regulations is expected. **This is a condition of employment.**

HARVEST GRAIN INC is committed to compliance with laws and regulations designed to prevent discrimination against any individual because of sex, race, color, creed, or age. This includes maintaining an environment which promotes equal employment opportunity and maintaining a work atmosphere free of behavior that is or may be viewed as offensive to any other employee or group of employees. It also includes the right of an employee to be free from sexual harassment and to have the ability to report such incidents without fear of reprisal.

*****This summary does not and is not intended to cover all applicable policies. It is only a guide to give employees management opinions on several areas.*****

Even though this may seem like a large amount of information, it is important that this information does not go unsaid. We believe it is your right to have these rules expressed to you, to know what is expected of you, and to know how HARVEST GRAIN INC. manages its business. These policies represent good business and personal ethics that form the foundation of this organization.

Dominique C. Schmaedeke
Director of Operators

I hereby acknowledge receiving, reading and understanding HARVEST GRAIN INC. policy and work rules. I fully understand the provisions of the policies and rules and hereby consent to them, to searches and/or testing for detection of drugs, intoxicating beverages, firearms, and unauthorized explosives. I will perform my job in the safest manner possible in order to prevent injury to myself, my fellow employees, and the general public.

Employee Name & Signature

Date



Harvest Grain Inc.

Company Information:

Company Name: _____

Physical Address: _____

Title	Name	Phone	Email
DISPATCH **Must have dispatch number**			
Owner			
Driver 1			
Driver 2			
Driver 3			



Harvest Grain Inc.

Truck Information:

Harvest Grain Inc assigned unit # _____

Year: _____

Make: _____

Model: _____

Vin: _____

Plate: _____

Be sure to attach the following:

- Insurance
- Registration
- Copy of current Annual Inspection



Harvest Grain Inc.

Truck Information:

Harvest Grain Inc assigned unit # _____

Year: _____

Make: _____

Model: _____

Vin: _____

Plate: _____

Be sure to attach the following:

- Insurance
- Registration
- Copy of current Annual Inspection



Harvest Grain Inc.

PLEASE FILL OUT PAGE 7-19 FOR EVERY DRIVER YOU WOULD LIKE TO DRIVE.

Driver Information

You must attach CLEAR copies of the social security card, license, (and medical card if driving out of state) for each driver you hire on with Harvest Grain Inc.
If you have more than one driver, each driver must fill out pages 4-10.

First and Last Name			
Address:			
Emergency Contact Name:	Emergency Contact Number:		
License Number	Expires:		
Last 4 of Social Security #	Date Of Birth		
Driver # (Assigned By Harvest Grain Inc.)	Married: Yes NO		
Unit # Of Assigned Truck	Years W/Class A CDL		

Drivers Lic. Social Security Card Card MVR Medical

Does this driver has Rail Experience: _____ Years: _____

Does this driver have overweight grain experience: _____ Years: _____

Does this driver have Hopper Bottom Experience _____ Years: _____

Does this driver have Flatbed Experience: _____ Years: _____

Most Recent Employer:

Company Name: _____ Address: _____

Position Held: _____ From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____ Contact Name: _____ Number: _____

Reason For leaving Position: _____

Previous Employer:

Company Name: _____ Address: _____

Position Held: _____ From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____ Contact Name: _____ Number: _____

Reason For leaving Position: _____

Previous Employer:

Company Name: _____ Address: _____

Position Held: _____ From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____ Contact Name: _____ Number: _____

Reason For leaving Position: _____



Harvest Grain Inc.

Previous Employer:

Company Name: _____ Address: _____

Position Held: _____ From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____ Contact Name: _____ Number: _____

Reason For leaving Position: _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
Last accident:			
Next Previous:			

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS OR MORE (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY



Harvest Grain Inc.

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes / No

B. Has any license, permit, or privilege ever been suspended or revoked? Yes / No

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS DRIVING EXPERIENCE. IF NONE, WRITE NONE.

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date From	Date To	Approx. # of Miles (TOTAL)
Straight Truck				
Tractor and Semi- Trailer				
Tractor – Two Trailers				
Motor coach - School Bus				
Other				

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS: _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and completed to the best of my knowledge. I authorize **HARVEST GRAIN INC.**, to make such investigations and inquiries of my personal, employment, financial or medical inquires of my personal, employment decision. (Generally, inquiries regarding medical history medical history only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

_____ Date

_____ Applicants Name (PLEASE PRINT)

_____ Applicants Signature



Harvest Grain Inc.

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to **HARVEST GRAIN INC.** The purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

In accordance with the provisions of Sections 604 and 607 of the FAIR CREDIT ACT. Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208), I hereby certify the following:

1. The Consumer (applicant) has authorized in writing the procurement of this report;
2. The Consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes and will used for no other purpose);
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation;
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of the consumer rights as provided with the report by the consumer-reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under records under the provisions of the Driver's Privacy Protection Act 1994 (Public Law 103-322. Title XXX, Section 3 02 (a)).

Applicants Name (Please Print)	Applicants Signature	Date

To: _____

Dear Sir/Madam:

The Following named person has made application with our company for the position of DRIVER/OWNER-OPERATOR. As in accordance with section 391.23 Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driver record for the past three years.

Name of the applicant: _____

Address: _____

Number & Street	City	State	Zip Code
-----------------	------	-------	----------

Former Address: _____

Number & Street	City	State	Zip Code
-----------------	------	-------	----------

Date of birth: ____/____/____ SSN: _____ DLN: _____

Requested by: _____ Title: _____ Signature: _____



Harvest Grain Inc.

Commercial Motor Vehicle Driver's CERTIFICATION OF VIOLATIONS

HARVEST GRAIN INC. INSTRUCTIONS: Each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted or on account of which he has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not to repeat that information here.

DRIVER REQUIREMENTS:

Each driver shall furnish the list as required by **HARVEST GRAIN INC.** If the driver has not been convicted of. Or forfeited bond or collateral on account of any violation, which must be listed he shall so certify (Section 391.27).

I certify that the following is true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of vehicle operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Drivers Name: _____ Date of Birth: _____

Drivers License Number: _____ State: _____ Expiration Date: _____

Date of certification: _____ Drivers Signature: _____

Reviewed by: _____ Title: _____



Harvest Grain Inc.

DRIVER STATEMENT OF ON-DUTY HOURS

(Newly Hired Driver)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j) (2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensation work during the preceding 7 days including work for **non-motor carrier** entity must be recorded on this form.

Drivers Name (Print): _____

Social Security Number: _____ Driver License Number: _____

State: _____ Type: _____ Issuing Date: _____ Expiration Date: _____

Day	1 (yesterday)	2	3	4	5	6	7	
Date								
Hours Worked								Total Hours

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at:

_____ A.M.
_____ P.M. On _____ Day _____ Month _____ Year

DRIVER CERTIFICATION FROM ADDITIONAL COMPENSATED WORK INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including the time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for **any non-motor carrier** entity.

ARE YOU CURRENTLY WORKING FOR ANOTHER EMPLOYER? **YES / NO** (CIRCLE ONE)

AT THIS TIME DO YOU INTEND TO WORK FOR ANOTHER EMPLOYER WHILE STILL EMPLOYED BY **HARVEST GRAIN INC.** **YES / NO** (CIRCLE ONE)

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND I UNDERSTAND THAT ONCE I BECOME EMPLOYED WITH **HARVEST GRAIN INC.**, IF I BEGIN WORKING FOR COMPENSATION FOR ANY OTHER EMPLOYER (S), THAT I MUST INFORM **HARVEST GRAIN INC.** IMMEDIATELY OF SUCH EMPLOYMENT ACTIVITY.

Drivers Name (Please Print)

Drivers Signature

Date

Witness Name (Please Print)
COMPANY REPRESENTATIVE

Witness Signature
COMPANY REPRESENTATIVE

Date



Harvest Grain Inc.

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Applicant Name: _____ Date: _____

Applicant Signature: _____ Social Security: _____

Mail to Most Recent Previous Employer: _____

BELOW THIS LINE IS FOR THE PREVIOUS EMPLOYER

Dear Sir/Madam

The above named individual has made application to this company for a position as a Driver and stated that he/she was employed by you as a Driver From: _____ To: _____ We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Sincerely; _____ (708) 738-3173–Phone (708)249-0607 – Fax

If you fax this fax back please use a cover ATTN: HARVEST GRAIN EMPLOYMENT CENTER - DOMINIQUE

Name of Applicant: _____ Social Security Number: _____

Employed from: _____ To: _____ As: _____

1. Did he/she drive a motor vehicle for you ____? If yes, which type Straight truck ____ Other (please specify) _____
2. Was he/she a safe and efficient driver? _____
3. Reason for leaving your employ: Discharge ____ Resignation ____ Lay Off ____ Military Duty ____ Medical ____
4. Was his/her general conduct satisfactory? _____
5. 6. Please advise accident history for past three years: _____
7. Please indicate your opinion by placing a check mark in the appropriate column.

Characteristics	Excellent	Good	Fair	Poor
Disposition, Tact, Ability to get with other				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

Any other remarks: _____

Printed Name: _____ Signature: _____ Title: _____



Harvest Grain Inc.

REQUEST/CONSENT FOR ALCHOL & CONTROLLED SUBSTANCES TEST RESULTS

Applicant:

Pursuant to 49 CFR, Sections 382.405 (f), 382.413 (b), please fax the following information regarding the applicant listed below to **HARVEST GRAIN INC.**

APPLICANT: _____ SOCIAL SECURITY NO. _____

I, the above mentioned signed, hereby authorize that my previous employer may release and forward all information requested including the following questions concerning my Alcohol and Controlled Substances Testing and Training records to **HARVEST GRAIN INC.**

Signature: _____ Date: _____

Previous Employer:

Based on your knowledge and review of your company's Alcohol and Controlled Substances Testing records

Has this person ever tested positive for controlled substances in the last three years?***

Yes	No
_____	_____

Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or Greater in the last three year?***

_____	_____
-------	-------

Has this person ever refused a required test for drugs or alcohol in the last three years

_____	_____
-------	-------

**Please include information from previous employers.

Company Official Name: _____

Printed Name: _____ Signature: _____

If YES to any of the above questions, please provide us the name of the person with in your company who can confirm dates and results of all positive and negative drug and alcohol test results for the above name applicant.

Contact Name: _____

Phone Number: _____ Title: _____ Date: _____

Failure to furnish information as required by 49 CFR 382.405(f) and 382.413 (b) is a violation of DOT regulations and may result in a fine and/or civil liability.



Harvest Grain Inc.

DOT ANTI-DRUG POLICY STATEMENT OF POLICY ON DRUG ABUSE

HARVEST GRAIN INC. requires that all of our contractors perform their duties free of the effects of drugs for the safety and wellbeing of the public. A drug free workplace is especially important in the transportation industry because of our responsibility to serve the public safely and without interruption. Contractors who use drugs represent a hazard to themselves and the motoring public.

In order to ensure a safe, efficient and drug-free workplace and to comply with Federal requirements, the following policy has been adopted and will apply to all individuals hereafter entering into contractual agreement as well as to all incumbent owner-operators.

GENERAL POLICY

HARVEST GRAIN INC. and numerous regulatory authorities are concerned that all persons involved in the trucking industry perform their duties in a responsible and professional manner, unimpaired by the effects of drug abuse. While no company policy will eliminate the possibility of drug abuse completely, it is believed that the program described in this policy will greatly reduce the risks associated with drug abuse to our contractors and to the public.

I. USE PROHIBITED

No contractor shall use any Scheduled drug included in the Schedule of Controlled Substance of the Drug Enforcement Agency or any narcotic or habit-forming drug except as permitted by Federal Motor Carrier Safety Regulations.

The Schedule of Controlled Substance includes the following drugs and classes of drugs:

1. Amphetamines
2. Cannabinoids (Marijuana)
3. Cocaine Metabolite
4. Opiates
5. Phencyclidine (PCP)

No contractor may use any of these drugs whether on duty or off duty. Any violation of this policy will result in disciplinary action which may include termination of employment and/or lease.

II. IMPAIRMENT PROHIBITED

No contractor will report for duty or drive while impaired by the use of any drug or controlled substance. A contractor may use a drug or a controlled substance if it has been prescribed or administered by a physician and if a physician has advised the contractor that the drug or substance will not affect the contractor's ability to safely operate a motor vehicle. The term "impairment" means to be under the influence of a drug or controlled substance so that a contractor's motor senses (sight, hearing, balance, reflex or reaction) are adversely affected. Any violation of this policy will result in discipline which may include termination of employment and/or lease.

III. POSSESSION, SALE AND TRANSFER PROHIBITED

No contractor at any work site will possess any quantity of any drug or controlled substance, lawful or unlawful, which in sufficient quantity could result in impaired performance, with the exception of substances prescribed by a licensed physician. No contractor shall sell or transfer or attempt to sell or transfer to any other person, any drug or controlled substance at any work site. The term "work site" means any motor vehicle, office, building, terminal, yard or other property owned or operated by HARVEST GRAIN INC, or any other location at which the contractor is to perform work. The term "possess" means to have in or on the possession of the contractor, the contractor's motor vehicle, personal effects or areas trusted substantially to the control



Harvest Grain Inc.

of the contractor. Possession does not include the handling or transporting of any drug or controlled substance which is manifested and transported as a shipment. The term "sell or transfer" means to deliver to any other person for consideration, for free, or for any other reason. Any violation of this policy will result in discipline which may include termination of employment and/or lease.

IV. DRUG AND CONTROLLED SUBSTANCE TESTING

In order to ensure a drug-free environment and comply with Federal regulations, all HARVEST GRAIN INC. owner/operators and prospective contractors will be subject to a test for the use of drugs or controlled substances. The term "testing" means the testing of urine or any other means of testing (blood, hair, ect.) for evidence of use of drugs or controlled substances.

Any prospective owner/operator of HARVEST GRAIN INC. as a contractor will be subject to drug and controlled substance testing during the pre-lease physical examination. Refusal by the prospect to submit to such testing will cause the prospect to be found medically disqualified and the prospect will not be leased.

All incumbent contractors of HARVEST GRAIN INC. will also be subject to drug and controlled substance testing as follows:

1. RANDOM TESTING

All contractors will be subject to unannounced drug and controlled substance testing at any time on a random basis as a condition of their continued contractual agreement with Harvest Grain Inc.

2. REASONABLE SUSPICION TESTING

When there is cause to believe that a contractor is impaired as a result of the use of drugs or controlled substances, the contractor may be required to submit to urine testing.

3. POST-ACCIDENT TESTING

Any contractor who is involved in an accident resulting in the loss of human life or who receives a citation under state or local law for a moving traffic violation arising from the accident as described in the Federal Motor Carrier Safety Regulations 382.303 of the U.S. Department of Transportation Federal Highway Administration, must submit to drug and controlled substance testing as soon as possible following the accident but no later than 32 hours after the accident.

The refusal to submit to pre-lease, random or reasonable suspicion drug and controlled substance testing will result in the contractor being not medically qualified to drive. Any refusal or failure to submit to post-accident drug and controlled substance testing is a violation of company policy and Federal Motor Carrier Safety Regulations and will result in the driver being medically unqualified to drive. If an accident results in a fatality to any person and the contractor refuses or fails to submit to drug and controlled substance testing, the contractor shall be disqualified from driving for not less than one year.

V. TESTING RESULTS

The testing of all urine samples submitted in accordance with this policy will be performed by federally qualified and certified testing laboratories. The test results will be reviewed to determine if there is evidence of the use of drugs or controlled substances. The test results will be treated in strict confidence. HARVEST GRAIN INC. has retained Medical Review Officer Services through a qualified MRO, who will be the sole custodian of the individual test results. The Medical Review Officer, in turn, will advise HARVEST GRAIN INC. whether the test results were positive (indicative of the presence of drugs or controlled substances) or negative. No test results will be released to any other party without the written authorization of the contractor who was tested. The test results will be used to determine whether a contractor is medically qualified to drive.



Harvest Grain Inc.

VI. QUESTIONS REGARDING THESE MATERIALS

All questions will be directed to the Director of Safety at HARVEST GRAIN INC. The phone number is 1-708-738-3173 at the corporate office. This Statement of Policy on Drug Abuse was adopted by HARVEST GRAIN INC. on AUGUST, 1 2013.

ADDENDUM ANTI-DRUG POLICY FOR SPLIT URINE COLLECTIONS

One of the mandates of the Omnibus Transportation Testing Act is that urine collections for drug testing be "split" into two portions. This Procedure is required for all trucking companies as of August 15, 1994.

Department of Health and Human Services-DHHS collection procedures will be strictly followed by all collection providers to ensure the sample integrity of the specimen at all times, without invading the privacy of the donor.

Specifically, the Act stipulates that each specimen sample be subdivided, secured, and labeled in the presence of the tested individual. A portion of the specimen of the "split" portion shall be retained in a secure manner to prevent the possibility of tampering. In the event the donor's confirmation test results are positive, the donor has 72 hours after notification to request the MRO to have the retained portion assayed by a confirmation test done independently at a second certified laboratory.

The specimens will be provided by the donor at a professional medical facility in the privacy of lavatory or a washroom stall. Since some individuals may attempt to subvert the collection process through substitution, dilution or adulteration, all collection site personnel will be vigilant against attempts to alter urine specimens.

The Procedures for Transportation Workplace Drug and Alcohol Testing, 49 CFR Part 40 requires that the following procedures be followed:

SPECIMEN VOLUME: The "primary" specimen must be at least 30 ml of urine, with the "split" portion at least 15 ml.

NUMBER OF COLLECTION CONTAINERS: The collector may a) provide the donor a collection container capable of holding 60 ml of urine, then pour off the appropriate amounts of urine into the primary and split specimen bottles, or b) give the donor the split specimen bottle, then pour off 30 ml into the primary specimen bottle.

RECORDING TEMPERATURE: The collector will then record the temperature of the urine within four minutes of collection. The temperature of the specimen must fall within a range of 90.5°F to 99.8°F in order for the specimen to be acceptable for testing.

SECURING SEALS: The collector will place the tamper proof seals over the caps and down the sides of each collection bottle so that each bottle cannot be opened without breaking the seal. The collector will at the same time affix the identification number provided with the Urine Custody and Control Form to the collection bottle so that the specimen can be positively identified by the collector and the testing laboratory.

SHIPPING SPLIT SAMPLES: Both the primary and split portions of the specimen are to be shipped to the testing laboratory in the same shipping package. Specimens will be held in a secure location at the collection site until they are picked up by an express overnight courier for shipment to the laboratory. The laboratory is responsible for retaining the "split" portion for the positive specimen for 60 days

ALCOHOL MIS-USE

In our continuing effort to serve our customers in a safe, reliable and efficient manner, Ray Dettmering Farms has established an **ALCOHOL MIS-USE** program as a supplement to our existing **POLICY ON DRUG ABUSE**.

On February 15, 1994, the United States Department of Transportation (USDOT) issued the FINAL RULE on alcohol mis-use for commercial contractors who operate commercial motor vehicles (CSV's). The Omnibus Transportation Testing Act of 1991 is now public law and requires motor carriers and drivers to comply with federal regulations concerning the mis-use of alcohol.

WHO MUST BE TESTED



Harvest Grain Inc.

As a result of this federal law and to further the prevention of accidents and injuries resulting from the miss-use of alcohol, HARVEST GRAIN INC has adopted this program for all contractor applicants, as well as to all incumbent contractors.

PROHIBITED ALCOHOL RELATED CONDUCT

No HARVEST GRAIN INC contractor shall have in their possession while on duty or on company premises, an alcohol preparation or intoxicating beverage. An intoxicating beverage includes all alcoholic beverages, medicines, or mouthwashes which contain alcohol.

The Departments of Transportation regulations prohibit Breath Alcohol Concentrations (BAC) in excess of .04 percent. Any contractor with a breath alcohol concentration greater than .02 but less than .04 will be taken out of service for a period of 24 hours.

ON-DUTY USE

No HARVEST GRAIN INC contractor or applicant will report to work while under the influence of an intoxicating beverage or alcohol preparation.

REFUSAL TO SUBMIT TO A REQUIRED ALCOHOL TEST

Refusing to submit to a required alcohol test is treated as a positive test subjecting the contractor or applicant to disciplinary action up to and including termination of employment and/or lease.

TESTING PROCEDURES AND METHODOLOGY

All testing for alcohol miss-use will be conducted by trained Breath Alcohol Technicians (BAT's). All testing to determine alcohol impairment will utilize measurement of expired breath with an EVIDENTIAL BREATH TEST DEVICE (EBT).

REASONS FOR TESTING

A. **POST-ACCIDENT TESTING:** Any contractor or safety-sensitive contractor involved in an accident that is reportable to the Department of Transportation will be required to submit to an alcohol test within two (2) hours of the accident. If testing cannot be arranged within two hours, the driver or safety-sensitive contractor will continue to attempt to have an alcohol test for an additional six (6) hours. After eight (8) hours has elapsed and an alcohol test cannot be arranged, the contractor or safety-sensitive contractor shall give a written explanation to HARVEST GRAIN INC describing the events that prevented the contractor or safety-sensitive contractor from submitting to a post-accident test.

1. An accident in which a contractor/driver must be tested is:

An accident involving a Commercial Motor Vehicle operating on a public road which results in the loss of human life or the contractor/driver receives a citation under state or local law for a moving traffic violation arising from the accident.

B. **RANDOM TESTING:** All contractors are subject to, and at least ten (10) percent of all contractors will be selected to submit to unannounced random testing, which will be spread throughout the calendar year.

C. **REASONABLE SUSPICION TESTING:** All contractors that exhibit signs and symptoms of alcohol impairment while on the job or just prior to reporting to work will be required to submit to an alcohol test to determine if actual impairment is present.



Harvest Grain Inc.

CONSEQUENCES FOR CONTRACTORS ENGAGING IN ALCOHOL RELATED CONDUCT

Any contractor or prospective contractor who does not comply with provisions of this policy will be subject to disciplinary action up to and including termination of lease or consideration of lease.

TESTING FACILITY

All testing will be performed at, Riverside Medical Center; 400 S. Kennedy Dr. Suite 700, Bradley, IL 60915. (815) 935-7532. All testing (besides pre-employment drug tests) will be at the cost of HARVEST GRAIN INC unless a positive test has been recorded. If you test positive on a drug/alcohol test your employment will be terminated.

AGREEMENT

I, the undersigned, certify that I have read and understand HARVEST GRAIN INC Statement of Policy on Drug Abuse and have received a copy of that policy. By entering into a lease with HARVEST GRAIN INC, I also consent to submit to urine testing for drugs and controlled substances and I agree to comply with all of the requirements of HARVEST GRAIN INC, the Federal Motor Carrier Safety Regulations and any federal, state or local laws and rules governing the use of drugs and controlled substances. I understand that my failure to honor the terms of this agreement will be grounds for termination of my employment and/or lease, or loss of consideration of my application for lease with HARVEST GRAIN INC.

(CONTRACTOR/APPLICANT SIGNATURE)

(CONTRACTORS/APPLICANT'S PRINTED NAME)

(CONTRACTORS/AAPPLICANTS SOCIAL SECURITY NUMBER)

(DATE)