

Prairie Ag Services

Drugs & Alcohol Policy

6180 W 1100 N DeMotte, IN 46310

Telephone: (219)987-8340 Fax: (219)987-8334

Email: jake@ddfarming.com

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This company has a full commitment to safety. Please join us in this commitment by adhering to the policies and procedures contained in this document.

Drugs & Alcohol Policy

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Drugs and Alcohol Policy

Drug and/or alcohol use may pose a serious threat to driver health and safety. Therefore, it is the policy of this company to prevent the use of drugs and abuse of alcohol from having an adverse effect on our drivers.

The serious impact of drug use and alcohol abuse has been recognized by the federal government. The Federal Motor Carrier Safety Administration (FMCSA) has issued regulations which require the company to implement an alcohol and controlled substances testing program.

The purpose of the FMCSA issued regulations is to establish programs designed to help prevent accidents and injuries resulting from the misuse of alcohol or use of controlled substances by drivers of commercial motor vehicles.

The company will comply with these regulations and is committed to maintaining a drug-free workplace.

The use, sale, purchase, transfer, possession, or presence in one's system of any controlled substance (except medically prescribed drugs) by any driver while on the company premises, engaged in company business, operating company equipment, or while under the authority of the company is strictly prohibited. Disciplinary action will be taken as necessary and any violation of these terms may cause termination.

This policy supersedes all prior policies and statements relating to alcohol or drugs.

Neither this policy nor any of its terms are intended to create a contract of employment or contain the terms of any contract of employment. The company retains the sole right to change, amend, or modify any term or provision of this policy without notice..

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Drugs and Alcohol Procedures

Regulatory Requirements

All drivers who operate commercial motor vehicles that require a commercial driver's license under 49 CFR Part 383 are subject to the FMCSA's drug and alcohol regulations, 49 CFR Part 382.

Non-Regulatory Requirements

The Federal Motor Carrier Safety Regulations (FMCSRs) set the minimum requirements for testing. The company's policy in certain instances may be more stringent. This policy will clearly define what is mandated by the FMCSRs and what company procedure is.

Designated Employee Representatives (DERs)

The company is responsible for providing testing for the driver which is in compliance with all federal and state laws and regulations, and within the provisions of this policy. The company will retain all records related to testing and the testing process in a secure and confidential matter.

The Designated employer representative (DER) is an individual identified by the employer as able to receive communications and test results from service agents and who is authorized to take immediate actions to remove drivers from safety-sensitive duties and to make required decisions in the testing and evaluation processes. The individual must be an employee of the company. Service agents cannot serve as DERs.

For this company, the DERs are:

Name: Jake Prairie

Cell: _____ Office: (219)987-8340

Address: 6180 W 1100 N DeMotte, IN 46310

Name: _____

Cell: _____ Office: _____

Responsibilities for Coordinating Drug & Alcohol Testing

Per DOT regulations, this company works with a Consortium that takes care of preparing paperwork for random draws on a quarterly basis. Names that have been pulled for random draws, and the tests they have been drawn for (drug, alcohol or both), will be sent to the DER.

This same information is NOT sent to the collection agency. It is the responsibility of the DER, not the collection agency, to assure that proper testing is done within the quarter in which it is due.

The DER is responsible for:

- Keeping the information from being known to the drivers and/or other employees.
- Choosing a day to inform the driver of the test.
- Requiring the driver get to the collection facility for the test.
- Giving the driver the paperwork emailed by the Consortium to take to the collection facility.

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The information will be given to the DER early in the quarter in which it is due. To meet the requirements of the quarter, the DER must:

- Know the hours of the collection facility.
- Give the driver instruction to get to the collection facility in plenty of time for the collection, including the possibility of any shy bladder hours (3 hours) (i.e., if a driver may have an issue with a shy bladder and the collection facility closes at 4:30 PM, the driver should be there by 1:30 PM).

If the DER waits until the end of the quarter to inform the driver, and the driver is unable to get to the collection facility in time for a delivery (FedEx or otherwise) to the final testing site by the last day of the quarter, the company runs the risk of an audit finding and/or fine.

Driver Responsibilities

The driver is responsible for complying with the requirements set forth in this policy. The driver will not use, have possession of, abuse, or have the presence of alcohol or any controlled substance in excess of regulation established threshold levels while on duty. The driver will not use alcohol within 4 hours of performing a "safety-sensitive" function, while performing a "safety-sensitive" function, or immediately after performing a "safety-sensitive" function.

All supervisors must make every effort to be aware of a driver's condition at all times the driver is in service of the company. The supervisor must be able to make reasonable suspicion observations to determine if the driver is impaired in some way, and be prepared to implement the requirements of this policy if necessary.

Supervisor Training

According to FMCSA regulation, all employees of the company designated to supervise drivers will receive training on this program. The training will include at least 60 minutes on alcohol misuse and 60 minutes on drug use. The training content will include the physical, behavioral, speech, and performance indicators of probable alcohol misuse and drug use. The training allows supervisors to determine reasonable suspicion that a driver is under the influence of alcohol or drugs.

The company's DERs have received at least two hours of training on alcohol misuse and drug use. The training consisted of the physical, behavioral, speech and performance indicators of probable alcohol misuse and drug use.

Non-DOT Employees

Federal regulations require analytical urine drug testing and breath alcohol testing to be conducted when circumstances warrant or as outlined in the regulations. These same requirements are applied to Non-DOT employees, and the company affirms the need to protect individual dignity, privacy, and confidentiality throughout the testing process. If at any time the integrity of the testing procedures or the validity of the tests results are compromised, the test will be cancelled.

Non-DOT employees will be subject to pre-employment drug screens. Non-DOT employees will also be subject to random unannounced testing. The selection of these employees for random testing of drug and alcohol will be made using a scientifically valid method that ensures each covered employee will have an equal chance of being selected each time selections are made. Thus, an employee might be selected more than once during a year. Each employee selected for random testing shall be tested during the selection period.

- The percentage of the number of Non-DOT employees to be tested for Alcohol is 10%.
- The percentage of the numbers of Non-DOT employees to be tested for Drugs is 25%.

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- Random tests will be unannounced.
- The dates for random tests will be spread throughout the year.
- An employee who is selected for random testing will be required to report to the collection site immediately upon notification. The employee will be in a duty status from the time they leave to go to the collection site until the time they return from or leave the collection site.
- A random test for alcohol shall be scheduled to occur only just prior to, during, or just after performing a safety-sensitive function, or at any time that the employee is in readiness to provide a safety-sensitive function.
- A random test for controlled substances can be scheduled at any time the employee is on duty, and is not related to when the employee is performing a safety-sensitive function.

Post - Accident Testing for Non-DOT Circumstances

DOT-regulated employees and Non-DOT employees are required to submit to drug and alcohol tests following a motor vehicle accident or property damage accident involving injury to any individual involved in the accident requiring immediate medical treatment away from the scene, serious damage to any motor vehicle or equipment involved in the accident, a workplace fatality, or serious property damage even if the employee did not receive a citation.

Any employee having a physical injury that requires immediate medical attention away from the work site will be required to submit to drug and alcohol tests.

The test for Non-DOT Post-Accident will be a five panel urine test. The drugs that will be tested for under Non-DOT include Marijuana (THC), Cocaine (COC), Opiates (OPI), Amphetamines (AMP), and Phencyclidine (PCP). The time requirements of the Non-DOT Post Accident Testing are the same as listed for DOT Post Accident Testing.

Tests will not be required if the supervisor in charge determines, using the best information available at the time of the decision, that the performance of the employee can be completely discounted as a contributing factor to the accident.

Follow-Up Testing

Under DOT regulations, before an employee is considered for reinstatement after having engaged in prohibited conduct, the employee must be evaluated and released by a Substance Abuse Professional (SAP), completed any treatment prescribed by the SAP (as defined by federal law) and submit to a Return-to-Duty drug and/or alcohol test.

The SAP is a licensed physician, certified psychologist, social worker, employee assistance professional, or addiction counselor. The SAP must also have clinical experience in the diagnosis and treatment of drug and alcohol related diseases. The SAP must have completed the required qualification training and completed the continuing education trainings as detailed in 49 CFR Part 40.

Before the DOT employee can return to a safety-sensitive position and a Non-DOT employee to their job duties, a verified negative Return-to-Duty test result must be received by the employer. If an employee refuses to submit to a Return-to-Duty test, the DOT employee will not be permitted to return to a safety-sensitive position and the Non-DOT employee to their job responsibilities.

Supervisor Training

Supervisors who are designated to determine whether or not Reasonable Suspicion exists and who then order a DOT-covered driver or Non-DOT employee to undergo testing under DOT regulations and company

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policy, shall receive a minimum of 60 minutes of training on recognizing alcohol misuse; and receive at least an additional 60 minutes of training on recognizing controlled substance use. The training shall include the signs and symptoms of alcohol misuse and use of drugs including the effects and consequences of drug use on personal health, safety, and the work environment. The training must include manifestations and behavioral cues that may indicate prohibited drug use or alcohol misuse.

Definitions

When implementing and interpreting the drug and alcohol policies and procedures required by the FMCSA as well as the policies and procedures required by the company, the following definitions apply:

- Actual knowledge means actual knowledge by an employer that a driver has used alcohol or controlled substances based on the employer's direct observation of the driver, information provided by the driver's previous employer(s), a traffic citation for driving a CMV while under the influence of alcohol or a controlled substance, or a driver's admission of alcohol or controlled substance use under the provisions of Sec. 382.121. Direct observation as used in this definition means observation of alcohol or controlled substance use and does not include observation of driver behavior or physical characteristics sufficient to warrant reasonable suspicion testing under Sec. 382.307
- Alcohol means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl and isopropyl alcohol.
- Alcohol concentration (or content) means the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath test.
- Alcohol screening device (ASD). A breath or saliva device, other than an evidential breath testing device (EBT) that is approved by the National Highway Traffic Safety Administration (NHTSA) and placed on a conforming products list (CPL) for such devices.
- Alcohol use means the consumption of any beverage, liquid mixture, or preparation, including any medication, containing alcohol.
- Breathe Alcohol Technician (or BAT). An individual who instructs and assists individuals in the alcohol testing process, and operates an evidential breath testing device (EBT).
- Collection site. A place designated by the company, where individuals present themselves for the purpose of providing a urine specimen for a drug test.
- Commercial motor vehicle means a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle:
 - Has a gross combination weight rating of 26,001 or more pounds (11,794 or more kilograms) inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds (4,536 kilograms); or
 - Has a gross vehicle weight rating of 11,794 or more kilograms (26,001 or more pounds); or
 - Is designed to transport 16 or more passengers, including the driver; or
 - Is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act and which require the motor vehicle to be placarded under the Hazardous Materials Regulations (49 CFR Part 172, subpart F).
- Confirmation (or confirmatory) drug test means a second analytical procedure performed on a urine specimen to identify and quantify the presence of a specific drug or drug metabolite.
- Confirmation (or confirmatory) validity test means a second test performed on a urine specimen to further support a validity test result.
- Confirmed drug test means a confirmation test result received by an MRO from a laboratory.
- Consortium/Third-party administrator (C/TPA) is a service agent that provides or coordinates the provision of a variety of drug and alcohol testing services for the company. C/TPAs typically perform administrative tasks concerning the operation of the company's drug and alcohol testing programs. This term includes, but is not limited to, groups of employers who join together to administer, as a single entity, the DOT drug and alcohol testing programs of its members. C/TPAs are not "employers."
- Controlled substances mean those substances identified in 49 CFR, Section 40.85.

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In accordance with FMCSA rules, urinalyses will be conducted to detect the presence of the following substances:

- Marijuana
- Cocaine
- Opiates
- Amphetamines
- Phencyclidine (PCP).

Detection levels requiring a determination of a positive result shall be in accordance with the guidelines adopted by the FMCSA in accordance with the requirements established in 49 CFR, Section 40.87.

- Designated employer representative (DER) is an individual identified by the employer as able to receive communications and test results from service agents and who is authorized to take immediate actions to remove drivers from safety-sensitive duties and to make required decisions in the testing and evaluation processes. The individual must be an employee of the company. Service agents cannot serve as DERs.
- Disabling damage means damage that precludes departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repairs.
 - Inclusions. Damage to motor vehicles that could have been driven, but would have been further damaged if so driven.
 - Exclusions.
 - Damage which can be remedied temporarily at the scene of the accident without special tools or parts.
 - Tire disablement without other damage even if no spare tire is available.
 - Headlight or taillight damage.
 - Damage to turn signals, horn, or windshield wipers which make them inoperative.
- Driver means any person who operates a commercial motor vehicle. This includes, but is not limited to: full time, regularly employed drivers; casual, intermittent or occasional drivers; leased drivers and independent, owner-operator contractors who are either directly employed by or under lease to an employer or who operates a commercial motor vehicle at the direction of or with the consent of an employer.
- Drug means any substance (other than alcohol) that is a controlled substance as defined in this policy and 49 CFR Part 40.
- Evidential breath testing device (EBT). A device approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath at the 0.02 and 0.04 alcohol concentrations, placed on NHTSA's Conforming Products List (CPL) for "Evidential Breath Measurement Devices" and identified on the CPL as conforming with the model specifications available from NHTSA's Traffic Safety Program.
- FMCSA means Federal Motor Carrier Safety Administration, U.S. Department of Transportation.
- Licensed medical practitioner means a person who is licensed, certified, and/or registered, in accordance with applicable federal, state, local, or foreign laws and regulations, to prescribe controlled substances and other drugs.
- Medical Review Officer (MRO). A person who is a licensed physician (Doctor of Medicine or Osteopathy) and who is responsible for receiving and reviewing laboratory results generated by the company's drug testing program and evaluating medical explanations for certain drug test results.
- Performing (a safety-sensitive function) means a driver is considered to be performing a safety-sensitive function during any period in which he or she is actually performing, ready to perform, or immediately available to perform any safety-sensitive functions.

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- Prescription Medications means the use (by a driver) of legally prescribed medications issued by a licensed health care professional familiar with the driver's work related responsibilities.
- Refuse to submit (to an alcohol or controlled substances test) means that a driver:
 - Fails to appear for any test (except pre-employment) within a reasonable time, as determined by the company, consistent with applicable DOT regulations, after being directed to do so by the company. This includes the failure of a driver (including an owner-operator) to appear for a test when called by a C/TPA;
 - Fails to remain at the testing site until the testing is complete (except pre-employment if the driver leaves before the testing process begins);
 - Fails to provide a urine specimen for any DOT required drug test (except pre-employment if the driver leaves before the testing process begins);
 - In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of the driver's provision of the specimen;
 - Fails to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;
 - Fails or declines to take a second test the employer or collector has directed the driver to take;
 - Fails to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER (In the case of a pre-employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment);
 - Fails to cooperate with any part of the testing process; or
 - Is reported by the MRO as having a verified adulterated or substituted test result.
- Safety-sensitive function means all time from the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work.
- Safety-sensitive functions include:
 - all time at an employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the company;
 - all time inspecting equipment as required by Secs. 392.7 and 392.8 or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;
 - all time spent at the driving controls of a commercial motor vehicle in operation;
 - all time, other than driving time, in or upon any commercial motor vehicle, except time spent resting in a sleeper berth (a berth conforming to the requirements of Sec. 393.76);
 - all time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; and
 - all time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.
- Screening test technician (STT). A person who instructs and assists employees in the alcohol testing process and operates an alcohol screening device (ASD).
- Stand-down means the practice of temporarily removing a driver from the performance of safety-sensitive functions based only on a report from a laboratory to the MRO of a confirmed positive drug test for a drug or drug metabolite, an adulterated test, or a substituted test, before the MRO has completed verification of the test results.
- Substance abuse professional (SAP). A person who evaluates employees who have violated a DOT drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare. A SAP must be:
 - a licensed physician (Doctor of Medicine or Osteopathy);

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- a licensed or certified social worker;
- a licensed or certified psychologist;
- a licensed or certified employee assistance professional; or
- a drug and alcohol counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC) or by the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC), or by the National Board for Certified Counselors, Inc and Affiliates/Master Addictions Counselor (NBCC).

Prohibitions

Alcohol Prohibitions

Part 382, Subpart B, prohibits any alcohol misuse that could affect performance of safety-sensitive functions.

This alcohol prohibition includes:

- use while performing safety-sensitive functions;
- use during the 4 hours before performing safety-sensitive functions;
- reporting for duty or remaining on duty to perform safety-sensitive functions with an alcohol concentration of 0.04 or greater;
- use of alcohol for up to 8 hours following an accident or until the driver undergoes a post-accident test; or
- refusal to take a required test.

NOTE: Per FMCSA regulation (Sec. 382.505), a driver found to have an alcohol concentration of 0.02 or greater but less than 0.04 shall not perform, nor be permitted to perform, safety-sensitive functions for at least 24 hours.

The company forbids the use of alcohol on company grounds or in company vehicles and violations of these terms may cause termination.

Drug Prohibitions

Part 382, Subpart B, prohibits any drug use that could affect the performance of safety-sensitive functions.

This drug prohibition includes:

- use of any drug, except when administered to a driver by, or under the instructions of, a licensed medical practitioner, who has advised the driver that the substance will not affect the driver's ability to safely operate a commercial motor vehicle. (The use of marijuana under California Proposition 215 or the use of any Schedule I drug under Arizona Proposition 200 is not a legitimate medical explanation. Under federal law, the use of marijuana or any Schedule I drug does not have a legitimate medical use in the United States.);
- testing positive for drugs; or
- refusing to take a required test.

The company forbids the use of any controlled substance on company grounds or in company vehicles and any violation of these terms may cause termination.

All drivers will inform their DER of any therapeutic drug use prior to performing a safety-sensitive function. He/she may be required to present written evidence from a health care professional which describes the effects such medications may have on the driver's ability to perform his/her tasks.

When Alcohol or Controlled Substances Testing is Required

There are five (5) specific situations in which alcohol testing must be done, and six (6) specific situations in which controlled substances testing must be done.

Pre-employment (controlled substances only) (Sec. 382.301)

- Prior to the first time a driver performs a safety-sensitive function for a motor carrier, the driver must undergo a pre-employment controlled substances test with a result from the Medical Reviewing Officer (MRO) indicating a verified negative test result.
- There are exceptions to this testing requirement that can be found in Part 382.301(c). If a pre-employment test is not conducted then the terms for this exception must be met.

Random Testing (Sec. 382.305)

The Third Party Administer for the random testing program, maintaining all pertinent records on random tests administered is:

Company: Cathy Fritz Consulting, Inc

Address: 113 E Main St Winamac, IN 46996

- The company has an obligation to perform random controlled substances and alcohol tests on drivers.
- The company will conduct random testing for all drivers as follows:
- The company will use a consortium. The consortium will use a selection process based on a scientifically valid method, prescribed by FMCSA regulations.
- At least 10 percent of the consortium's average number of driver positions will be tested for alcohol each year. At least 25 percent of the consortium's average number of driver positions will be tested for drugs each year.
- The random testing will be spread reasonably throughout the calendar year. All random alcohol and drug tests will be unannounced, with each driver having an equal chance of being tested each time selections are made.
- A driver may only be tested for alcohol while he/she is performing a safety-sensitive function, just before performing a safety-sensitive function, or just after completing a safety-sensitive function.
- Once notified that he/she has been randomly selected for testing, the driver must proceed immediately to the assigned collection site.

Reasonable Suspicion Testing (Sec. 382.307)

- If the driver's supervisor or another company official designated to supervise drivers believes a driver is under the influence of alcohol or drugs, the driver will be required to undergo a drug and/or alcohol test.
- The basis for this decision will be specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the driver.
- The driver's supervisor or another company official will immediately remove the driver from any and all safety-sensitive functions and take the driver or make arrangements for the driver to be taken to a testing facility.

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- The person who makes the determination that reasonable suspicion exists to conduct an alcohol test may not administer the alcohol test.
- Per FMCSA regulation, reasonable suspicion alcohol testing is only authorized if the observations are made during, just preceding, or after the driver is performing a safety sensitive function.
- Per FMCSA regulation, if the driver tests 0.02 or greater, but less than 0.04, for alcohol the driver will be removed from all safety-sensitive functions, including driving a commercial motor vehicle for at least 24 hours.
- Any driver operating any equipment belonging to the company with an alcohol concentration of greater than 0.00 and any violations of these terms may cause termination.
- A written record of the observations leading to an alcohol or controlled substance reasonable suspicion test, signed by the supervisor or company official who made the observation, will be completed within 24 hours of the observed behavior or before the results of the alcohol or controlled substances test are released, whichever is first.
- A driver awaiting the results of a reasonable suspicion drug test will be suspended without pay.

Post-Accident Testing (Sec. 382.303)

- Drivers are to notify their company DER as soon as possible if they are involved in an accident.
- According to FMCSA regulations (Sec. 382.303), if the accident involved:
 - a fatality,
 - bodily injury with immediate medical treatment away from the scene *and* the driver received a moving citation, or
 - disabling damage to any motor vehicle requiring tow away *and* the driver received a moving citation
- The driver will be tested for drugs and alcohol as soon as possible following the accident. The driver must remain readily available for testing. If the driver isn't readily available for alcohol and drug testing, he/she may be deemed as refusing to submit to testing. A driver involved in an accident may not consume alcohol for 8 hours or until testing is completed.
- If the alcohol test is not administered within 2 hours following the accident, the company DER will prepare a report and maintain a record stating why the test was not administered within two hours.
- If the alcohol test is not administered within 8 hours following the accident, all attempts to administer the test will cease. A report and record of why the test was not administered will be prepared and maintained.
- The drug test must be administered within 32 hours of the accident. If the test could not be administered within 32 hours, all attempts to test the driver will cease.
- The company DER will prepare and maintain a record stating the reasons why the test was not administered within the allotted time frame.
- Drivers are to call the company DER, as soon as possible.
- According to Sec. 382.211, a driver may not refuse to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substances test required by the regulations. A driver who refuses to submit to such tests may not perform or continue to perform safety-sensitive functions and must be evaluated by a substance abuse professional as if the driver tested positive for drugs or failed an alcohol test.
- Refusal to submit includes failing to provide adequate breath or urine sample for alcohol or drug testing and any conduct that obstructs the testing process. This includes adulteration or substitution of a urine sample.
- Any driver that refuses to submit to an alcohol or drug test and any violations of these terms may cause termination.

Return-to-duty test (Sec.382.309)

- The company shall insure that before a driver returns to duty after engaging in conduct prohibited by Part 382 concerning alcohol or controlled substances that the driver shall undergo a return to duty test. A controlled substances test must have a verified negative result prior to returning to duty.
- The requirements for return-to-duty testing must be performed in accordance with 49 CFR Part 40, Subpart O.

Follow-up testing (sec 382.311)

- Follow-up tests are required for drivers subject to return to duty testing. A minimum of six (6) tests must be conducted within the first twelve (12) months after returning to duty. The Substance Abuse Professional has the discretion to extend the testing numbers and timeframe up to five (5) years.
- The requirements for follow-up testing must be performed in accordance with 49 CFR Part 40, Subpart O.

Dilute Specimens

- If the MRO informs the company that a positive drug test was dilute, the company will not direct the employee to take another test based on the fact that the specimen was dilute. This is in accordance with §40.197.
- If the MRO directs the company to conduct a recollection under direct observation (i.e., because the creatinine concentration of the specimen was equal to or greater than 2mg/dL, but less than or equal to 5 mg/dL (see §40.155(c)), the company will do so *immediately*.
- Such recollections will not be collected under direct observation, unless there is another basis for use of direct observation (see § 40.67 (b) and (c)). The following provisions apply to all tests that the company sends the driver for under the directive of the MRO:
 - The employee is given the minimum possible advance notice that he or she must go to the collection site;
 - The result of the retest taken under §40.197(b), and not a prior test, is accepted as the test result of record;
 - If the result of the retest taken under §40.197(b) is also negative and dilute, the company will make the employee take an additional test because the result was dilute. Provided, however, that if the MRO directs the company to conduct a recollection under direct observation under §40.197(b)(1), the company must immediately do so.
 - If the employee declines to take a test as directed in accordance with §40.197(b), the employee has refused the test for purposes of this part and DOT agency regulations.
 - If the creatinine concentration of the dilute specimen is greater than 5 mg/dL, the company will direct the employee to take another test immediately under company policy in accordance with §40.197.
- The following provisions apply to all retests that the company sends the driver for under company policy:
 - The employee is given the minimum possible advance notice that he or she must go to the collection site;
 - The result of the retest taken under §40.197(b), and not a prior test, is accepted as the test result of record;
 - If the result of the retest taken under §40.197(b) is also negative and dilute, the company will make the employee take an additional test because the result was dilute. Provided, however, that if the MRO directs the company to conduct a recollection under direct observation under §40.197(b)(1), the company must immediately do so.

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- If the employee declines to take a test as directed in accordance with §40.197(b), the employee has refused the test for purposes of this part and DOT agency regulations.
- The company will conduct retests for the following DOT-required tests:
- Any driver that has a negative dilute, must have a retest with a negative result and any violation of these terms may cause termination.

Alcohol Testing Procedures

Alcohol testing will be conducted at:

Company: Working Well - Rensselaer

Address: 919 E Grace St Rensselaer, IN 47978

Tests will be conducted by a qualified breath alcohol technician (BAT) or screening test technician (STT), according to 49 CFR Part 40 procedures. Only products on the conforming products list (approved by the National Highway Traffic Safety Administration (NHTSA)) and Part 40 requirements will be utilized for testing under this policy.

The testing will be performed in a private setting. Only authorized personnel will have access, and are the only individuals who can see or hear the test results.

When the driver arrives at the testing site, the BAT or STT will ask for identification.

The driver may ask the BAT or STT for identification.

The BAT or STT will then explain the testing procedure to the driver. The BAT or STT may only supervise one test at a time, and may not leave the testing site while the test is in progress.

A screening test is performed first. When a breath testing device is used, the mouthpiece of the breath testing device must be sealed before use, and opened in the driver's presence. Then the mouthpiece is inserted into the breath testing device.

The driver must blow forcefully into the mouthpiece of the testing device for at least 6 seconds or until an adequate amount of breath has been obtained.

Once the test is completed, the BAT must show the driver the results. The results may be printed on a form generated by the breath testing device or may be displayed on the breath testing device. If the breath testing device does not print results and test information, the BAT is to record the displayed result, test number, testing device, serial number of the testing device, and time on the alcohol testing form. If the breath testing device prints results, but not directly onto the form, the BAT must affix the printout to the alcohol testing form in the designated space.

When an alcohol screening device (ASD) is used, the screening test technician (STT) must check the device's expiration date and show it to the driver. A device may not be used after its expiration date.

The STT will open an individually wrapped or sealed package containing the device in front of the driver and he/she will be asked to place the device in his/her mouth and use it in the manner described by the device's manufacturer.

If the driver declines to use the device, or in a case where the device doesn't activate, the STT must insert the device in the driver's mouth and use it in the manner described by the device's manufacturer. The STT must wear single-use examination gloves and must change the gloves following each test.

When the device is removed from the driver's mouth, the STT must follow the manufacturer's instructions to ensure the device is activated.

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If the procedures listed above can't be successfully completed, the device must be discarded and new test must be conducted using a new device. Again, the driver will be offered the choice of using the new device or having the STT use the device for the test.

If the new test can't be successfully completed, the driver will be directed to immediately take a screening test using an evidential breath testing device (EBT).

The result displayed on the device must be read within 15 minutes of the test. The STT must show the driver the device and its reading and enter the result on the ATF.

If the reading on the EBT or ASD is less than 0.02, both the driver and the BAT or STT must sign and date the result form. The form will then be confidentially forwarded to the company's designated employer representative (DER).

If the reading on the EBT or ASD is 0.02 or more, a confirmation test must be performed. An EBT must be used for all confirmation tests.

The test must be performed after 15 minutes have elapsed, but within 30 minutes of the first test. The BAT will ask the driver not to eat, drink, belch, or put anything into his/her mouth. These steps are intended to prevent the buildup of mouth alcohol, which could lead to an artificially high result.

A new, sealed mouthpiece must be used for the new test. The calibration of the EBT must be checked. All of this must be done in the driver's presence.

If the results of the confirmation test and screening test are not the same the confirmation test will be used.

Refusal to complete and sign the alcohol testing form or refusal to provide breath or saliva will be considered a failed test, and the driver will be removed from all safety-sensitive functions until the matter is resolved.

Company-Specific Policies

The company forbids the use or possession of alcohol on company grounds or in company vehicles. Persons in violation of this policy may be terminated.

Drug Testing Procedures

Drug testing will be conducted at:

Company: Working Well - Rensselaer

Address: 919 E Grace St Rensselaer, IN 47978

Drug testing will be conducted by a qualified breath alcohol technician (BAT) or screening test technician (STT), according to 49 CFR Part 40 procedures. Only products on the conforming products list (approved by the National Highway Traffic Safety Administration (NHTSA)) and Part 40 requirements will be utilized for testing under this policy. Specimen collection will be conducted in accordance with 49 CFR Part 40 and any applicable state law. The collection procedures have been designed to ensure the security and integrity of the specimen provided by each driver. The procedures will strictly follow federal chain of custody guidelines.

A drug testing custody and control form (CCF) will be used to document the chain of custody from the time the specimen is collected at the testing facility until it is tested at the laboratory.

A collection kit meeting the requirements of Part 40, Appendix A must be used for the drug test.

The collection of specimen must be conducted in a suitable location and must contain all necessary personnel, materials, equipment, facilities, and supervision to provide for collection, security, and temporary storage and transportation of the specimen to a certified laboratory.

When the driver arrives at the collection site, the collection site employee will ask for identification. The driver may ask the collection site person for identification.

The driver will be asked to remove all unnecessary outer garments (coat, jacket) and secure all personal belongings. The driver may keep his/her wallet.

The drivers will then wash and dry his/her hands. After washing hands, the driver must remain in the presence of the collection site person and may not have access to fountains, faucets, soap dispensers, or other materials that could adulterate the specimen.

The collection site person will select, or allow the driver to select, an individually wrapped or sealed container from the collection kit materials. Either the collection site person or the driver, with both individuals present, must unwrap or break the seal of the collection container. The seal on the specimen bottle may not be broken at this time. Only the collection container may be taken into the room used for urination.

The driver is then instructed to provide his/her specimen in a room that allows for privacy.

The specimen must consist of at least 45 mL of urine. Within 4 minutes after obtaining the specimen, the collection site person will measure its temperature. The acceptable temperature range is 90 to 100 degrees Fahrenheit. If the specimen temperature is outside the acceptable range, the collector must note this on the CCF and must immediately conduct a new collection using direct observation procedures outlined in Sec. 40.67. Both specimens must be sent to the lab for testing. The collector must notify both the DER and collection site supervisor that the collection took place under direct observation and the reason for doing so.

The collection site person will also inspect the specimen for color and look for signs of contamination or tampering. If there are signs of contamination or tampering, the collector must immediately conduct a new collection using direct observation procedures outlined in Sec. 40.67. Both specimens must be sent to the lab

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for testing. The collector must notify both the DER and collection site supervisor that the collection took place under direct observation and the reason for doing so.

The 45mL sample provided must be split into a primary specimen of 30 mL and a second specimen (used as the split) of 15 ml. The collection site person must place and secure the lids on the bottles, place tamper-evident bottle seals over the lids and down the sides of the bottles, and write the date on the tamper-evident seals. The driver then initials the tamper-evident bottle seals to certify that the bottles contain specimens he/she provided. All of this must be done in front of the driver.

All identifying information must be entered on the CCF by the collection site person.

The CCF must be signed by the collection site person, certifying collection was accomplished in accordance with the instructions provided. The driver must also sign this form indicating the specimen was his/hers.

The collector is responsible for placing and securing the specimen bottles and a copy of the CCF into an appropriate pouch or plastic bag.

At this point, the driver may leave the collection site.

The collection site must forward the specimens to the lab as quickly as possible, within 24 hours or during the next business day.

Laboratory analysis

As required by FMCSA regulations, only a laboratory certified by the Department of Health and Human Services (DHSS) to perform urinalysis for the presence of controlled substances will be retained by the company. The laboratory will be required to maintain strict compliance with federally approved chain-of-custody procedures, quality control, maintenance, and scientific analytical methodologies.

All specimens are required to undergo an initial screen followed by confirmation of all positive screen results.

Results

According to FMCSA regulation, the laboratory must report all test results directly to the company medical review officer (MRO). All test results must be transmitted to the MRO in a timely manner, preferably the same day that the review by the certifying scientist is completed. All results must be reported.

The MRO is responsible for reviewing and interpreting all confirmed positive, adulterated, substituted, or invalid drug test results. The MRO must determine whether alternate medical explanations could account for the test results. The MRO must also give the driver who has a positive, adulterated, substituted, or invalid drug test an opportunity to discuss the results prior to making a final determination. After the decision is made, the MRO must notify the DER.

If the MRO, after making and documenting all reasonable efforts, is unable to contact a tested driver, the MRO shall contact the DER instructing him/her to contact the driver. The DER will arrange for the driver to contact the MRO before going on duty.

The MRO may verify a positive, adulterated, substituted, or invalid drug test without having communicated with the driver about the test results if:

- the driver expressly declines the opportunity to discuss the results of the test;
- neither the MRO or DER has been able to make contact with the driver for 10 days; or

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- within 72 hours after a documented contact by the DER instructing the driver to contact the MRO, the driver has not done so.

Split Sample

As required by FMCSA regulations, the MRO must notify each driver who has a positive, adulterated, substituted, or invalid drug test result that he/she has 72 hours to request the test of the split specimen. If the driver requests the testing of the split, the MRO must direct (in writing) the lab to provide the split specimen to another certified laboratory for analysis.

If the analysis of the split specimen fails to reconfirm the results of the primary specimen, or if the split specimen is unavailable, inadequate for testing, or unstable, the MRO must cancel the test and report the cancellation and the reasons for it to the DER and the driver.

Specimen Retention

Long-term frozen storage will ensure that positive urine specimens will be available for any necessary retest. The company's designated drug testing laboratory will retain all confirmed positive specimens for at least 1 year in the original labeled specimen bottle.

Confidentiality/Recordkeeping

All driver alcohol and controlled substance test records are considered confidential (Sec. 382.401). For the purpose of this policy/procedure, confidential recordkeeping is defined as records maintained in a secure manner, under lock and key, accessible only to the program administrator.

Driver alcohol and controlled substance test records will only be released in the following situations:

- to the driver, upon his/her written request;
- upon request of a DOT agency with regulatory authority over the company;
- upon request of state or local officials with regulatory authority over the company;
- upon request by the United States Secretary of Transportation;
- upon request by the National Transportation Safety Board (NTSB) as part of an accident investigation;
- upon request by subsequent employers upon receipt of a written request by a covered driver;
- in a lawsuit, grievance, or other proceeding if it was initiated by or on behalf of the complainant and arising from results of the tests; or
- upon written consent by the driver authorizing the release to a specified individual.

All records will be retained for the time period required in Sec. 382.401.

Company-Specific Policies

The company forbids the use or possession of controlled substances on company grounds or in company vehicles. Persons in violation of this policy may be terminated.

The company requires drivers to notify the DER(s) when s/he is using a drug prescribed by a doctor.

In the event a driver requests the testing of a split sample following a positive drug test, the driver will pay for the test.

Self-Identification Program

Company-Specific Policies

The company will not take disciplinary action against a driver who makes a voluntary admission of alcohol misuse or controlled substance use if:

- the admission is in accordance with the company's voluntary self-identification program;
- the driver does not self-identify in order to avoid Part 382 testing;
- the driver makes the admission of alcohol misuse or controlled substances use prior to performing a safety-sensitive function; and
- the driver does not perform a safety-sensitive function until the company is satisfied that the driver has been evaluated and has successfully completed education or treatment requirements in accordance with the self-identification program guidelines.

The driver will pay for all treatment to establish control over the driver's alcohol or drug problem.

The driver will be allowed to return to safety-sensitive duties upon successful completion of an education or treatment program, as determined by a drug and alcohol abuse evaluation expert. Also, the driver must undergo:

- a return-to-duty test with a result indicating an alcohol concentration of less than 0.02; and/or
- a return-to-duty controlled substances test with a verified negative test result.

The driver will pay for all treatment, along with a return-to-duty test. The driver will also have to continue in a treatment program for additional year, with 12 random tests within 24 months.

Driver Assistance

Driver Education and Training (Sec. 382.601)

All drivers will be given information regarding the requirements of Part 382 and this policy by their supervisor. All drivers will be given the company's drug and alcohol policy. The company's DER will cover and explain the company policy and provide information to the drivers about drugs and alcohol along with a list of substance abuse professionals and a publication that explains the effects of alcohol and drugs.

Referral, Evaluation, and Treatment (Sec. 382.605)

According to FMCSA regulation, a list of substance abuse professionals will be provided to all drivers who fail an alcohol test or test positive for drugs.

See Appendix B for a list of substance abuse professionals, counseling and treatment centers. The alcohol and drug program administrator will be responsible for designating the appropriate substance abuse professional (SAP) who, in conjunction with the driver's physician, will diagnose the problem and recommend treatment.

According to FMCSA regulations, prior to returning to duty for the company, a driver must be evaluated by a SAP and must complete the treatment recommended by the SAP. Successful completion of a return to duty test and all follow-up tests is mandatory.

Driver Assistance

The driver will pay for the evaluation by the SAP and any treatment required.

A driver who fails to complete an evaluation by the SAP, treatment recommended by the SAP, a return to duty test, or a follow-up test may be terminated.

Discipline

The company may not stand-down a driver before the MRO has completed his/her verification process unless the company has applied for and has received an FMCSA issued waiver.

According to FMCSA regulation, a person who has failed an alcohol or drug test, or refused to test, will not be allowed to perform safety-sensitive functions until the referral, evaluation, and treatment requirements have been complied with.

Company-Specific Policies

The following company disciplinary measures apply to all reasonable suspicion, post-accident, and random tests.

Alcohol Test Result

Upon notification that a driver has failed an alcohol test (0.04% BAC or greater), the driver may be terminated.

Upon notification that a driver tested 0.02% BAC or greater, but less than 0.04% BAC in initial and confirmatory tests for alcohol, the driver may be terminated.

Controlled Substance Positive Test Result

Upon notification that a driver has a drug test result of positive, adulterated, substituted, or invalid, the driver will be given the option of requesting a test of the split sample within 72 hours. If the driver has requested a test of the split sample, the driver may be suspended without pay until the results of a split sample test are obtained.

If the driver doesn't request a split sample test or the split sample test confirms the initial positive, adulterated, substituted, or invalid drug test result, the driver may be terminated.

If the split sample testing disputed the initial test results or if the initial test results are designated invalid, the driver will be reinstated.

After reinstating the driver, the company's policy would have the driver give another random test within six months.

Refusal to Test

A driver's refusal to test for alcohol or controlled substances will be considered a positive test result. Adulteration or tampering with a urine or breath sample is considered conduct that obstructs the testing process and is considered a refusal to test. Per company policy, any driver who refuses an alcohol or controlled substances test and/or who violates any terms of this policy may be terminated.

Appendices

Appendix A - Explaining the effects of alcohol and controlled substances.

Appendix B – Observed Behavior / Reasonable Suspicion Record

APPENDIX A: The Effects Of Alcohol And Controlled Substances

Section 382.601(b)(11) FMCSR mandates that all employees be provided with training material discussing the effects of alcohol controlled substance use on an individual's health, work and personal life.

This appendix is intended to help individuals understand the health, social/personal, and workplace consequences of substance abuse. Signs and symptoms of a problem are also reviewed for your benefit.

Alcohol

A central nervous system depressant found in beer, wine, hard liquor and in some over-the-counter medications (for example: some allergy and cold medications).

Alcohol is widely abused primarily due to its social acceptance and availability. It is considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings. "Abuse" occurs when it is used primarily for its physical and mood-altering effects. Alcohol is the most used drug in our country today and is the #1 drug problem of teenagers and children. About half of all auto accident fatalities in the United States are related to alcohol abuse.

Signs And Symptoms Of Use

- Dulled mental processes
- Lack of coordination
- Odor of alcohol on breath
- Pupils may be constricted
- Sleepy or stupors' condition

NOTE: With the exception of the odor of alcohol, these are general signs and symptoms of any depressant substance.

Other Areas Affected

- Greatly impaired driving ability
- Reduced coordination and reflex actions
- Impaired vision and judgment
- Inability to divide attention
- Lowering of inhibitions
- Headaches, nausea, dehydration, unclear thinking, unsettled digestion and aching muscles are associated with overindulgence (hangover).

In Men

- Hormone level changes causing lowered sex drive
- Enlarged breasts

In Women

- Irregular menstrual cycles
- Ovary malfunction
- Birth defects in children born to alcohol-using mothers

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The Immune System Is Attached

- Preventing infection-fighting cells from functioning properly
- Increasing chances of viral or bacterial disease

How Does It Work On The Body

Alcohol irritates the mouth and esophagus for a short period of time before traveling to the stomach.

In the stomach, 20% of the alcohol is absorbed within two or three minutes, causing inflammation of the stomach lining and resulting in nausea. Can cause:

- Gastric ulcers and other gastric disturbances

Moving on into the small intestine, 80% of the alcohol passes very quickly into the bloodstream after being quickly processed through the gastrointestinal tract. Any amount of alcohol can pass through the walls of the digestive tract and can result in an alcohol overdose or death. Alcohol stimulates the vagus nerve in the digestive system. Acting in a natural protective means, the stomach valve begins to contract severely, causing vomiting. Alcohol has been known to:

- Cause bleeding in the stomach and intestines
- Be linked to cancer

Once the alcohol reaches the bloodstream, it causes the heart to pump faster and distribute it to the rest of the body where it enters nerve cells and eventually reaches the brain, which is when the first effects of alcohol are noticed.

- The heart muscle to deteriorate
- Altered brain cells
- Brain cells to die
- The formation of memory to be blocked
- The senses to be dulled
- Impaired physical coordination
- Irreversible, long-term damage

The liver is the most affected organ. It filters most of the alcohol out of the bloodstream and breaks it down. Because of its high caloric content, alcohol takes the place of important nutrients. Can cause:

- Malnutrition

Excess calories become stored in the liver as fat, which is one of the earliest signs of alcoholic liver disease. The liver cells die eventually. Known as:

- Cirrhosis of the liver

Only a fraction (10%) of the alcohol consumed is passed out of the body means of urination, breathing, saliva or sweating, meaning that the remaining 90% of the alcohol stays in the body until it can be processed by the liver. It takes about 1 hour for the liver to burn off each drink. Once in the body nothing can be done about the effects of the alcohol until the liver has processed it. Alcohol is metabolized mostly in the liver where the enzymes convert alcohol into carbon dioxide and water.

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Many factors contribute to levels of alcohol absorption, rates of metabolism, and intoxication. Among them are:

- Body size and weight
- Food ingested
- Gender
- Physical condition
- Other drugs or medications in the body

Impairment Begins With One Drink

The subtlety and complexity of the skills required to operate a motor vehicle safely make people susceptible to impairment from even low doses of alcohol. The evidence linking alcohol and transportation accidents is supported by experimental studies conducted by the National Institute on Alcohol Abuse and Alcoholism, relating the effect of alcohol on specific driving-related skills. Impairment is related to alcohol in terms of its concentration in the bloodstream. For example, a blood alcohol concentration (BAC) of 0.04 % might be achieved by a 150-pound man consuming two drinks in one hour.

In driving, the eyes must focus briefly on important objects in the visual field and track them as they move (along with the vehicle). Low to moderate BAC's (0.03 – 0.05 %) interfere with voluntary eye movement, impairment in the eye's ability to rapidly track a moving target.

Steering is a complex psychomotor task. A delay in the body's eye-to-hand reaction time is compounded by the visual effects described above, causing significant impairment in steering ability at about 0.035 % BAC.

Drivers must divide their attention among many skills in order to keep a vehicle in the proper lane while monitoring the environment for vital safety information, such as other vehicles, traffic signals and pedestrians. Results of numerous studies show that a deficit in the ability to divide attention may occur at 0.02 % BAC.

Marijuana

Marijuana is the third most widely used drug in the United States next to alcohol and cigarettes and the single most widely used illegal drug in America. Marijuana is estimated to be a \$10-million-dollar-a-year crop in the United States making it our 3rd largest agricultural crop. Marijuana is considered a "gateway" drug because marijuana users are more likely to try harder, habit-forming drugs such as cocaine and heroin. 60% of marijuana users progress to stronger drugs.

One third of all Americans have tried marijuana. Marijuana is considered psychologically addictive but not physically addictive. This means that marijuana users, often referred to as "burnouts" or "potheads," may develop a tolerance for the drug but their bodies do not physically crave it.

Marijuana contains over 400 chemicals, which are transformed into over 2,000 chemicals when smoked. The 70 cannabinoids, found in marijuana and nowhere else in nature, are fat-soluble and remain in the fatty organs and membranes for weeks after a single use. The potency of marijuana has increased more than 275% over the last decade. By the time it is sold on the street, it can range in color from gray, green, brown, and red to pale yellow and can be of any potency. When smoked, marijuana smells like dried grass or burned rope.

THC, delta-9 tetrahydrocannabinol, is the ingredient responsible for marijuana's psychoactive (mind-altering) effects known as a "high." The potency of marijuana is determined by the amount of THC it contains, ranging from 1% to more than 10%. The amount of THC in marijuana can vary, but studies show that a "joint" sold on the streets today can be at least 10 times stronger than a "joint" sold several years ago. This

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can lead to serious problems, as strong doses of THC can cause hallucinations and dangerous image distortions.

THC remains in the body for an extended period of time. It can be traced in urine 5 -10 days after smoking a single “joint,” and it can take 4-6 weeks before it leaves the body completely. It can take as long as 3 months for the marijuana chemicals to leave the body of a long-time chronic user. The user is not usually “high” during this time, but the drug is still affecting the body’s functions.

THC is also most likely responsible for the hunger many users experience after using marijuana.

Marijuana Methods

The effects or “high” from marijuana use are determined by the user’s state of mind, the potency of the drug, and the way in which marijuana is consumed. **Smoking** marijuana is most common and the quickest way to get the THC into the bloodstream. When smoked, marijuana travels deep in the lungs and is held there for a short amount of time in order to get the strongest effects. **Eating** marijuana produces similar effects to smoking except that the user needs to consume more marijuana to obtain the same effects, which do not begin as immediately as smoking but tend to last longer. Marijuana can also be included in teas or cooked into food such as stews, sauces or brownies and eaten by unsuspecting users.

- Joint: crushed leaves and buds of marijuana placed in rolling papers and rolled to resemble a cigarette.
- Pipe: smoked when marijuana leave and buds are placed in its bowl.
- Bong: a water pipe that is larger in size and produces a more intense “high.”
- Roach Clip: used to help the user smoke the very last tip of the marijuana joint.
- Blunt: hollowed out cigar filled with marijuana and smoked, allowing the user to smoke in public,

Marijuana’s Effects On The Body

When smoked, THC from the lungs into the bloodstream and rapidly distributed to and collected in the fatty organs and tissues of the body (brain, testes, and ovaries). There is 5 times more carbon monoxide build-up in the bloodstream and 3 times more tar than from cigarette smoke. When eaten, the chemical enters the bloodstream through the stomach.

Marijuana affects motor skills, delaying response to sight and sound and interfering with the performance of sequential tasks. This can affect driving abilities, dull the senses, and increase the chance of injury since the user becomes tolerant of pain.

Chemicals from marijuana are stored in the **brain** and can result in:

- Loss of physical coordination
- Impaired short-term memory
- Altered brain chemistry
- Impaired ability to follow moving objects accurately
- Slowed reaction time
- Temporarily depressed immune system making it difficult to fight colds, flus, and other viruses

Marijuana used by males can cause a reduced level of testosterone, a lower sperm count, impotence and breast enlargement that may cause the breast to be painful, swollen, and cause a discharge of fluids

If a female uses marijuana, it can disrupt the menstrual cycle, impair ovulations, and decrease fertility.

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Smoke irritates and coats the throat and lungs, obstructs the upper airways and lower airways, and causes sore throats and coughs.

Users have an increased chance of lung cancer, bronchitis, emphysema, elevated heart rate and pulse, and elevated blood pressure.

Marijuana impairs driving ability for at least 4-6 hours after smoking one “joint” (cigarette); it impairs signal detection (ability to detect a brief flash of light); it impairs tracking (ability to follow moving objects with the eyes); it impairs visual distance measurements; and it chemically alters the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safely and conscientiously.

Cocaine

Cocaine is the psychoactive (mind-altering) chemical extracted from the leaves of the coca plant that grows in the Andes Mountains of South America. Like amphetamines, cocaine is a central nervous system stimulant that produces a rush of energy called a “high.” Cocaine is quickly absorbed into the bloodstream when taken orally and absorbed from all mucous membranes when snorted. Cocaine heightens the senses and users believe that cocaine makes them more creative and better able to communicate.

In the 1900s cocaine was credited with being a cure (later proven to be false) for several ailments. It was also added to several products until the 1906 Pure Food and Drug Act required that these products carry an ingredients label, effectively putting an end to the demand.

Common Ways Of Administering Cocaine

- Snorting is the most popular. The cocaine powder is arranged in rows (“lines”) and inhaled through a tube. Within seconds, users report a numbing sensation in the nose followed by a “freeze” for about 5 minutes. Then the user experiences a gradual feeling of mild exhilaration (“rush”) that includes feelings of euphoria, confidence, and energy that peaks within 10-30 minutes and ends within 60 minutes.
- Intravenous injection is used by the more experienced and frequent cocaine user. It produces the same effects as those of “snorting,” however, the intense “rush” a user experiences happens within a minute or two and wears off within 30 minutes. Using the intravenous route also requires a smaller dose.
- Smoking cocaine involves adding the dried cocaine paste to tobacco or marijuana. The “rush” can be felt almost immediately because the cocaine goes straight to the lungs. The rush does not last as long, though, and is followed by feelings of irritability and depression. Besides the effects of the drug, this method may also produce toxic effects caused by residual impurities such as kerosene used in the process of making coca paste.

Freebasing is the process of removing (free) the hydrochloride acid from the cocaine (base). Cocaine hydrochloride is mixed with baking soda, ammonia hydroxide, and water. The cocaine base is extracted from the water by using a fast drying solvent such as ether (a highly flammable substance). The result is a crystalline base that is sometimes smoked in marijuana or cigarette but usually smoked in a water pipe. (Once the alkaloid is removed, this form of cocaine is easy to smoke). Smoking freebase can cause severe damage to the lungs. The “high” from freebasing is usually more intense than that of “snorting,” but this method is more time-consuming, messy, and more dangerous because of the possibility of explosion from the volatile chemicals.

Speedballing is the practice of combining cocaine with other drugs such as heroin, amphetamines or morphine and injecting them directly into the bloodstream.

Spacebasing is mixing cocaine with PCP.

Crack is a highly potent, less expensive, addictive cocaine distillate in rock form. Crack is a form of cocaine that has been chemically altered so that it can be smoked is one of the most addictive drugs available. Crack was first recognized on the streets in the mid-1980s. The process to convert cocaine into crack involves mixing cocaine hydrochloride with base. After the mixture is brought to a boil, the mixture is then cooled and forms a solid mass that is broken into “rocks.”

Signs And Symptoms Of Use

- Fatigue
- Anxiety and agitation
- Runny or irritated nose
- Difficulty in concentration
- Dilated pupils and visual impairment
- High blood pressure, heart palpitations and irregular heart rhythm
- Insomnia
- Profuse sweating and dry mouth

Other Effects

- Impaired driving ability
- Hallucinations
- Talkativeness
- Restless, aggressive behavior
- Wide mood swings
- Increased physical activity
- Heightened, feel of confidence, strength and endurance
- Paranoia (which can trigger mental disorders in users prone to mental instability)
- Repeated sniffing/snorting causes irritation of the nostrils and nasal membrane, which may cause nosebleeds
- Compulsive behavior such as teeth grinding or repeated hand washing
- Craving for more cocaine

Health Effects

- Accelerated pulse, blood pressure and respiration. May cause spasms of blood vessels in the brain and heart, leading to ruptured vessels that lead to heart attack and stroke.
- Regular use may upset the chemical balance of the brain, which may speed up the aging process by causing irreparable damage to the critical nerve cells.
- Mental dependency on crack cocaine occurs within days (within several months when coke is snorted).
- Cocaine is extremely dangerous when taken with depressant drugs.

How Cocaine Impairs Functions Needed For Driving

Cocaine chemically alters the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safely and conscientiously.

Amphetamines And Methamphetamines

METH: a form of amphetamine, legally available by prescription: illegally manufactured in different forms under various names, including “speed” and “ice”. Methamphetamines are psychostimulants, drugs that increase the activity of the brain. Methamphetamine enters the brain more rapidly than other members of the amphetamine group because it is more soluble in the brain’s membranes, thereby readily producing a “rush” of euphoria when injected or smoked. Drugs in amphetamine group have long been used and abused for their effects, primarily mood elevation, heightened endurance and elimination of fatigue. Methamphetamine has a high potential for abuse, and can contribute to psychosis and violent behavior.

Methamphetamines are more potent than amphetamine. The white, crystalline powder is freely soluble in water, making it ideal for intravenous use and abuse. Smoking “meth” creates a rush almost as intense as injecting it. Legally produced in the U.S. and prescribed for weight loss, meth is sold under the trade name Desoxyn. Though inexpensive and easy to produce, the street price is comparable to cocaine. Side effects of prolonged use can range from mild panic to extreme paranoia as well as hallucinations. Addicts tend to be extremely violent.

Amphetamines mimic the effects of naturally-occurring brain chemicals. A single, high dose of amphetamines or prolonged use at lower levels destroys up to 50% of the brain cells which use dopamine and noradrenalin. Lack of coordination, tremors, and paralysis may emerge with the aging process in users. Brain chemistry can be permanently altered by use of amphetamines. Mental disturbances similar to schizophrenia or manic-depressive disorder may result.

Signs Of Use

- Stimulated movement and speech
- Feelings of excitement and euphoria
- Increased energy
- Decreased appetite, nausea
- Lack of sleep
- Irritability, nervousness
- Increased blood pressure and heart rate
- Pounding heart sensation, palpitations, hot flashes, dry mouth, sweating
- Burns on fingers from covering the vent hole of the “ice” pipe

Signs Of Long Term Or Excessive Use

- Mental confusion
- Severe anxiety
- Aggressiveness, violence
- Weight loss
- Diarrhea, vomiting
- Increased agitation and irritation
- Visual and audio hallucinations
- Paranoia
- Lethargy
- Tremors
- Chest pain
- Hypertension

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- Cardiac arrhythmias
- Elevated body temperature
- Convulsions
- Cardiovascular collapse
- Death

How Amphetamines And Methamphetamines Impair Functions Needed For Driving

They chemically alter the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safely and conscientiously.

Opiates

Narcotics, including heroin, morphine, codeine, and many synthetic drugs used to alleviate pain, depress body functions and reactions.

In large doses, opiates cause a strong euphoric feeling.

Common street names are: horse, morpho, china. M, brown sugar, Harry and dope.

Sometimes narcotics founding medicines are abused. This includes pain relievers containing opium and cough syrups containing codeine. Heroin is illegal and cannot even be obtained with a physician's prescription. Most medical problems associated with the use of opiates are caused by uncertain dosages, use of unsterile needles, contamination of the drug, of from combining a narcotic with other drugs.

Signs And Symptoms Of Use

- Mood changes
- Impaired mental function and alertness
- Impaired vision
- Constricted pupils
- Impaired coordination

Other Effects

- Impaired driving ability
- Drowsiness followed by sleep
- Decreased physical activity
- Sleeplessness and drug craving
- Depression and apathy
- Constipation
- Nausea and vomiting

Health Effects

- IV needle users have a high risk for contracting hepatitis and HIV due to the sharing of needles.
- Narcotics increase pain tolerance. As a result, people could more severely injure themselves and fail to seek medical attention due to a lack of pain sensitivity.
- The effects of narcotics are multiplied when used in combination with alcohol and other depressant drugs, causing and increased risk for overdose.

How Opiates Impair Functions Needed For Driving

Opiates chemically alter the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safely and conscientiously.

Phencyclidine (PCP)

PCP most often called “angel dust,” was first developed over 50 years ago but was taken off the market for human use in 1967 because of its psychotic and hallucinogenic effects. PCP is considered a Hallucinogen, but it also can relieve pain or act as a Stimulant.

In its pure form, PCP is a white crystalline powder that dissolves in water or alcohol. It has a distinctive bitter taste. PCP can be swallowed, smoked, sniffed, injected or sprinkled. Marijuana cigarettes laced with PCP are sometimes referred to as “trip weed” or “love boat.” Since “street PCP” is manufactured illegally, the user can never be sure of its purity; it can range in color from tan to brown with the consistency of a powder to a gummy mass. PCP is often sold as mescaline, THC, LSD, or other similar hallucinogens.

The Effects Of PCP

The effects vary, but there is always a risk of accidental injury or death from drowning, falling, automobile accidents, self-inflicted stab wounds, gunshot wounds or suicide. PCP makes users believe they are “superhuman” and that they can fly, walk on water, walk through walls, etc. It prevents users from feeling pain. A PCP psychosis is often misdiagnosed as schizophrenia because the symptoms are similar. This psychosis may last for days or weeks, whereas schizophrenia can last for months or years. Users seem aggressive (often violent), paranoid, and may hear voices and sounds.

Signs And Symptoms Of Use

- Impaired driving ability
- Impaired coordination
- Thick, slurred speech
- Severe confusion and agitation
- Muscle rigidity
- Profuse sweating

Other Effects

- Loss of concentration and memory
- Extreme mood shift
- Nystagmus (jerky, involuntary eye movement)
- Rapid heartbeat
- Dizziness
- Convulsions
- Memory loss

Health Effects

- The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body.

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- PCP becomes more potent in combination with other depressant drugs, including alcohol, increasing the likelihood of an overdose reaction.

How PCP Impairs Function Needed For Driving

PCP chemically alters the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safely and conscientiously. PCP also causes severe disorientations.

APPENDIX B: Observed Behavior / Reasonable Suspicion Record:

Employee: Name: _____
Identification Number: _____
Observation: Date: _____ Time: (from _____ am/pm to _____ am/pm)
Location: _____
(Street) (City) (State) (Zip)

CAUSE FOR SUSPICION

1. Presence of Drugs, Alcohol, and/or Paraphernalia (specify): _____
2. Appearance
 - Normal
 - Disheveled
 - Body Odor
 - Profuse Sweating
 - Other _____
 - Flushed
 - Bloodshot Eyes
 - Tremors
 - Dry-Mouth Symptoms
 - Puncture Marks
 - Runny Nose / Sores
 - Dilated / Constricted Pupils
 - Inappropriate Wearing of Sunglasses
3. Behavior
 - SPEECH
 - Normal
 - Confused
 - Other _____
 - Incoherent
 - Slowed
 - Slurred
 - Whispering
 - Silent
 - AWARENESS
 - Normal
 - Lethargic
 - Other _____
 - Confused
 - Paranoid
 - Mood Swings
 - Disoriented
 - Euphoria
 - Lack of Coordination
4. Motor Skills
 - BALANCE
 - Normal
 - Other _____
 - Swaying
 - Falling
 - Staggering
 - WALKING & TURNING
 - Normal
 - Arms Raised for Balance
 - Other _____
 - Swaying
 - Stumbling
 - Reaching for Support
 - Falling
5. Other Observed Action or Behavior (specify): _____

WITNESSED BY (must be a supervisor or company official trained in physical, behavioral, speech, and performance indicators of probable alcohol misuse and use of controlled substances):

Signature Title Date Time am/pm

Optional 2nd Signature Title Date Time am/pm

This document must be prepared and signed by the witness within 24 hours of the observed behavior or before the results of the test are released, whichever is earlier.

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DRUG NAME	STREET NAME	SUBSTANCE DETECTED	PHYSICAL SYMPTOMS	DANGERS	TIME DETECTABLE
Amphetamines	Speed, Meth	Amphetamine, Methamphetamine	Loss of appetite, anxiety, irritability, rapid speech, tremors, mood elevation	Severe depression, paranoia, possible hallucination, increase in blood pressure, fatigue	Urine: 2-3 days Oral Fluid: 1-2 days
Barbiturates	Downers	Amobarbital, Butobarbital, Mephobarbital, Phenobarbital, Secobarbital	Depression, decreased alertness and muscle control, intoxication and slurred speech, drowsiness	Rigidity and painful muscle contraction, possible overdose and death, especially when mixed with alcohol	Urine: Phenobarbital: 1-3 days Phenobarbital: 1-3 weeks
Benzodiazepines	Downers	Chlordiazepoxide, Diazepam, Flurozepam, Medazepam, Nordiazepam, Oxozepam, Temozepam	Slurred speech, disorientation, drunken behavior without odor of alcohol	Shallow respiration, cold and clammy skin, dilated pupils, weak and rapid pulse, coma, possible death	Urine: 1-14 days
Cocaine	Coke, Crack	Benzoyllecgonine	Short-lived euphoria changing to depression, irritability; nervousness, tightness of muscles	Shallow breathing, fever, anxiety, tremors, possible death from convulsions or respiratory arrest	Urine: 2-3 days Oral Fluid: 12 hours – 1 day
Marijuana	Pot, Dope	11-Nor-Delta-9-tetrahydrocannabinol-9 carboxylic acid	Altered perception, dilated pupils, lack of concentration and coordination, craving for sweets, increased appetite, laughter	Psychological dependence, impaired short-term memory, anxiety, lung damage, possible psychosis with chronic use	Urine: Occasional Use: 1-3 days Chronic Use: up to 30 days Oral Fluid: 0-24 hours
Methadone	Done	Methadone	Euphoria, drowsiness, respiratory depression, constricted pupils, nausea	Slow, shallow breathing, clammy skin, convulsions, coma, possible death	Urine: 1-3 days
Methaqualone		Methaqualone, Quaalude, Meguin	Sleepiness, feeling of well being, loss of coordination, dizziness, confusion, later hangover	Anxiety, insomnia	Urine: 1-7 days
Opiates	Heroin, Morphine, Codeine	Codeine, Morphine	Insensitivity to pain, euphoria, sedation, nausea, vomiting, itching, watery eyes, running nose	Lethargy, weight loss, hepatitis, slow and shallow breathing, possible death	Urine: 2-4 days Oral Fluid: 12 hours – 2 days
Phencyclidine	PCP, Angel Dust	Phencyclidine	Mood and perception alteration, paranoia, panic, anxiety, nausea, tremors, suicidal urge	Unpredictable behavior, flashbacks, possible emotional instability and psychosis, hallucination	Urine: 2-3 days Oral Fluid: 1-2 days
Propoxyphene		NorPropoxyphene	Dizziness, drowsiness, headache, euphoria, dysphoria, asthenia	Allergic reactions occur occasionally and may be accompanied by drug fever and mucosal lesion, stupor or coma, convulsions, respiratory depression	Urine: 1-3 days

ALCOHOL & DRUG EFFECTS 10/03, Chart courtesy of LabOne, Inc.

Drugs & Alcohol Policy

Acknowledgement Of Receipt

I acknowledge that I have received the Drugs & Alcohol Policy, which includes the following procedures:

Drugs and Alcohol Policy	Driver Assistance
Drugs and Alcohol Procedures	Discipline
Definitions	Appendices
Prohibitions	APPENDIX A: The Effects Of Alcohol And Controlled Substances
When Alcohol or Controlled Substances Testing is Required	APPENDIX B: Observed Behavior / Reasonable Suspicion Record:
Alcohol Testing Procedures	Acknowledgement Of Receipt
Drug Testing Procedures	
Self-Identification Program	

I understand that it is my responsibility to read these policies in their entirety.

I understand that as an employee of **Prairie Ag Services**, I am required to abide by the rules and regulations established by these policies, and that I am subject to consequences if I violate the policies.

I understand that the policies may change to comply with federal and state laws, and that I may obtain a current copy of the policies at any time during business hours from my employer's designated employer representative (DER).

I understand that if I have any questions about these policies, or if I need assistance or resources related to any of these policies or problems, I may take those questions and concerns to my employer's DER without fear of consequences or retribution.

Name of Employee (Print name)

Employee's Signature

Social Security Number or ID #

Date

Signature of Supervisor or DER

Instructions: DOT requires all DOT-covered employees to sign this acknowledgement form. The original of this form will be retained in the employee's file in compliance with DOT regulations.