

OUR COMPANY

DRUG PREVENTION & EMPLOYEE TESTING POLICY SUMMARY

Employee Acknowledgment of Receipt

Quick Summary

- Report to work fit for duty at all times, to include not having any detectable amount of alcohol/drugs in your body.
- No drugs, cannabis, alcohol, or impairing medication while working or representing the Company.
- Drug & Alcohol Testing will be required as a condition of continued employment.
- DOT regulated employees must Title 49 CFR Part 40 & 382, as incorporated into this Policy, as amended.
- Violations of this Policy may result in discipline, removal from duty, denial of placement, or immediate termination.

1 Policy Purpose

- The Company is committed to a safe, healthy, drug-free, alcohol-free & drug-safe workplace.
- This policy promotes safety, productivity, and compliance with Company, federal, state, local, DOT, CHP & CPUC requirements.

2 Applicability

- Applies to all employees, applicants, contractors, volunteers, DOT regulated employees, and others performing work on behalf of the Company.

3 Employee Responsibilities

- Report to work fit for duty & remain drug/alcohol free.
- Remain free from impairment while on company property, assignment & while performing work duties.
- Comply with testing requirements, without delay.
- Notify management or the DER if medication or substance use may affect safe performance before hazardous or safety-sensitive duties begin.

5 Drug & Alcohol Testing Required

Testing Circumstances

- Pre-employment/pre-placement; reasonable suspicion; random; post-accident; return-to-duty, follow-up; and retesting after an abnormal, invalid, dilute, lab-unable-to-test, tampered, or any other questionable results. See extended Policy for complete details.

Testing Methods

- Urine, hair, oral fluid/saliva, blood, breath, eye performance, or other lawful methods may be used alone or in any combination.

6 DOT / FMCSA Requirements

- DOT regulated employees must comply with DOT drug and alcohol testing rules outlined within Title 49 CFR Part 40, 382 & 391, to include similar state laws.
- SAP, return-to-duty, follow-up testing, and other federal requirements may apply, following a federal violation.
- Supervisors must complete Reasonable Suspicion Training, one hour for drugs and one hour for alcohol.
- DOT regulated applicants and employees must authorize required FMCSA Clearinghouse queries pre-hire and annually thereafter. Driver registration required.
- May not consume intoxicants within 4 hours of duty.

7 Violations and Consequences

Violations include:

- Positive test results; refusal to test; sample tampering or interference; working while impaired; possession or use of prohibited substances; failure to report required Rx/OTC usage; or failure to comply with applicable Company or regulatory requirements.

Consequences may include:

- Immediate removal from duty; denial of placement, assignment, or employment; disciplinary action up to and including termination; which may include additional consequences imposed by DOT, CHP, CPUC or SAP.

8 Resources

Resource	Website	Phone
Foundation for a Drug-Free World	drugfreeworld.org	1-888-668-6378
SAMHSA	samhsa.gov	1-800-662-HELP
SAP Directory	saplist.com	
FDTSI / Training	fdtsi.com	(760) 770-6068

Our Program Administrator: FDTSI | (760) 770-6068

9 Federal & State Drug Free Workplace Requirements

Our company has adopted both the federal and State Drug Free Workplace requirements, and hereby prohibit all employees from the unlawful manufacture, distribution, possession, or use of controlled substances at work. We further require that any and all drug and/or alcohol related convictions by reported to the D.E.R. within 3 calendar days of said conviction or case disposition. Reports must be made to the D.E.R. before resuming any duties for the company.

Prohibited Substance:

- Any Substance that may cause impairment, to include any controlled substance or medication.

10 Acknowledgement of Receipt

I acknowledge that I have received and understand this Summary Policy Statement. I understand that compliance with this policy is a condition of employment or continued assignment, and that violations may result in removal from duty, discipline, denial of placement, or immediate termination.

Issue Date

Applicant/Employee's **PRINTED NAME**

Applicant/Employee's **SIGNATURE**

Designated Employer Representative (D.E.R.) **PRINTED NAME**

D.E.R.'s **Phone & E-Mail**

DOT-FMCSA CLEARINGHOUSE NOTIFICATION & EMPLOYEE CONSENT

DRIVER'S NOTIFICATION:

The U.S. Department of Transportation - Federal Motor Carrier Safety Administration's (DOT-FMCSA) Drug & Alcohol Testing regulation, outlined within Title 49 CFR Part 40 & Part 382 has required all new and existing DOT regulated employees to register within the Clearinghouse and give their written consent, so employers can access the employee's drug & alcohol testing records held within DOT-FMCSA Clearinghouse database. This is outlined within Title 49 CFR Part 382.701-727 and can be obtained on-line at anytime. The Company has implemented these regulations into their Drug Prevention and Employee Testing Policy. Furthermore, the company has offered free computer and Internet access within the Company, or at Forensic DTS so the employee may register as a "Driver" within the Clearinghouse. I hereby acknowledge the Company has adopted Title 49 CFR Part 40, 382 & 391 as Company Policy, as may be amended.

DRIVER'S WRITTEN CONSENT:

I am giving my voluntary consent to my perspective employer, current employer and their service agents to conduct a "Full Query" and/or a "Limited Query" of my personal data and information contained within the U.S. Department of Transportation - Federal Motor Carrier Safety Administration Commercial Driver's License Drug & Alcohol Clearinghouse database(aka:Clearinghouse), as permitted within Title 49 CFR Part 382.703(b). Furthermore, as a condition of my employment or continued employment, I hereby give my full and free consent for my perspective employer, current employer and their service agents to conduct a Full or Limited query at anytime. This consent shall expire upon my termination.

**DRUG & ALCOHOL
CLEARINGHOUSE**

Issue Date

Applicant/Employee's **PRINTED NAME**

Applicant/Employee's **CONSENTING SIGNATURE**