

Premier Traffic Team

Drug and Alcohol Policy

Effective Date: January 30, 2025

The Drug-Free Workplace Act of 1988 requires employers to maintain a drug-free environment. Violations can result in penalties, including loss of federal contracts.

Purpose

The purpose of this Drug and Alcohol Policy is to promote a safe, healthy, and productive work environment by preventing substance abuse that can impair job performance, safety, and overall operations. Premier Traffic Team is committed to compliance with federal and state laws pertaining to drug and alcohol use in the workplace.

Scope

This policy applies to all employees, contractors, and temporary workers while on company premises, during working hours, and while conducting company business, regardless of location.

Policy Statement

The use, sale, distribution, or possession of illegal drugs and the misuse of alcohol is strictly prohibited at Premier Traffic Team. Employees are expected to perform their duties free from the influence of drugs and alcohol.

Employee Assistance

Premier Traffic Team encourages employees who may be struggling with substance abuse issues to seek help. Our Employee Assistance Program (EAP) provides confidential counseling and resources to support recovery and management of addiction issues.

Prohibited Substances

- **Illegal Drugs:** Any substance listed as illegal or controlled under state or federal law.
- **Alcohol:** The presence of alcohol in your system during work hours is prohibited.
- **Prescription Drugs:** Employees must not perform work duties while impaired by prescription or over the counter medications that affect job performance. (If you have a question about whether a medication that you are prescribed or taking over the counter could affect your job performance, please speak with your doctor, and report any information to your supervisor who will make a determination of whether you will be fit for duty, or not.)

Work Rules

- Employees must not report to work under the influence of drugs or alcohol.
- Employees must comply with all provisions of this policy and participate in drug and alcohol testing as required.

Required Testing

Employees will be subject to the following types of testing:

- Pre-Employment Testing: Potential hires may be required to undergo drug and alcohol testing before employment.
- Random Drug Testing: Employees can be randomly selected for testing throughout the year.
- Post-Accident Testing: Employees involved in workplace accidents are required to undergo testing.
- Reasonable Suspicion Testing: Employees may be tested if a supervisor observes behavior or patterns that suggest substance use.

Reasonable Suspicion

Reasonable suspicion exists when a trained supervisor observes specific behaviors or signs that indicate an employee may be under the influence of drugs or alcohol. Our supervisors are trained to look for signs of impairment. Examples include:

- Slurred speech or erratic behavior
- Inconsistent performance or judgment
- Odor of alcohol or drugs
- Physical symptoms such as dilated pupils or tremors

Refusal to Test

Refusal to submit to a drug or alcohol test may result in disciplinary action up to and including termination. This includes not appearing for a scheduled test or tampering with any test sample.

Tampering

Tampering with a drug or alcohol test (e.g., altering, diluting, or substituting samples) will be treated as a refusal to test and may lead to immediate disciplinary action.

Collection and Testing Procedures

- All testing will be conducted in accordance with federal and state regulations.
- Specimen collection will be performed by trained professionals in a controlled and secure environment.
- Testing will be done by certified laboratories to ensure accuracy and reliability.

Consequences for Policy Violations

Violations of this policy may lead to disciplinary actions, which may include: Written warnings, Suspension without pay, and termination of employment. Any accident on a jobsite, that involves drugs, and/or alcohol will be grounds for immediate termination.

Confidentiality

All records related to drug and alcohol testing and treatment will be kept confidential in compliance with HIPAA and applicable state laws. Information will only be shared on a need-to-know basis with authorized personnel or as required by law.

Inspections

Managers and supervisors may conduct inspections of company property to ensure compliance with this policy, including searching for illegal substances or items that violate this policy.

Crimes Involving Drugs

Any illegal drug activity within the workplace, including possession, distribution, or use of illegal substances, will be reported to law enforcement immediately and may result in termination of employment.

Enforcement

This policy is enforced by Premier Traffic Team management and will be applied consistently and fairly across the organization.

Policy Review

This policy shall be reviewed annually and revised as necessary to reflect changes in law and best practices.

Acknowledgment of Receipt

Employees are required to sign an acknowledgment of their understanding and acceptance of Premier Traffic Teams Drug and Alcohol policy.

Employee Signature: _____ Date: _____

Manager/Supervisor Signature: _____ Date: _____

CONSENT FOR PRE-EMPLOYMENT, RANDOM, REASONABLE SUSPICION & POST ACCIDENT DRUG AND/OR ALCOHOL TESTING

I hereby CONSENT to allow **Premier Traffic Team** to choose any testing facility and allow that testing facility to take a specimen of my hair, urine, breath, and/or blood to submit it for a pre-employment, random, reasonable suspicion and/or post-accident drug test screen. I understand and agree that if I at any time refuse to submit to a drug and/or alcohol test under company policy, or I otherwise fail to cooperate with the testing procedures, I may be subject to immediate termination. I further authorize and give full permission to have the company and/or its physician send the specimen(s) collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the company. I understand that only duly authorized company officers, employees and agents will have access to information furnished or obtained in connection with the test.

I will hold harmless the company and its agents, physician, medical personnel and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test.

I have carefully read 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.

Employee Signature: _____ Date: _____

Print: _____

Manager/Supervisor Signature: _____ Date: _____

Print: _____

Premier Traffic Team

Consent for Drug and Alcohol Testing

Employee Information

Employee Name: _____

Date of Birth: _____

Job Title: _____

Date: _____

Purpose of Testing

Please check the applicable box:

☐ Pre-Employment

☐ Random

☐ Reasonable Suspicion

☐ Post-Accident

Consent Statement

I, _____ (Employee Name), hereby consent to undergo drug and/or alcohol testing as required by Premier Traffic Team's Drug and Alcohol Policy. I understand that this testing is being conducted to ensure a safe and productive work environment and to comply with company policies and applicable laws.

I acknowledge that:

1. The testing may include urine, blood, breath, or other specimen collection methods.
2. The results of the test will be used for employment-related decisions, including but not limited to hiring, continued employment, or disciplinary actions.
3. Refusal to consent to testing or failure to comply with the testing process may result in disciplinary action, up to and including termination of employment.
4. The test results will be handled confidentially and shared only with authorized personnel in accordance with applicable laws and company policy.

Employee Acknowledgment

I have read and understand this consent form. I voluntarily agree to undergo drug and/or alcohol testing as requested by Premier Traffic Team.

Employee Signature: _____

Date: _____

Witness Information

Witness Name: _____

Witness Signature: _____

Date: _____

Instructions for Use:

1. Fill in the employee's information and the purpose of testing.
2. Have the employee review and sign the form in the presence of a witness.
3. Retain a copy of the signed form in the employee's personnel file.