



## **TPS Alert PHMSA Policy Adoption Acknowledgement**

I acknowledge that I have read and reviewed the following "Anti-Drug and Alcohol Misuse Prevention Plan for Pipeline Employees Covered by the Drug and Alcohol Testing Regulation of the Pipeline and Hazardous Materials Safety Administration," and BURNT MOUNTAIN SERVICES LLC. ("Company") is adopting this plan effective \_\_\_\_\_ for compliance with 49 CFR 199.

By signing this document, you confirm that BURNT MOUNTAIN SERVICES LLC. will provide a copy of this plan to all new employees upon hire and that all existing PHMSA employees will be provided a copy of this plan. You confirm that a copy of the current plan will be made available at any time through the Company's internal electronic file management system. Additionally, you confirm that any plan updates will be sent out to all employees and a new "Covered Pipeline Employee/Applicant Receipt of Policy" document will be obtained. TPS Alert may request a copy of the signed "Covered Pipeline Employee/Applicant Receipt of Policy" document within this plan (page 40) to verify compliance with the above requirements.

Contractor Company Name: BURNT MOUNTAIN SERVICES LLC.

Name: BURNT MOUNTAIN SERVICES LLC.

Title: \_\_\_\_\_

Date: \_\_\_\_\_



**ANTI-DRUG PLAN AND ALCOHOL MISUSE PREVENTION PLAN  
FOR PIPELINE EMPLOYEES COVERED BY  
THE DRUG AND ALCOHOL TESTING REGULATIONS  
OF THE PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION**

**BURNT MOUNTAIN SERVICES LLC.**

**COVERED EMPLOYEES' AND APPLICANTS' COPY**

**(FOR USE WITH COVERED PIPELINE EMPLOYEES BASED IN ALL 50 STATES  
AND THE DISTRICT OF COLUMBIA).**

**EFFECTIVE DATE: \_\_\_\_\_**

**LAST REVISION DATE: 3/8/2023**

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## 1) STATEMENT OF PURPOSE AND SCOPE OF POLICY

- 1) BURNT MOUNTAIN SERVICES LLC. (Referred to herein as "Company") is firmly committed to ensuring a safe, healthy, productive and efficient work environment for our employees, customers and the public in general. The Company has a vital interest in ensuring a safe, healthy and efficient working environment and the prevention of accidents and injuries, which can result from the use of alcohol or drugs by pipeline employees. For these reasons, and as required by the drug and alcohol testing regulations of the Pipeline and Hazardous Materials Safety Administration ("PHMSA"), the Company has established this substance abuse policy for its covered pipeline employees. Drug and alcohol testing is an integral part of our policy and program. This policy follows PHMSA's drug and alcohol testing regulations set forth at 49 CFR Part 199, as well as the U.S. Department of Transportation ("DOT")'s Procedures for Transportation Workplace Drug Testing Programs set forth at 49 CFR Part 40. This policy addresses PHMSA-required drug and alcohol testing only. Non-DOT-required drug and alcohol testing is not covered by this policy and is conducted separately.
- 2) This policy applies to any "covered pipeline employee" (as defined in Section 2.10 of this policy) who performs a "covered function" (as defined in Section 2.11 of this policy) for or on behalf of the Company. The policy also applies to all applicants who seek employment for such covered pipeline employee positions. Compliance with this policy is required by applicants as a condition of employment and by covered pipeline employees as a condition of continued employment.
- 3) This policy explains PHMSA's drug and alcohol regulations and the Company's own policies with respect to the use of drugs or the misuse of alcohol. Provisions of this policy, which are included under the Company's independent authority, are specifically identified by text, which has been underlined.
- 4) The Company will provide a copy of this policy to all new employee upon hire. Any policy updates will be sent out to all employees and be reviewed during regular company meetings including safety meetings. A copy of the current policy will be made available at any time through the Company's internal electronic file management system.
- 5) **The regulations covered by this policy, 49 CFR Part 199 and 49 CFR Part 40, are federal laws and preempts any state or local law, unless compliance with both is not possible.**
- 6) **This policy is not a contract of employment. All Company employees are employees at-will. This means that employment can be terminated at any time either by the employee or Company with or without cause and with or without notice.**
- 7) Any questions regarding the meaning or application of this policy should be directed to the Designated Employer Representative ("DER"). The Company's DER is  
Justin Kulbacki - 2910 Laguna Ct Loveland, CO 80538 - 720-299-4201

- 8) The Company does not have a "stand-down" waiver under regulation for any employees and will notify covered employees and management should this change.
- 9) The Company is responsible for all actions of its officials, representatives and agents (including the C/TPA) in carrying out all requirements of the regulations covered by this policy in compliance with 49 CFR Part 40 and 199.

## 2) DEFINITIONS

- 1) **Adulterated Specimen** is a specimen that has been altered, as evidenced by test results showing either a substance that is not a normal constituent for that type of specimen or showing an abnormal concentration of an endogenous substance.
- 2) **"Accident"** means an incident reportable under 49 CFR Part 191 involving gas pipeline facilities or liquefied natural gas ("LNG") facilities, or an accident reportable under 49 CFR Part 195 involving hazardous liquid pipeline facilities.
  - i) **§ 191.3 -- An accident on a gas pipeline or LNG facility is defined as an "incident," as follows:**
    - (1) An event that involves a release of gas from a pipeline, gas from an underground natural gas storage facility, liquefied natural gas, liquefied petroleum gas, refrigerant gas or gas from an LNG facility and that results in one or more of the following consequences:
      - (a) A death, or personal injury necessitating inpatient hospitalization; or
      - (b) Estimated property damage of \$129,300 or more, including loss to the operator and others, or both, but excluding cost of gas lost. For adjustments for inflation observed in calendar year 2021 onwards, changes to the reporting threshold will be posted on PHMSA's website. These changes will be determined in accordance with the procedures in appendix A to part 191; or
      - (c) Unintentional estimated gas loss of three million cubic feet or more.
    - (2) An event that results in an emergency shutdown of an LNG facility or underground natural gas storage facility. Activation of an emergency shutdown system for reasons other than an actual emergency does not constitute an incident.
    - (3) An event that is significant, in the judgment of the operator, even though it did not meet the criteria of paragraphs (1) or (2).
  - ii) **§ 195.50 -- An accident report is required for each failure in a pipeline system in which there is a release of the hazardous liquid or carbon dioxide transported resulting in any of the following:**

- (1) Explosion or fire not intentionally set by the operator.
  - (2) Release of 5 gallons (19 liters) or more of hazardous liquid or carbon dioxide, except that no report is required for a release of less than 5 barrels (0.8 cubic meters) resulting from a pipeline maintenance activity if the release is:
    - (a) not otherwise reportable under § 195.50;
    - (b) not one described in § 195.52(a)(4), (*i.e.*, not one that resulted in pollution of any stream, river, lake, reservoir, or other similar body of water that violated applicable water quality standards, caused a discoloration of the surface of the water or adjoining shoreline, or deposited a sludge or emulsion beneath the surface of the water or upon adjoining shorelines.)
    - (c) confined to company property or pipeline right-of-way; and
    - (d) cleaned up promptly;
  - (3) Death of any person;
  - (4) Personal injury necessitating hospitalization;
  - (5) Estimated property damage, including cost of clean up and recovery, value of lost product, and damage to the property of the operator or others, or both, exceeding \$50,000.
- 3) **Administrator** means the Administrator, Pipeline and Hazardous Materials Safety Administration or his or her delegate.
  - 4) **Alcohol** means the intoxicating agent in beverage alcohol, ethyl alcohol or other low molecular weight alcohols, including methyl or isopropyl alcohol.
  - 5) **Alcohol Concentration** means the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by a breath test.
  - 6) **Alcohol Use** means the drinking or swallowing of any beverage, liquid mixture or preparation (including any medication), containing alcohol.
  - 7) **Alcohol Screening Device** is a device other than an EBT, which is approved by the National Highway Traffic Safety Administration to be used to detect the presence of alcohol in the breath or saliva in prohibited concentration levels.



- 8) **Chain of Custody** means the procedure used to document the handling of the urine specimen from the time the employee gives the specimen to the collector until the specimen is destroyed. This procedure uses the Federal Drug Testing Custody and Control Form (CCF).
- 9) **Confirmation (or confirmatory) validity test** means a secondary test performed on a different segment of the original urine specimen to confirm the quantity and metabolite of the drug found in the original urine specimen to support the validity of the drug test.
- 10) **Covered employee or Covered pipeline employee**, for purposes of this policy, means a person who performs a "covered function," as defined in Section 2.11, including persons employed by operators, contractors engaged by operators, and persons employed by such contractors. For a complete listing of Company positions that are considered "covered pipeline employees," see Appendix B.
- 11) **Covered function" or "Covered safety-sensitive function** means an operation, maintenance, or emergency-response function regulated by 49 CFR Parts 192, 193 or 195 that is performed on a pipeline or on an LNG facility.
- 12) **Designated Employer Representative (DER)** is an individual identified by the Company as able to receive communications and test results from service agents and who is authorized to take immediate action to remove an employee 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 are prohibited from serving as a DER.
- 13) **Drugs or Prohibited Drugs** means marijuana, cocaine, opioids (including expanded opioids: oxycodone, oxymorphone, hydrocodone and hydromorphone), amphetamines, phencyclidine (PCP), or their metabolites, and, for purposes other than testing, any other substance included in Schedules I through V, as defined by the Controlled Substances Act, 21 U.S.C. §812, as they may be revised from time to time. The term "drugs" include legal substances obtained illegally or used in an unauthorized manner, but does not refer to the proper use of drugs authorized by law which do not affect job safety or performance.
- 14) **DOT Procedures** means the Procedures for Transportation Workplace Drug and Alcohol Testing Programs published by the Office of the Secretary of Transportation in part 40 of this title.
- 15) **Fail A Drug Test** means that the confirmation test result shows positive evidence of the presence under DOT Procedures of a prohibited drug in the employee's system.
- 16) **Medical Review Officer** ("MRO") means a licensed physician who is responsible for receiving and reviewing laboratory results generated by an employer's drug testing program and evaluating medical explanations for certain drug test results. The Company's Medical Review Officer(s) are identified in Appendix A.



- 17) **Operator** means a person who owns or operates pipeline facilities subject to 49 CFR Parts 192, 193 or 195. (49 CFR Part 192 pertains to transportation of natural and other gas by pipeline and underground natural gas storage facilities; 49 CFR Part 193 pertains to liquefied natural gas facilities; and 49 CFR Part 195 pertains to transportation of hazardous liquids by pipeline).
- 18) **Pass A Drug Test** means that the initial testing or confirmation testing under DOT Procedures does not show evidence of the presence of a prohibited drug in a person's system.
- 19) **Performs A Covered Function** or **Performs A Covered Safety-Sensitive Function** includes actually performing, ready to perform, or immediately available to perform a covered function.
- 20) **Prohibited Drug** means any of the following substances specified in Schedule I or Schedule II of the Controlled Substances Act (21 U.S.C. 812): marijuana, cocaine, opioids (including expanded opioids: oxycodone, oxymorphone, hydrocodone and hydromorphone), amphetamines, and phencyclidine (PCP).
- 21) **Refuse to submit, refuse, or refuse to take** means behavior consistent with DOT Procedures concerning refusal to take a drug test or refusal to take an alcohol test.
- 22) **Screening Drug Test** means the initial test utilized to determine the presence of a drug or drug metabolite.
- 23) **Split Specimen** means, in drug testing, a part of the urine specimen that is sent to a first laboratory and retained unopened, and which is transported to a second laboratory in the event that the employee requests that it be tested following a verified positive test of the primary specimen or a verified adulterated or substituted test result.
- 24) **State Agency** means any agency of any of the several states, the District of Columbia, or Puerto Rico that participates under the pipeline safety laws (49 U.S.C. 60101 et seq.).
- 25) **Substance Abuse Professional (SAP)** means 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.

### 3) PROHIBITED CONDUCT

- 1) **Prohibited Conduct Concerning Covered Pipeline Employees' Use of Drugs and Alcohol:**
  - i) Covered pipeline employees are prohibited from reporting for duty or remaining on duty when using drugs (as defined in Section 2.12), except when the use is pursuant to the instructions of a medical doctor who has advised the covered employee that the substance will not adversely affect the employee's ability to perform his or her job duties safely. (For details concerning the lawful use of prescription drugs, refer to Section 3.5).





- ii) Covered pipeline employees are prohibited from reporting for duty or remaining on duty with an alcohol concentration of 0.04 or greater. Covered pipeline employees found to have an alcohol concentration of 0.02 or greater, but less than 0.04, are prohibited from performing any covered safety-sensitive functions for at least 8 hours from the time of the test. When the Company has actual knowledge that a covered pipeline employee has an alcohol concentration of .04 or greater, the employee shall not be permitted to perform or continue to perform covered functions.
  - iii) Covered pipeline employees are prohibited from using alcohol in any form (including medications containing alcohol) while performing covered functions (refer to Section 2.18 of this policy for the definition of "performing covered functions" and Section 2.11 for the definition of "covered function").
  - iv) Covered pipeline employees are prohibited from performing safety-sensitive functions within four (4) hours after using alcohol. On-call employees who are not at work, but could be called in to perform covered functions, are subject to this pre-duty alcohol prohibition. This means a covered employee who is on-call must decline a call to work if his or her acceptance would require the employee to perform covered functions within four (4) hours after consuming alcohol. An on-call employee who is required to decline work because of his/her use of alcohol in violation of the four-hour rule is subject to discipline up to and including termination.
  - v) Covered pipeline employees are prohibited from using alcohol for eight (8) hours following an accident in which his or her performance of covered functions has not been discounted by the Company as a contributing factor to the accident, or until the covered employee takes a post-accident alcohol test (and tests negative), or the Company determines that the employee's performance could not have contributed to the accident, whichever occurs first.
  - vi) Covered pipeline employees may not "refuse to submit" to any drug or alcohol test required under the PHMSA's drug and alcohol rules and/or this policy. (For further details concerning what actions will be considered as a "refusal," refer to section 3.2 of the policy.)
  - vii) Covered pipeline employees are prohibited from performing or continuing to perform a covered function if they have tested positive for drugs (i.e., a positive test result verified by a MRO), or alcohol.
  - viii) Covered pipeline employees may not refuse to submit to any inspection required under section 12 of this policy.
  - ix) Covered pipeline employees are prohibited from failing to stay in contact with the Company or its medical review officer ("MRO") while awaiting the results of a drug test.
- 2) **Refusal to Submit:** For purposes of this policy, the following employee conduct will be considered a refusal to submit to a test:
- i) failing to appear for any test within a reasonable time, as determined by the Company, after being directed to do so by the Company, its consortium or third-party administrator (as applicable);



- ii) failing to remain at the testing site until the testing process is complete; however, an applicant who leaves the testing site before the pre-employment testing process commences is not deemed to have refused to test;
- iii) failing to provide a urine specimen, or breath or saliva specimen for testing;
- iv) failing to attempt to provide a breath or saliva specimen for testing;
- v) failing to provide a sufficient amount of urine when directed, unless it has been determined, through a required medical evaluation, that there was an adequate medical explanation for the failure;
- vi) failing or declining to take a second drug or alcohol test that the Company or collector has directed to be taken, including failing to take a second test that the employer has directed following a negative dilute test result, when the Company so elects;
- vii) failing to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER or other designated employer representative as part of the "shy bladder" procedures (in the case of applicants, only after a contingent offer of employment has been extended), or the insufficient breath procedures;
- viii) failing to provide a sufficient breath specimen when directed, and the physician has determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;
- ix) failing to sign the certification at Step 2 of the Alcohol Testing Form;
- x) adulterating or substituting a urine specimen;
- xi) admitting to the collector or MRO that the specimen was adulterated or substituted;
- xii) in the case of a directly observed or monitored collection in a drug test, failing to permit the observation or monitoring of the provision of a urine specimen (including failing to follow the observer's instructions to raise clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine whether there is any prosthetic or other device that could be used to interfere with the collection process);
- xiii) possessing or wearing a prosthetic or other device that could be used to interfere with the collection process;
- xiv) failing to cooperate with any part of the testing process, such as by delaying the collection, testing or verification process or otherwise engaging in conduct that clearly obstructs or manipulates, or attempts to obstruct or manipulate, the testing process (e.g., leaving the test site before the collection

process is completed, refusing to empty pockets when so directed by the collector, failing to wash hands after being directed to do so by the collector or behaving in a confrontational way that disrupts the collection process); or,

xv) failing to promptly notify the Company that the employee was in an accident or not being readily available for testing after an accident (except as necessary to obtain assistance or medical care).

- 3) **Consumption of Food or Other Products Containing CBD or Hemp:** The consumption of food and other products containing CBD or hemp (for example, hemp oil or cannabidiol) may cause a covered employee to test positive for marijuana. A test result that is positive as a result of a covered employee's consumption of food or other products containing CBD or hemp will be reported as a positive test. (Refer to Section 6 regarding the consequences of a positive test result.)
- 4) **Prohibition On Supervisor or Manager Permitting a Covered Pipeline Employee To Work:** No supervisor or manager who has actual knowledge that an employee has engaged in or is engaging in conduct prohibited under this policy shall permit the employee to work or continue working under such circumstances. Any employee who has been directed not to work or directed to stop working under such circumstances must immediately comply.
- 5) **Prohibition Against Working While Using Any Drug Medications Which Affect Safety or Performance:**
  - i) Except as otherwise provided in this section, the lawful use of any medication (therapeutic drugs) while performing a covered function is prohibited to the extent such use may affect the covered employee's ability to perform his/her job duties safely.
  - ii) Before reporting for duty under the influence of any therapeutic medication(s), the covered employee must inquire whether the drug manufacturer or the covered employee's physician warns against performing safety-sensitive functions while taking such medication(s). If such warnings exist, the covered employee must inform his or her supervisor of such restrictions before commencing any covered functions under the influence of such medication(s), without disclosing the identity of the medication(s) or the reasons for its use. The Company will evaluate and respond to this information on a case-by-case basis. Responses may include, among other things, temporary job reassignment or modifications, a request for additional medical documentation and consultation, and/or an instruction that the covered employee not work until the restriction is removed.
  - iii) Any covered employee reporting for work without first advising the Company about warnings accompanying lawfully prescribed or obtained medications or substances will be subject to discipline up to and including termination of employment. A covered employee's lack of knowledge concerning such warnings will not excuse a violation of this policy where a covered employee has failed to make the inquiries required in this section.



#### 4) REQUIRED TESTS AND PAST TEST RESULTS INFORMATION

As required by DOT's and PHMSA's regulations, the Company will conduct drug and alcohol tests under the conditions and circumstances described below.

##### 1) Pre-Employment Drug Testing and Past Test Results Information:

- i) All applicants who have received a conditional offer of employment in a covered pipeline employee position, and all existing employees whose transfer/promotion to a covered pipeline employee position has been conditionally approved, are required to submit to a pre-employment drug test and must receive a negative test result as a condition of employment. Such tests will be conducted prior to the time the applicant is hired or prior to the time the employee is transferred/promoted. In addition, all individuals who will perform covered functions for the Company pursuant to contract with the Company will be required to submit to a drug test and receive a negative result before performing covered functions on behalf of the Company.
- ii) The Company may, but is not required to, conduct pre-employment alcohol testing if (i) the test is conducted before the first performance of covered functions by every covered employee with a result less than 0.04; (ii) the test is conducted after making a contingent offer of employment or transfer, subject to the employee passing the pre-employment alcohol test; (iii)
- iii) In addition to a pre-employment drug test, DOT's regulations require the Company to obtain the following specific information concerning an applicant's past DOT-regulated drug and alcohol tests from an applicant's former employers during the previous two years: (i) confirmed alcohol tests with results of 0.04 or greater; (ii) drug tests whose results were verified positive; (iii) all instances in which the applicant refused to be drug or alcohol tested (including verified adulterated or substituted drug test results); (iv) other violations of DOT drug and alcohol testing regulations, including the regulations of all DOT operating administrations; and (v) documentation that the employee successfully completed DOT return-to-duty requirements (including follow-up testing), where applicable. All such information will be obtained in a confidential manner and the Company will maintain a written confidential record with respect to each former carrier contacted. The information obtained from a previous employer who employed the applicant in a covered pipeline employee position or other DOT-regulated safety-sensitive position may contain alcohol and drug information which that employer obtained from other previous employers regarding the DOT-required drug and alcohol testing of the applicant during the past two years. Covered employees will not perform covered functions after 30 days if the Company has not obtained or made and documented a good faith effort to obtain drug testing information from previous DOT-regulated employers.
- iv) If the Company learns from the covered employee's previous employers that the employee had an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested, on a DOT-required drug or alcohol test, or learns that the covered employee violated any other DOT agency drug and alcohol regulation, the employee either will be ineligible to perform covered functions for the Company, or if hired, the covered employee will be terminated, unless the Company obtains



evidence that the covered employee has complied with the return-to-duty requirements, including follow-up tests, set forth in Subpart O of 49 CFR Part 40.

- v) An applicant must inform the Company whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, safety-sensitive transportation work covered by any DOT operating administration's drug and alcohol testing rules during the past two years.

## 2) **Post-Accident Drug and Alcohol Testing:**

- i) A covered pipeline employee who is performing covered safety-sensitive functions (as defined in Section 2.11 of this policy) is required to submit to a post-accident drug and/or alcohol test as soon as practicable following the accident, (as defined in Section 2.2 of this policy) under the following circumstances:
  - (1) **Post-accident drug testing:** As soon as possible but no later than 32 hours after an accident, a covered pipeline employee must submit to a post-accident drug test if the covered employee's performance either contributed to the accident or cannot be completely discounted as a contributing factor to the accident. If a post-accident test is not administered within the 32 hours, the Company will prepare and maintain its decision stating the reasons why the test was not promptly administered and cease attempts to administer a drug test and record the reasons for not administering the test. The Company may decide not to test but such decision must be based on specific information that the covered employee's performance had no role in the cause(s) or severity of the accident.
  - (2) **Post-accident alcohol testing:** Within two (2) hours following an accident, each surviving covered pipeline employee must submit to a post-accident alcohol test if that employee's performance of a covered function either contributed to the accident or cannot be completely discounted as a contributing factor to the accident. The Company will continue to attempt to complete the post-accident test for a period of 8 hours. If a post-accident alcohol test was not administered within eight hours following the accident, the Company will cease attempts to administer the alcohol test and record the reason(s) for not administering the test. Covered employees must remain available for post-accident testing, but emergency response or medical care of the employee are never to be delayed for alcohol testing. The Company may decide not to test but such decision must be based on specific information that the covered employee's performance had no role in the cause(s) or severity of the accident.
- ii) Covered employees involved in any accident must notify the DER as soon as possible to advise the DER of the accident and to obtain further information on how to proceed with the required testing. Covered employees are obligated to follow the DER's instructions and, if directed, submit to post-accident drug and alcohol tests as soon as possible.



- iii) A covered employee who is subject to post-accident testing must remain readily available for such testing or else will be deemed to have refused to submit to such testing. This requirement includes notifying the employee's supervisor or other Company representative of his/her location if he/she leaves the scene of the accident prior to submission to a test. However, this "readily available" requirement does not require the delay of necessary medical attention for injured people or prohibit a covered employee from leaving the scene of the accident for the period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care.
- iv) The Company also reserves the right to evaluate the conduct of the covered employee which may have caused or contributed to the accident, to determine if this conduct in and of itself should warrant discipline, up to and including termination.

### 3) **Random Drug Testing:**

- i) Each year the Company will administer random drug tests at a rate of 25% annually calculated based on the average number of employees per quarter for the Company for the year.
- ii) The Company shall select covered employees for testing using a random number table or a computer-based random number generator that is matched with the employees' social security numbers, payroll identification numbers, or other comparable identification numbers which will ensure that each covered employee has an equal chance of being tested each time selections are made.
- iii) All random tests will be unannounced and the dates for administering the tests will be spread reasonably throughout the calendar year. The dates of random testing, locations and names of those to be tested are kept in the strictest confidence by the DER and the specimen collector.
- iv) Each covered employee who is notified of selection for random drug testing must proceed to the test site immediately. If the employee is performing a covered safety-sensitive function (refer to section 2.11) at the time of notification, the employee must cease performing the covered safety-sensitive function and proceed to the test site as soon as possible, but not longer than two hours from the time of notification. Covered employees who do not proceed to the test site immediately upon notification of the test may be considered to have refused to submit to the test.

### 4) **Reasonable Cause Drug Testing and/or Reasonable Suspicion Alcohol Testing:**

- i) A covered pipeline employee is required to submit to a reasonable cause drug test and/or a reasonable suspicion alcohol test under the following circumstances:
  - (1) **Reasonable Cause Drug Testing.** A covered pipeline employee must submit to a reasonable cause drug test whenever two managers or supervisors have reasonable cause to believe that the employee is using a prohibited drug. Reasonable cause determinations will be based on a reasonable and articulable belief that the employee is using a prohibited drug on the basis of specific, contemporaneous physical, behavioral or performance indicators of probable drug use.

(2) **Reasonable Suspicion Alcohol Testing.** A covered pipeline employee must submit to a reasonable suspicion alcohol test whenever a manager or supervisor has reasonable suspicion to believe that the employee has violated the alcohol prohibitions contained in this policy. Reasonable suspicion determinations will be based on specific, contemporaneous, articulable observations concerning the covered employee's appearance, behavior, speech, or body odors. The required observations shall be made by a supervisor who has completed 60 minutes of reasonable suspicion training which includes the physical, behavioral, speech and performance indicators of probable alcohol misuse. Reasonable suspicion alcohol tests may be conducted only when the observations are made during, just preceding, or just after the period of the work day that the employee is performing covered safety-sensitive functions. If the test is not performed within 2 hours, the Company will document the reasons the test was not promptly administered. The Company will continue to attempt to complete the reasonable suspicion alcohol test for a period of 8 hours. If a reasonable suspicion alcohol test was not administered within eight hours following the decision to test, the Company will cease attempts to administer the alcohol test and record the reason(s) for not administering the test. The supervisor who makes the reasonable cause determination must not serve as the BAT or STT.

- ii) A covered employee who is directed to take a reasonable cause drug test or a reasonable suspicion alcohol test must submit to the test as directed. The Company shall transport or ensure transport of the covered employee both to and from the collection site.
- iii) A covered employee who is requested to submit to a reasonable suspicion drug and/or alcohol test will be suspended after the completion of the tests. The Company also reserves the right to evaluate the conduct of the covered employee which warranted the reasonable suspicion drug or alcohol tests to determine if the conduct in and of itself should warrant discipline, up to and including termination.

## 5) **Return-to-Duty Testing:**

- i) A covered pipeline employee is required to submit to a return-to-duty drug test and/or a return-to-duty alcohol test under the following circumstances:
  - (1) **Return-to-Duty Drug Testing:** A covered employee who refuses to take or has a positive drug test may not return to duty in the covered function until the covered employee has complied with the applicable provisions of DOT Procedures concerning substance abuse professionals and the return-to-duty process.
  - (2) **Return-to-Duty Alcohol Testing:** Any employee with an alcohol test exceeding 0.02 will undergo a return-to-duty alcohol test with a result indicating an alcohol concentration of less than 0.02 before returning to a duty requiring the performance of a covered function.





- ii) A covered employee that violates DOT drug regulations may not return to duty for a covered function until the employee has complied with the requirements for SAPs (referenced in 6.6) and return-to-duty testing.

## 6) Follow-up Testing:

- i) A covered pipeline employee is required to submit to a follow-up drug test and/or a follow-up alcohol test under direct observation in the following circumstances:

(1) **Follow-up Drug Testing:** A covered employee who refuses to take or has a positive drug test shall be subject to unannounced follow-up drug tests administered by the operator following the covered employee's return to duty. The number and frequency of such follow-up testing shall be determined by a substance abuse professional, but shall consist of at least six tests in the first 12 months following the covered employee's return to duty. In addition, follow-up testing may include testing for alcohol as directed by the substance abuse professional, to be performed in accordance with 49 CFR part 40. Follow-up testing shall not exceed 60 months from the date of the covered employee's return to duty. The substance abuse professional may terminate the requirement for follow-up testing at any time after the first six tests have been administered, if the substance abuse professional determines that such testing is no longer necessary.

## (2) Follow-up Alcohol Testing:

- (a) All employees who need assistance in resolving problems associated with alcohol misuse will be subject to unannounced follow-up alcohol testing as directed by a substance abuse professional in accordance with regulation.
- (b) Employees performing covered functions will be subject to testing just before the employee is to perform covered functions; or just after the employee has ceased performing such functions.
- (c) Follow-up tests will be unannounced with a minimum of six (6) tests to be conducted within the first twelve (12) months following the employee's return-to-duty test not to exceed a 60-month period which may include both drug and alcohol testing to be terminated by the SAP after the completion of the first six tests.

## 5) DRUG AND ALCOHOL TESTING PROCEDURES

As required by the PHMSA's rules, the Company's drug and alcohol testing procedures comply with the Federal Procedures for Transportation Workplace Drug and Alcohol Testing Programs, 49 CFR Part 40. These procedures ensure the integrity, confidentiality, and reliability of the testing processes, safeguard the validity of the test results and ensure that these results are attributed to the correct covered employee. Further, these procedures minimize the impact upon the privacy and dignity of persons undergoing such tests.





- 1) **Drug and Alcohol Clinic and Collection Procedures:** The Company ensures that collection sites follow the requirements in Part 40 utilized by employees for drug and alcohol testing.
  - i) The immediate supervisor of the employee may not act as the collector unless no other collector is available, and the supervisor is permitted to do so under a DOT operating administration's drug and alcohol regulation.
  - ii) All collectors must meet the training requirements of Part 40 including (i) steps to complete a collection correctly and the proper completion and transmission of the CCF; (ii) problem collections; (iii) fatal flaws, correctable flaws, and how to correct problems in collection; and (iv) the collector's responsibility for maintaining the integrity of the collection process, ensuring the visual and aural privacy of employees being tested sufficient to prevent unauthorized persons from seeing or hearing test results, ensuring the security of the specimen, and avoiding conduct or statements that could be viewed as offensive or inappropriate.
  - iii) Any drug or alcohol collection error by the collector which causes a test to be cancelled, will undergo error correction training. This training will occur within 30 days of the date of which the error occurred.
  - iv) All collection materials and specimens will be restricted with secure access required during the collection procedures to ensure privacy to the employee and prevent distraction of the collector including signage communicating limited access areas.
  - v) The collector will at no time leave the area while the collection is in process to ensure control over each specimen and CCF throughout the collection process and to prevent unauthorized personnel from entering any part of the site in which urine specimens or breath alcohol tests are collected or stored. The collector will also keep the specimen container within the donor's view until the specimen bag is sealed.
  - vi) All collections will be collected using collection kits that meet the requirements of Part 40.
  - vii) The collector will explain the basic breath alcohol testing process and collection procedure to the donor including showing the donor the instructions on the back of the CCF.
  - viii) The collector will take the following precautions to ensure that unadulterated specimens are obtained:
    - (1) Bluing agents in toilet tank and all water sources secure
    - (2) Individual positively identified (photo ID)
    - (3) Proper authority contracted if the donor fails to arrive at the assigned time

- (4) All unnecessary outer garments should be removed. Purses or briefcases shall remain with these outer garments.
- (5) Donor will be required to wash and dry his/her hands.
- (6) Any unusual behavior noted on the CCF.
- (7) The collector will only allow one donor at a time in the collection area.
- (8) For an EBT screening test on an employee with an alcohol concentration of 0.02 or higher, the same EBT will be use for the confirmation test with no other EBT testing occurring prior to completing the confirmation test on this employee.
- (9) The collector will check the following once the specimen has been provided:
  - (a) The specimen contains at least 45 ml of urine. If not, the collector will follow the “shy bladder” procedure.
  - (b) The temperature is checked within 4 minutes after the donor has provided the specimen and it is within the acceptable range.
  - (c) Ensure there are no signs of tampering including unusual color, presence of foreign objects or material or other signs of tampering.

## 2) Drug Testing Procedures:

- i) **Drugs being tested for:** The drugs specifically being tested for include: marijuana, opioids (including expanded opioids: oxycodone, oxymorphone, hydrocodone and hydromorphone), amphetamines, cocaine, and phencyclidine (PCP) and their metabolites according to the following panel.

TYPE OF DRUG Initial Test Analyte	INITIAL TEST Cutoff Concentration	CONFIRMATORY TEST Analyte	CONFIRMATORY TEST Cutoff Concentration
<b>Marijuana metabolites</b>	50 ng/mL	THC	15 ng/mL
<b>Cocaine metabolites</b>	150 ng/mL	Benzoylecgonine	100 ng/mL
<b>Opioid metabolites: Codeine/Morphine</b>	2000 ng/mL	Codeine Morphine	2000 ng/mL 2000 ng/mL
<b>6-acetylmorphine (6-AM)</b>	10 ng/mL	6-acetylmorphine (6-AM)	10 ng/mL
<b>Phencyclidine (PCP)</b>	25 ng/mL	Phencyclidine	25 ng/mL

<b>Amphetamines: AMP/MAMP</b>	500 ng/mL	Amphetamine Methamphetamine	250 ng/mL 250 ng/mL
<b>MDA</b>	500 ng/mL	MDMA MDA	250 ng/mL 250 ng/mL
<b>Hydrocodone/Hydromorphone</b>	300 ng/mL	Hydrocodone/Hydromorphone	100 ng/mL
<b>Oxycodone/Oxymorphone</b>	100 ng/mL	Oxycodone/Oxymorphone	100 ng/mL

ii) **Laboratory Requirements:** The Company uses only laboratories certified by HHS under the National Laboratory Certification Program as meeting the minimum standards of Subpart C of the HHS Mandatory Guidelines for Federal Workplace Drug Testing Programs;, or in the case of foreign laboratories, a laboratory approved for participation by DOT under 49 CFR Part 40.

(1) All results are reported directly, and only, to the MRO at their place of business. Results are not reported to or through the DER or service agent.

(a) When the laboratory discovers a fatal flaw during its process, the laboratory will report to the MRO that the specimen has been rejected for testing (with the reason stated). The MRO will cancel such test per the following fatal flaws:

(i) No CCF present

(ii) No specimen submitted with the CCF

(iii) No printed collector's name or signature

(iv) Two collections using the same CCF

(v) Specimen ID numbers mismatched on the specimen bottle and CCF

(vi) Specimen bottle seal is broken or shows evidence of tampering (and a split specimen cannot be re-designated)

(b) When the laboratory discovers a correctable flaw during its process, the laboratory will attempt to correct it. If unsuccessful, the laboratory will report to the MRO that the specimen has been rejected for testing (with the reason stated). The laboratory must attempt to obtain the collector's signature when omitted on the certification statement; however, the MRO will attempt to correct the following correctable flaws and if unable, cancel the test:

(i) No employee signature on the certification statement, unless the employee's failure or refusal to sign is noted on the Remarks line of the CCF.



- (ii) Certifying scientist signature is omitted on Copy 1 of the CCF for a positive, adulterated, substituted, or invalid test result
  - (iii) Collector used a non-Federal form or an expired CCF. Flaw may be corrected through the procedure set forth in 40.205(b)(2), provided that the collection testing process has been conducted in accordance with the procedures in an HHS-certified laboratory.
- (2) A split specimen collection method will be used for drug tests. This means that a urine sample is subdivided into two bottles labeled as a "primary" and a "split" specimen. Both bottles are sent to a laboratory. Only the "primary" specimen is opened and used for the urinalysis. The "split" specimen bottle remains sealed and is stored at the laboratory. Under certain circumstances, the applicant or covered employee may request a test of the "split" specimen by another DHHS-certified laboratory. (See Section 5.1.vi.7). This split specimen procedure provides the applicant or covered employee with an opportunity for a "second opinion."
- iii) **Chain-of-Custody Procedures:** The Federal Drug Testing Custody and Control Form (CCF) is used to complete the DOT drug test. DOT has established a chain-of-custody procedure for the collection and analysis of urine samples that will verify the identity of each sample and test result.
  - (1) The collector of the specimen will seal and label the urine specimen.
  - (2) Complete a required chain of custody form (Federal Drug Testing Custody and Control Form), and prepare the specimen and accompanying paperwork for shipment to a DHHS-certified laboratory.
  - (3) Only official DOT-authorized Federal Custody and Control forms shall be used in connection with this procedure.
  - (4) The Laboratory will receive only Copy 1 of the CCF and will inspect each CCF for the presence of the collector's signature on the certification statement or any other reason the CCF fails to meet DOT requirements or requires alternate action.
  - (5) The MRO provides a quality assurance review of the drug testing process for including but not limited to ensuring the receipt and review of the DOT-authorized CCF on all specimen collections for the purposes of determining whether there is a problem that may cause a test to be cancelled.
  - (6) The MRO
- iv) **Confirmation, review, and verification of drug test results:**
  - (1) All negative tests will be reviewed by the MRO or MRO staff and reported to the Company.

- (2) All positive drug screening test results will be confirmed by gas chromatography and mass spectrometry (GC/MS). Samples that yield positive results on confirmation will be retained by the laboratory in a secured, long-term storage for at least 365 days as required by CFR 49 Part 40. All confirmed positive drug test results will be reviewed by a medical review officer ("MRO") to determine whether there is any legitimate explanation for the positive test result. This review may include a medical interview, review of the applicant's or covered employee's medical history, or review of any other relevant biomedical factors and all medical records made available by the tested individuals.
- (3) Individuals with confirmed positive results will be given the opportunity to discuss with the MRO any legitimate explanation for the positive test result. If, after speaking with the covered employee, the MRO determines that there is a legitimate medical explanation for the confirmed positive test result, the MRO will report the test result as "negative" to the DER or a designated representative. If the MRO determines that there is no legitimate explanation for the confirmed positive test result, the result will be verified as a "verified positive test result" by the MRO.
- (4) Under the circumstances set forth in 49 CFR Part 40, the MRO is permitted to verify a test result as positive without having first communicated directly with the covered employee. In the event that serious illness, injury or other unavoidable circumstances prevented the covered employee from being contacted by the MRO or a designated Company representative, however, the MRO may reopen the verification process to permit the covered employee to provide information concerning a legitimate explanation for the positive test.
- (5) All confirmed adulterated or substituted test results will be reviewed by the MRO to determine whether there is any legitimate medical explanation for the laboratory findings. It is the applicant's or covered employee's burden of proof to show that there is a legitimate medical explanation. If the MRO determines that the applicant's or covered employee's explanation does not present a reasonable basis for concluding that there is a legitimate medical explanation, the MRO will report the test to the DER or other designated employer representative and the individual tested as a verified refusal to submit to a test because of adulteration or substitution. If, however, the MRO believes that the applicant's or covered employee's explanation may present a reasonable basis for concluding that there is a legitimate medical explanation, the MRO shall direct the applicant or covered employee to obtain, within five days of the MRO's verification interview of the applicant or covered employee, a further medical evaluation. This evaluation will be performed by a licensed physician, acceptable to the MRO, with expertise in the issues raised by the applicant's or covered employee's explanation. The covered employee or applicant is responsible for finding and paying for a referral physician. However, on request of the applicant or covered employee, the Company or MRO will provide reasonable assistance to the applicant's or covered employee's efforts to find such a physician. If, after conferring with the referral physician, the MRO concludes that there is a legitimate medical explanation, the MRO shall cancel the test and report the cancellation and the reasons for it to the DER or other designated employer representative and the tested individual. If, after conferring with the referral physician, the MRO concludes that there is no legitimate medical explanation, the MRO will notify the DER or other

designated employer representative and the tested individual of a verified refusal to submit to a test because of adulteration or substitution.

- (6) If the MRO reports to the Company that a negative drug test was dilute, the applicant or covered employee will be directed to take another test immediately. If the applicant or covered employee refuses to take a second test, this constitutes a refusal to test.

**(7) Right to have split specimen analyzed:**

- (a) **Verified Positive Tests:** All applicants and covered employees whose primary urine sample results in a verified positive test result have the right to request that their split specimen be analyzed in a different DHHS certified laboratory for the presence of the drug(s) for which a positive result was obtained. The request must be made to the MRO within 72 hours of being notified by the MRO of a verified positive test result. If the split specimen fails to reconfirm the presence of the drug(s) found in the primary sample, or if the split specimen is unavailable, inadequate for testing or untestable, the MRO shall cancel the test and report the cancellation and the reasons for it to the DER or a designated representative, the tested individual and the DOT. However, if the split specimen reconfirms the presence of the drug(s) or drug metabolite(s), the MRO will notify the DER or other designated employer representative and the tested individual of the test results. Since some analytes may deteriorate during storage, detected levels of the drug below the detection limits established in the DOT Procedures, but equal to or greater than the established sensitivity of the assay, must, as technically appropriate, be reported and considered corroborative of the original positive results.
- (b) **Verified Adulterated or Substituted Tests:** All applicants and covered employees whose primary urine sample is verified adulterated or substituted have the right to request that their split specimen be analyzed in a different DHHS certified laboratory, selected by the Company, to reconfirm the adulterated or substituted result. The request must be made to the MRO within 72 hours of being notified by the MRO of a verified adulterated or substituted test result. If the split specimen fails to reconfirm adulteration or substitution of the primary sample, the MRO shall cancel the test and report the cancellation and the reasons for it to the DER or other designated employer representative, the tested individual and the DOT. Additionally, if the split specimen is unavailable, inadequate for testing or untestable, the MRO shall cancel the test and report the cancellation and the reasons for it to the DER or other designated employer representative, and the tested individual. The DER or other designated employer representative shall ensure the immediate collection of another specimen from the applicant or covered employee under direct observation, with no notice given to the applicant or covered employee until immediately prior to the collection. However, if the split specimen reconfirms adulteration or substitution, the MRO will notify the DER or other designated employer representative and the tested individual of the test results. Reconfirmation of adulteration or substitution constitutes a refusal to submit to a test.

- (8) **Inability to provide an adequate amount of urine sample:** Applicants and covered employees must provide a urine sample of at least 45 milliliters of urine for a drug test. If the tested individual is unable to provide such a quantity of urine, then the tested individual will be instructed to drink a set amount of fluids and after a set period of time, again attempt to provide a complete sample. If the applicant or covered employee refuses to attempt to provide a new urine specimen, this will constitute a refusal to submit to a test. If the applicant or covered employee has not provided a sufficient specimen within three hours of the first unsuccessful attempt to provide the specimen, the collection will be discontinued. The DER, after consulting with the MRO, will then direct the applicant or covered employee to obtain, within five working days, a medical evaluation. Failure to undergo such an evaluation constitutes a refusal to test. The purpose of the evaluation is to determine whether the applicant or covered employee has a medical condition that has, or with a high degree of probability could have, precluded the applicant or covered employee from providing a sufficient amount of urine.
- (9) **Collections or Re-Collections Under Direct Observation:** Procedures for collecting urine samples allow an individual privacy unless there is a reason to believe that a particular individual has adulterated or substituted, or attempted to adulterate or substitute, the sample, as defined in the Federal Procedures For Transportation Workplace Drug Testing Programs, 49 CFR Part 40. In such cases, a sample may be obtained under the direct observation of a specimen collector of the same gender as the individual being tested and does not need to be a qualified collector. Collections performed under direction observation will require the employee to raise his or her shirt, blouse, or dress/skirt, as appropriate, above the waist; and lower clothing and underpants to show you, by turning around, that they do not have a prosthetic device. After it is determined the employee does not have a device, the employee shall be permitted to return clothing to its proper position for observed urination. In addition, the Company will direct an immediate collection under direct observation with no advance notice to the applicant or covered employee, if:
- (a) the laboratory reported to the MRO that a specimen is invalid, and the MRO reported to the Company that there was not an adequate medical explanation for the result;
  - (b) the MRO reported to the Company that the original positive, adulterated, or substituted test result had to be canceled because the test of the split specimen could not be performed;
  - (c) the MRO reported to the Company that the specimen was a negative dilute with a creatinine concentration greater than or equal to 2 mg/dL but less than or equal to 5 mg/dL; or,
  - (d) the test is a (DOT-required) return-to-duty test or a follow-up test.
  - (e) The collector reports to the Company:
    - (i) DER directed the collector to do so.





- (ii) The collector observed materials brought to the collection site or the employee's conduct clearly indicated an attempt to tamper with the specimen.
    - (iii) The collector observed the temperature on the original specimen was out of range or the original specimen appeared to have been tampered with.
  - (f) When an observed collection is needed:
    - (i) The Company will explain the reason for the direct observation to the employee if directed by the employer.
    - (ii) The collector will:
      - 1. Explain the reason, if known, for the direct observation collection if required during the collection for any reason.
      - 2. Complete a new CCF for the direct observation collection including marking the "reason for test" the same as the first collection and checking "observed" with a remark indicating the reason for the observation.
      - 3. If both specimens are sent to the laboratory, notate in Remarks on each CCF the collection order (ie. Collection 1 of 2 and 2 of 2) with the specimen ID number of the other specimen.
      - 4. If someone other than the collector is the observer:
        - a. The observer must observe the specimen as the employee takes it to the collector.
        - b. The collector must notate the name of the observer in Remarks.
  - (g) If the employee declines a direct observation when required or permitted, a refusal to test will be reported.
  - (h) At any time the C/TPA is information that a direct observation was required but not collected, the Company will be instructed to have the employee immediately complete a recollection under direct observation.
- 3) **Alcohol Testing Procedures:** The Company will only utilize DOT-approved Alcohol Testing Form (ATF) shall be utilized using the following procedures.
- i) **How test will be performed:** Alcohol screening tests will be performed by a screening test technician ("STT") using a non-evidential screening device, or by a breath alcohol technician ("BAT") using an evidential breath testing device ("EBT"). The Company ensures that the STTs are proficient



in the operation of non-evidential screening devices, calibration checks are performed at the intervals specified by the QAP provided by the BAT manufacturer (complied with by the Company and its service agents and C/TPA) and that the BATs are proficient in the operation of EBTs. In addition, the Company will use only non-evidential alcohol screening devices and EBTs which are listed on the conforming products list issued by the National Highway Traffic Safety Administration.

**(1) Collection Procedures:**

- (a) The collector will ensure that it complies with all requirements of 49 CFR §§ 40.221 and 40.223, including the requirement to ensure that the testing site provides visual and aural privacy to the employee being tested, sufficient to prevent unauthorized persons from seeing or hearing test results.
- (b) The BAT, STT, or other person operating the alcohol testing site will prevent unauthorized personnel from entering the testing site. The only people who are authorized are employees being tested, BATs, STTs, and other alcohol testing site workers, DERs, employee representatives authorized by the employer (e.g., on the basis of employer policy or labor-management agreement), and DOT agency representatives. The collector will ensure that all persons are under the supervision of a BAT or STT at all times when permitted into the site. The collector may remove any person who obstructs, interferes with, or causes unnecessary delay in the testing process. The BAT or STT must not allow any person other than the employee, or a DOT agency representative to actually witness the testing process.
- (c) The operator of an alcohol testing site must ensure that when an EBT or ASD is not being used for testing, it is stored in a secure place. The operator of an alcohol testing site must ensure that no one other than BATs or other employees of the site have access to the site when an EBT is unsecured. A BAT or STT, to avoid distraction that could compromise security, is limited to conducting an alcohol test for only one employee at a time. When an EBT screening test on an employee indicates an alcohol concentration of 0.02 or higher, and the same EBT will be used for the confirmation test, the collector may not use the EBT for a test on another employee before completing the confirmation test on the first employee. A BAT who will conduct both the screening and the confirmation test must complete the entire screening and confirmation process on one employee before starting the screening process on another employee. The BAT may not leave the alcohol testing site while the testing process for a given employee is in progress, except to notify a supervisor or contact a DER for assistance in the case an employee or other person who obstructs, interferes with, or unnecessarily delays the testing process.
- (d) When a specific time for an employee's test has been scheduled, or the collection site is at the employee's worksite, and the employee does not appear at the collection site at the scheduled time, the BAT or STT will contact the DER to determine the appropriate interval within which the DER has determined the employee is authorized to arrive. If the employee's arrival is delayed beyond that time, The BAT or STT must notify the DER that the employee has not

- reported for testing. In a situation where a C/TPA has notified an owner/operator or other individual employee to report for testing and the employee does not appear, the C/TPA must notify the employee that he or she has refused to test.
- (e) The BAT or STT must ensure that, when the employee enters the alcohol testing site, he/she begins the alcohol testing process without undue delay. For example, there must be no delay because the employee says he or she is not ready or because an authorized employer or employee representative is delayed in arriving. If the employee is also going to take a DOT drug test, the BAT or STT must, to the greatest extent practicable, ensure that the alcohol test is completed before the urine collection process begins. If the employee needs medical attention (e.g., an injured employee in an emergency medical facility who is required to have a post-accident test), treatment must not be delayed to conduct a test.
  - (f) The BAT or STT must require the employee to provide positive identification. The BAT or STT must see a photo ID issued by the employer (other than in the case of an owner-operator or other self-employer individual) or a Federal, state, or local government (e.g., a driver's license). The BAT or STT may not accept faxes or photocopies of identification. Positive identification by an employer representative (not a co-worker or another employee being tested) is also acceptable. If the employee cannot produce positive identification, The BAT or STT must contact a DER to verify the identity of the employee.
  - (g) If the employee asks, The BAT or STT must provide his/her identification to the employee. The identification must include the BAT or STT's name and employer's name but is not required to include a picture, address, or telephone number.
  - (h) The BAT or STT must explain the testing procedure to the employee, including showing the employee the instructions on the back of the ATF.
  - (i) The BAT or STT must complete Step 1 of the ATF.
  - (j) The BAT or STT will direct the employee to complete Step 2 on the ATF and sign the certification. If the employee refuses to sign this certification, the BAT or STT must document this refusal on the "Remarks" line of the ATF and immediately notify the DER. This is a refusal to test.
  - (k) The collector will check the following on a screening BAT or STT test result:
    - (i) If the test result is an alcohol concentration of less than 0.02, the collector will sign and date Step 3 of the ATF and send the result to the DER in a confidential manner.
    - (ii) If the test result is an alcohol concentration of 0.02 or higher, the collector will direct the donor to take a confirmation test.

ii) **Confirmation of alcohol test results:** If the result of the screening test is an alcohol concentration of 0.02 or greater, a confirmation test will be performed using an EBT. The confirmation test will be conducted after a waiting period at least 15 minutes but no more than 30 minutes after the completion of the screening test during which, the employee must be observed.

iii) **Inability to provide adequate amount of specimen for alcohol testing:**

(1) If the covered employee is unable to provide sufficient saliva to complete a test on a non-evidential saliva screening device, the STT shall conduct a new test, using a new device. If the covered employee refuses to complete the new test, this will constitute a refusal to submit to a test. If the new test is completed, but there is an insufficient amount of saliva to activate the device, the covered employee shall immediately take an alcohol test using an EBT.

(2) If a covered employee fails to provide or claims that he or she is unable to provide a sufficient amount of breath to permit a valid breath test, the Company will direct the covered employee to obtain, within five days, an evaluation from a licensed physician who is acceptable to the Company and who has expertise in the medical issues raised by the covered employee's failure to provide a sufficient specimen. Failure to undergo such an evaluation constitutes a refusal to test. If the physician concludes that a medical condition has, or with a high degree of probability could have, precluded the covered employee from providing a sufficient amount of breath, the covered employee's test will be canceled. If the physician concludes that there is not an adequate basis for determining that a medical condition has, or with a high degree of probability could have, precluded the covered employee from providing a sufficient amount of breath, the covered employee will be considered to have refused to test.

(3) Alcohol tests may be canceled under the circumstances listed in 49 CFR §40.267 and §40.269.

4) **PIE:** The Company will stop using a service agent concerning whom a PIE is issued no later than 90 days after DOT has published the decision in the Federal Register or posted it on its web site. The Company may apply to the ODAPC Director for an extension of 30 days if it demonstrates that it cannot find a substitute service agent within 90 days.

## 6) CONSEQUENCES FOR POLICY VIOLATIONS

The consequences discussed below apply to applicants and covered pipeline employees who are found to have violated this policy. Regardless of any personnel actions which may be taken, however, PHMSA's regulations require applicants and employees who engage in any prohibited conduct under this policy to be advised of available resources for evaluating and resolving problems associated with drug use and alcohol misuse, including the names, addresses and telephone numbers of substance abuse professionals and counseling and treatment programs. This information will be provided through the Company's Human Resources Department.



- 1) **Automatic Removal From Safety-Sensitive Functions:** DOT's and PHMSA's regulations require covered employees who violate this policy in any way to be immediately removed from performing covered safety-sensitive functions.
- 2) **Refusal To Submit:** Any covered employee who refuses to submit to a test will be terminated. Applicants who refuse to submit to a test will be ineligible for employment with the Company. Refer to Section 3.2 concerning what actions will constitute a "refusal to submit."
- 3) **Temporary suspension after selection for suspicion-based testing:** Any covered employee who is required to submit to a reasonable cause drug test or a reasonable suspicion alcohol test pursuant to this policy will be temporarily suspended pending the test results.
- 4) **Positive Test Results:**
  - i) **Applicants:** All applicants who receive a verified positive drug test result will be ineligible for current employment with the Company.
  - ii) **Covered employees:**
    - (1) **Verified confirmed positive drug test and confirmed alcohol test results of 0.04 or greater:** If a covered employee receives an MRO verified confirmed positive drug test or a confirmed alcohol test result of 0.04 or greater, may be subject to disciplinary action, up to and including termination.
      - (a) Under DOT regulations, a covered pipeline employee may not return to performing safety-sensitive functions after testing positive (which means, for alcohol, testing at 0.04 BAC or greater under DOT regulations) unless the covered pipeline employee: (1) is evaluated by a substance abuse professional; (2) successfully complies with the SAP's recommendations; (3) takes a return-to-duty drug test and receives a negative result, and/or a return-to-duty alcohol test and receives a result of less than .02 BAC; and, (4) participates in a follow-up testing program recommended by the SAP which includes mandatory follow-up testing. Evaluation and rehabilitation can be provided by the Company, SAP under contract or SAP not affiliated with the Company.
    - (2) **Alcohol test results of 0.02 or greater but less than 0.04:** A covered employee who receives a confirmed alcohol test result of 0.02 or greater, but less than 0.04 will be suspended for at least 8 hours and may be subject to disciplinary action. The covered employee may not return to performance of covered functions until the employee receives an alcohol test result of less than 0.02, or, more than eight hours have passed since the administration of the test.
    - (3) **Fitness-for-duty evaluation in the event of covered employee's negative reasonable suspicion/cause test:** Whenever a covered employee is required to submit to a reasonable suspicion/cause drug or alcohol test and receives a negative test result, the Company may require

the covered employee to submit to a fitness-for-duty evaluation. The evaluation may include a review of the covered employee's medical records, a medical examination, or both. The purpose of the evaluation is to determine whether the covered employee poses a significant risk of substantial harm to the health and safety of the employee or others in the workplace, including customers and visitors. Employees will be required to provide the necessary authorizations for obtaining the medical records and conducting the examination. Depending upon the results of the evaluation, the Company will consider whether the safety or health risk can be eliminated or sufficiently reduced by a reasonable accommodation, if applicable.

- 5) **Other Policy Violations:** Covered employees who commit policy violations other than those addressed above will be subject to discipline, up to and including, immediate termination.
- 6) **SAP Requirements:** Under DOT regulations, a covered pipeline employee may not return to performing safety-sensitive functions after violating DOT drug testing regulations including testing positive (which means, for alcohol, testing at 0.04 BAC or greater under DOT regulations) until:
  - i) **The covered pipeline employee has complied with the following:**
    - (1) is evaluated by a substance abuse professional
    - (2) successfully complies with the SAP's recommendations
    - (3) takes a return-to-duty drug test under direct observation and receives a negative result, and/or a return-to-duty alcohol test and receives a result of less than .02 BAC; and
    - (4) participates in a follow-up testing program/plan established and implemented for the covered employee by the SAP which includes mandatory follow-up testing.
  - ii) **Evaluation and rehabilitation** can be provided by the Company, SAP under contract or SAP not affiliated with the Company. Covered employees who violate DOT drug or alcohol regulations must complete a SAP evaluation, referral and education/treatment process. Once the process is complete, the covered employee must complete all required return-to-duty testing performed under direct observation.
  - iii) **Voluntary self-identification of substance abuse problem:** If a covered employee voluntarily self-identifies that he or she has a substance abuse problem and requests assistance for such problem, but fails or refuses to comply with the requirements of this section, the covered employee will not be permitted to perform safety-sensitive functions and will be required to comply instead with DOT's referral, evaluation and treatment requirements for covered employees who have violated PHMSA and/or DOT regulations.
  - iv) **List of SAPs:** In accordance with DOT regulations, the Company will provide each applicant and covered employee who violates a DOT regulation (as set forth in this policy) with a list of substance



abuse professionals (SAPs), as found on Appendix A, who are readily available to the employee and acceptable to the Company.

## 7) NOTIFICATION OF TEST RESULTS

- 10) Applicants will be notified of the results of a pre-employment drug test, if the applicant requests his/her test results within 60 days of being notified of the disposition of the employment application.
- 11) Covered employees will be advised of drug test results, which are verified positive and the drug or drug(s) for which a positive result was verified. Covered employees will be notified of the results of their alcohol tests immediately after the administration of the screening test and, if necessary, the confirmatory test.
- 12) The MRO will report all test results to the DER directly through the C/TPA as allowed by §40.345 in a confidential manner on the same day the MRO verifies the results or the next business day all verified positive test results, results requiring an immediate collection under direct observation, adulterated or substituted specimen results, and other refusals to test.
- 13) Breath alcohol tests will be maintained completely separate from any non-regulated breath alcohol testing and reported as follows:
  - i) Confirmed positive tests will be reported directly to the DER by the collector verbally. The C/TPA will follow up with an electronically reported test results to the DER.
  - ii) All negative breath alcohol tests will be reported by the C/TPA electronically to the DER.

## 8) TESTING EXPENSES AND COMPENSATION FOR TESTS

The Company will pay for drug and alcohol tests and related expenses as follows:

- 1) All drug and alcohol tests required to be taken by covered employees or applicants under this policy, including confirmation tests, will be paid for by the Company. Any test taken at a covered employee's or applicant's request will be at the covered employee's or applicant's expense, unless the result of the test is negative. However, compliance with an applicant's or covered employee's request for a split specimen test may not be conditioned on the covered employee's or applicant's direct payment to the MRO or laboratory or the covered employee's or applicant's agreement to reimburse the Company for the costs of testing. The Company will also pay for the cost of the covered employee's transportation to the test site, if the test is conducted at a place other than the covered employee's normal work site.
- 2) All time spent by covered employees providing a specimen required under this policy, including travel time to and from the collection site, will be considered as on-duty time. The covered employee will receive his or her regular compensation, including overtime if applicable, for such time.



## 9) ACCESS TO FACILITIES AND RECORDS

- 14) Except as required by law or expressly authorized or required in this subpart, the Company will not release covered employee information that is contained in records required to be maintained in §199.227.
- 15) All covered employees will receive, upon written request, copies of any records pertaining to the employee's use of alcohol, including any records pertaining to his or her alcohol tests. The Company shall promptly provide the records requested by the employee. Access to an employee's records shall not be contingent upon payment for records other than those specifically requested.
- 16) The Company shall permit access to all facilities utilized in complying with the requirements of this policy to the Secretary of Transportation, any DOT agency, or a representative of a state agency with regulatory authority over the operator.
- 17) The Company will make available copies of all results for employer drug and alcohol testing conducted under this policy and any other information pertaining to the Company's drug and alcohol misuse prevention program including training records and statistical data related to drug and alcohol testing that is not name-specific, when requested by the Secretary of Transportation, any DOT agency with regulatory authority over the operator, or a representative of a state agency with regulatory authority over the operator. The information shall include name-specific drug and alcohol test results, records, and reports.
- 18) When requested by the National Transportation Safety Board as part of an accident investigation, the Company shall disclose information related to the Company's administration of any post-accident drug and alcohol tests administered following the accident under investigation.
- 19) The Company shall make records available to a subsequent employer upon receipt of the written request from the covered employee. Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the employee's written request.
- 20) The Company may disclose information without employee consent as provided by DOT Procedures concerning certain legal proceedings.
- 21) The Company shall release information regarding a covered employee's records as directed by the specific, written consent of the employee authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

## 10) INSPECTIONS

- 22) **Inspections Of Company Property:** The Company may conduct unannounced random inspections for drugs and alcohol on Company facilities and property such as, but not limited to, Company vehicles, desks, file cabinets, and Company-issued employee lockers. Covered employees are expected to cooperate in the conduct of such inspections. Inspections of Company facilities and property may be



conducted at any time and need not be based on reasonable suspicion.

- 23) **Inspections Of Covered Employees' Property:** Inspections of covered employees and their personal property such as, but not limited to, vehicles, clothing, packages, purses, briefcases, lunch boxes, or other containers brought onto or being taken off of Company premises may be conducted when there is reasonable suspicion to believe that the covered employee may have or has violated the drug or alcohol prohibitions contained in this policy.

## **11) EMPLOYEE ASSISTANCE PROGRAM**

As part of the Company's commitment to provide a safe, healthy, and efficient working environment for our employees, the Company maintains an Employee Assistance Program ("EAP"). The EAP provides displays and information concerning the effects and consequences of alcohol and drug use on an individual's health, work, and personal life and the signs and symptoms of an alcohol or drug problem. In addition, the EAP provides referral services to covered employees and their families seeking help with problems resulting from alcohol misuse and drug use. Participation in this program is voluntary and confidential. The EAP can discuss available counseling, treatment and rehabilitation programs, fiscal responsibilities, and can help the employee decide what program might be best for his or her situation. For further information or to arrange an appointment, call the Human Resources Department.

The Company provides each supervisor who will determine whether an employee must be drug or alcohol tested based on reasonable suspicion a 60-minute period of training on the specific contemporaneous physical, behavioral, and performance indicators of probably drug and alcohol use.

## **12) DRUG-FREE WORKPLACE POLICY (to comply with the Federal Drug-Free Workplace Act)**

### 24) **Prohibition Against Unlawful Presence of Controlled Substances in the Workplace.**

The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance on the Company's premises, in the Company's vehicles or while engaged in the Company's activities is strictly prohibited.

### 25) **Notification of Workplace Drug Conviction.**

You must notify the Human Resources Department of any criminal drug statute conviction for a violation occurring within the workplace within five (5) days of such conviction. Within ten (10) days of such notification or other actual notice, the Company will advise the contracting agency of such conviction.

### 26) **Compliance as a Condition of Employment.**

All employees are hereby advised that full compliance with the foregoing policies shall be a condition of employment at the Company.

### 27) **Sanctions for Violation of Drug-Free Workplace Policy.**





Any employee who violates the foregoing drug-free workplace policy described above shall be subject to discipline up to and including immediate discharge.

28) **Required Participation in Drug Rehabilitation.**

At the discretion of the Company, any employee who violates our drug-free workplace policy may be required, in connection with or in lieu of disciplinary sanctions, to participate to the Company's satisfaction in an approved drug assistance or rehabilitation program.

29) **Drug-Free Awareness Program.**

In order to maintain a drug-free workplace, the Company has established a drug-free awareness program to educate employees on the dangers of drug abuse in the workplace, our drug-free workplace policy, the availability of any drug-free counseling, rehabilitation and employee assistance programs and the penalties that may be imposed for violations of our drug-free workplace policy.

**13) CONTRACTOR EMPLOYEES**

30) With respect to those employees who are contractors or employed by a contractor, the Company requires by contract that the drug testing, education, and training required by this policy be carried out by the contractor.

- i) The Company remains responsible for ensuring that the requirements of this policy are complied with.
- ii) The contractor will allow access to property and records by the Company, the Administrator, and if the Company is subject to the jurisdiction of the state agency, representative of the state agency for the purpose of monitoring the Company's compliance with the requirements of this policy.



## **APPENDIX A**

*The Company utilizes the following services providers to perform testing in compliance with 49 CFR Part 199 and 49 CFR Part 40.*

### **Consortium/Third Party Administrator (C/TPA)**

TEAM Professional Services - 8165 South Mingo Road - Tulsa, OK 74133

### **Company's Designated Employer Representative (DER)/Alcohol & Drug Program Manager**

Justin Kulbacki - 2910 Laguna Ct Loveland, CO 80538 - 720-299-4201

### **Laboratories**

The Company will use only laboratories certified by the U.S. Department of Health and Human Services.

Clinical Reference Lab - 8433 Quivira Road Lenexa, KS 66215 - 800-445-6917

LabOne, Inc. d/b/a Quest Diagnostics - 10101 Renner Boulevard Lenexa, KS 66219 - 913-888-3927

*Laboratories are subject to change without notice or amendment to policy.*

### **Medical Review Officer**

Janelle Jaworski - 9501 Northfield Blvd Denver, CO 80238

*The Medical Review Officer is subject to change without notice or amendment to policy.*

### **Substance Abuse Professional**

Justin Kulbacki - 2910 Laguna ct Loveland, CO 80538 - 720-299-4201

*The Substance Abuse Professional is subject to change without notice or amendment to policy.*



## **Employee Assistance Program**

Justin Kulbacki - 2910 Laguna Ct Loveland , CO 80538 - 720-299-4201

*The Employee Assistance Program is subject to change without notice or amendment to policy.*

## **Collection Site(s) – Drug and Alcohol** (Meets the requirements of 49 CFR Part 40)

By signing below, I confirm all testing performed under this policy is conducted by a DOT-compliant collection site(s) having met the requirements of Part 40 including but not limited to the security of the collection area, temporary storage and shipment of specimens, suitable clean surfaces, availability of materials, equipment and facilities and supervision for the collection, a source of water for hand washing, and ensure all personnel are trained on DOT collection procedures. I further certify that collection sites used by my company follow DOT guidelines as outlined in [49 CFR Part 40](<https://www.ecfr.gov/current/title-49/subtitle-A/part-40>):

- Subpart C - Urine Collection Personnel
- Subpart D - Collection Sites, Forms, Equipment and Supplies
- Subpart E - Urine Specimen Collections
- Subpart I - Problems in Drug Testing
- Subpart J - Alcohol Testing Personnel
- Subpart K- Testing Sites, Forms, Equipment and Supplies
- Subpart L - Alcohol Screening Tests
- Subpart M - Alcohol Confirmation Tests
- Subpart N - Problems in Alcohol Testing
- Subpart Q - Roles and Responsibilities of Service Agents
- Subpart R - Public Interest Exclusions

## **Evidential Breath Testing Device**

By signing below, I confirm collection sites performing alcohol testing for my company utilize Department of Transportation (DOT)-approved screening devices to measure alcohol in bodily fluids (ASDs), and DOT-approved Evidential Breath Alcohol Measurement devices (EBTs) for screening or confirmation tests as published by the [National Highway Traffic Safety Administration (NHTSA)](<https://www.nhtsa.gov/drunk-driving/alcohol-measurement-devices>).

By signing below, I confirm all alcohol tests for my company are conducted by Screening Test Technicians (STTs) and Breath Alcohol Technicians (BATs) who meet the respective Department of Transportation (DOT) STT or BAT training requirements outlined in [§40.213](<https://www.ecfr.gov/current/title-49/subtitle-A/part-40/subpart-J/section-40.213>).

I certify that upon request I will provide TPS Alert a list of Alcohol Screening Devices (ASDs) or Evidential Breath Alcohol Testing (EBTs) devices used to conduct alcohol testing for my company.



## **APPENDIX B**

### **List of Positions that are "Covered Pipeline Employees" as defined in Section 2.10.**

Welder: Employee  
Laborer: Employee  
Foreman: Employee - Supervisor  
Superintendent: Supervisor  
PM: Supervisor  
Operator: Employee

## **APPENDIX C**

### **EMPLOYEE EDUCATIONAL MATERIALS**

#### **ALCOHOL AND DRUG EFFECTS**

PHMSA regulations mandate that all employees be provided with training material discussing the effects of alcohol and controlled substances use on an individual's health, work and personal life.

This attachment is intended to help individuals understand the personal consequences of substance abuse. Any questions should be directed to the Company's DER (Designated Employer Representative).

#### **ALCOHOL**

Although used routinely as beverage for enjoyment, alcohol can also have negative physical and mood-altering affects when abused. These physical or mental alterations in a covered employee may have serious personal and public safety risks.

#### **Health Effects**

An average of three or more servings per day of beer (12 oz.), whiskey (1 oz), or wine (6 oz) over time, may result in the following health hazards:

- Alcohol Dependency
- Fatal Liver Diseases
- Kidney Disease
- Pancreatitis
- Ulcers
- Decreased Sexual Functions
- Increased Cancers of the Mouth, Tongue, Pharynx, Esophagus, Rectum, Breast and Malignant Melanoma
- Spontaneous Abortion and Neonatal Mortality
- Birth Defects

#### **Social Issues**

- 2/3 of all homicides are committed by people who drink prior to the crime.
- 2-3% of the driving population is legally drunk at any one time. This rate doubles at night and on weekends.
- 2/3 of all Americans will be involved in an alcohol-related vehicle accident during their lifetime.
- The separation and divorce rate in families with alcohol dependency problems is 7 times the average.
- 40% of family court cases are alcohol-related.
- Alcoholics are 15 times more likely to commit suicide.
- More than 60% of burns, 40% of falls, 69% of boating accidents and 76% of private aircraft accidents are alcohol-related.

- Over 17,000 fatalities occurred in 1993 in highway accidents, which were alcohol-related. This was 43% of all highway fatalities.
- 30,000 people will die each year from liver diseases caused by alcohol abuse.
- 10,000 people will die each year due to alcohol-related brain disease or suicide.
- Up to 125,000 people die each year due to alcohol-related conditions or accidents.

## **Workplace Issues**

- It takes one hour for the average person (150 pounds) to process one serving of alcohol from the body.
- Impairment can be measured with as little as two drinks in the body.
- A person who is legally intoxicated is 6 times more likely to have an accident than a sober person.

## **ALCOHOL'S TRIP THROUGH THE BODY**

### **MOUTH AND ESOPHAGUS:**

Alcohol is an irritant to the delicate linings of the throat and food pipe. It burns as it goes down.

### **STOMACH AND INTESTINES:**

Alcohol has an irritating effect on the stomach's protective lining, resulting in gastric or duodenal ulcers. This condition, if it becomes acute, can cause peritonitis or perforation of the stomach wall. In the small intestine, alcohol blocks absorption of such substances as thiamin, folic acid, fat, vitamin B1, vitamin B12, and amino acids.

### **BLOODSTREAM:**

95% of the alcohol taken into the body is absorbed into the bloodstream through the lining of the stomach and duodenum. Once in the bloodstream, alcohol quickly goes to every cell and tissue in the body. Alcohol causes red blood cells to clump together in sticky wads, slowing circulation and depriving tissues of oxygen. It also causes anemia by reducing red blood cell production. Alcohol slows the ability of white cells to engulf and destroy bacteria and degenerates the clotting ability of blood platelets.

### **PANCREAS:**

Alcohol irritates the cells of the pancreas, causing them to swell, thus blocking the flow of digestive enzymes. The chemicals, unable to enter the small intestine, begin to digest the pancreas, leading to acute hemorrhagic Pancreatitis. One out of five patients who develop this disease dies during the first attack. Pancreatitis can destroy the pancreas and cause a lack of insulin, resulting in diabetes.

### **LIVER:**

Alcohol inflames the cells of the liver, causing them to swell and block the tiny canal to the small intestines. This prevents bile from being filtered properly through the liver. Jaundice develops, turning the whites of the eyes and skin yellow. Each drink of alcohol increases the number of live cells destroyed, eventually causing cirrhosis of the liver. This disease is eight times (8x) more frequent among alcoholics than among non-alcoholics.

#### **HEART:**

Alcohol causes inflammation of the heart muscle. It has a toxic effect on the heart and causes increased amounts of fat to collect. This disrupts its normal metabolism.

#### **URINARY BLADDER AND KIDNEYS:**

Alcohol inflames the lining of the urinary bladder making it unable to stretch properly. In the kidneys, alcohol causes increased loss of fluids through its irritating effect.

#### **SEX GLANDS:**

Swelling of the prostate gland caused by alcohol interferes with the ability of the male to perform sexually. It also interferes with the ability to climax during intercourse.

#### **BRAIN:**

The most dramatic and noticed effect of alcohol is on the brain. It depresses brain centers, producing progressive incoordination: confusion, disorientation, stupor, anesthesia, coma and death. Alcohol kills brain cells and brain damage is permanent. Drinking over a period of time causes loss of memory, judgment and learning ability.

### **DRUGS**

#### **MARIJUANA**

##### **Health Effects**

- Emphysema-like conditions
- One joint of marijuana contains cancer-causing substances equal to ½ pack of cigarettes
- One joint causes the heart to race and be overworked. People with heart conditions are at risk
- Marijuana is commonly contaminated with the fungus *Aspergillus*, which can cause serious respiratory tract and sinus infections.
- Marijuana lowers the body's immune system response, making users more susceptible to infection.
- Chronic smoking causes changes in brain cells and brain waves. The brain does not work as efficiently or effectively. Long-term brain damage may occur.
- Tetrahydrocannabinol (THC) and 60 other chemicals in Marijuana concentrate in the ovaries and testes.
- Chronic smoking of marijuana in males causes a decrease in testosterone and an increase in estrogen, the

female hormone. As a result, the sperm count is reduced, leading to temporary sterility.

- Chronic smoking of marijuana in females causes a decrease in fertility.
- A higher than normal incidence of stillborn births, early termination of pregnancy, and higher infant mortality rate during the first few days of life are common in pregnant marijuana smokers.
- THC causes birth defects including brain damage, spinal cord, forelimbs, liver and water on the brain and spine in test animals.
- Prenatal exposure may cause underweight newborn babies.
- Fetal exposure may decrease visual functioning.
- User's mental function can display the following effects:
  - Delayed decision making
  - Diminished concentration
  - Impaired short-term memory
  - Impaired signal detection
  - Impaired tracking
  - Erratic cognitive function
  - Distortion of time estimation

## Workplace Issues

- THC is stored in body fat and slowly released.
- Marijuana smoking has long-term effects on performance.
- Increased THC potency in modern marijuana dramatically compounds the side effects.
- Combining alcohol or other depressant drugs with marijuana increases the impairing effects of both.

## COCAINE

Used medically as a local anesthetic. When abused, it becomes a powerful physical and mental stimulant. The entire nervous system is energized. Muscles tense, heart beats faster and stronger, and the body burns more energy. The brain experiences exhilaration caused by a large release of neurohormones associated with mood elevation.

## Health Effects

- Regular use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing damage to critical nerve cells. Parkinson's Disease could also occur.
- Cocaine causes the heart to beat faster, harder, and rapidly increases blood pressure. It also causes spasms of blood vessels in the brain and heart. Both lead to ruptured vessels causing strokes and heart attacks.
- Strong dependency can occur with one "hit" of cocaine. Usually mental dependency occurs within days for "crack" or within several months for snorting coke. Cocaine causes the strongest mental dependency of all the drugs.
- Treatment success rates are lower than other chemical dependencies.
- Extremely dangerous when taken with other depressant drugs. Death due to overdose is rapid. Fatal



effects are usually not reversible by medical intervention.

## **Workplace Issues**

- Extreme mood and energy swings create instability. Sudden noise causes a violent reaction.
- Lapses in attention and ignoring warning signals increases probability of accidents.
- High cost frequently leads to theft and/or dealing.
- Paranoia and withdrawal may create unpredictable or violent behavior.
- Performance is characterized by forgetfulness, absenteeism, tardiness, and missing assignments.

## **OPIOIDS**

Narcotic drugs that alleviate pain and depress body functions and reactions.

## **Health Effects**

- IV needle users have a high risk of contracting hepatitis or AIDS when sharing needles.
- Increased pain tolerance. As a result, a person may more severely injure themselves and fail to seek medical attention as needed.
- Narcotic effects are multiplied when combined with other depressants causing an increased risk for an overdose.
- Because of tolerance, there is an increasing need for more.
- Strong mental and physical dependency occurs.
- With increased tolerance and dependency combined there is a serious financial burden for the users.

## **Workplace Issues**

- Side effects such as nausea, vomiting, dizziness, mental clouding and drowsiness place the user at high risk for an accident.
- Causes impairment of physical and mental functions.

## **AMPHETAMINES**

Amphetamines are a Central Nervous System stimulant that speeds up the mind and body.

## **Health Effects**

- Regular use causes strong psychological dependency and increased tolerance.
- High doses may cause toxic psychosis resembling schizophrenia.
- Intoxication may induce a heart attack or stroke due to increased blood pressure.
- Chronic use may cause heart or brain damage due to severe constriction of capillary blood vessels.
- Euphoric stimulation increases impulsive and risk-taking behavior, including bizarre and violent acts.
- Withdrawal may result in severe physical and mental depression.

## Workplace Issues

- Since the drug alleviates the sensation of fatigue, it may be abused to increase alertness during periods of overtime or failure to get rest.
- With heavy use or increasing fatigue, the short-term mental or physical enhancement reverses and becomes impairment.

## PHENCYCLIDINE

Often used as a large animal tranquilizer. Abused primarily for its mood-altering effects. Low doses produce sedation and euphoric mood changes. Mood can rapidly change from sedation to excitation and agitation. Larger doses may produce a coma-like condition with muscle rigidity and a blank stare. Sudden noises or physical shocks may cause a “freak out” in which the person has abnormal strength, violent behavior, and an inability to speak or comprehend.

## 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.
- PCP, when combined with other depressants, including alcohol, increases the possibility of an overdose.
- If misdiagnosed as LSD induced, and treating with Thorazine, can be fatal.
- Irreversible memory loss, personality changes, and thought disorders may result.

## Workplace Issues

- Not common in workplace primarily because of the severe disorientation that occurs.
- There are four phases to PCP abuse:
  - Acute toxicity causing combativeness, catatonia, convulsions, and coma. Distortions of size, shape, and distorted perception are common.
  - Toxic psychosis with visual and auditory delusions, paranoia and agitation.
  - Drug induced schizophrenia
  - Induced depression, which may create suicidal tendencies and mental dysfunction.



## COVERED PIPELINE EMPLOYEE/APPLICANT RECEIPT OF POLICY

The undersigned hereby certifies that he/she received a copy of [Company Name] (the "Company") Anti-Drug and Alcohol Misuse Prevention Plan For Pipeline Employees Covered by the Drug and Alcohol Testing Regulations of the Pipeline and Hazardous Materials Safety Administration. I acknowledge and agree that I am responsible for reading, understanding and obeying all Company policies and DOT and PHMSA regulations regarding alcohol and drug use testing. I also understand that, because changes in the governing federal law or regulations may occur from time to time, terms and conditions of the Company's policy may also change without the Company being able to give me prior notice. Nonetheless, I agree to comply with the DOT's and PHMSA's regulations and the Company's policies regarding drug and alcohol use and testing. I further understand and agree that I may be subject to disciplinary action and other liability for violating DOT's or PHMSA's regulations and/or the Company's policies.

I have been advised any questions with regard to the policy should be addressed to

[DER Name, Title, Address, and Phone Number].

Prior to signing this Receipt, I read it carefully and had an opportunity to ask questions regarding its content.

Signature of Covered Pipeline Employee/Applicant: \_\_\_\_\_

\_\_\_\_\_  
[date]

\_\_\_\_\_  
[print name]

## APPENDIX D

### REQUIRED RECORDS AND RETENTION PERIODS

The Company will maintain records related to its drug and alcohol testing program as required by DOT and PHMSA rules (49 CFR §40.333, §199.117 and §199.227). Records will be maintained in a secure location with controlled access. The Company's service agent may maintain these records for the Company as needed with the ability to produce these records at the time required by the DOT agency. The following chart shows the records an employer must maintain under PHMSA's drug and alcohol rules and the period of time these records.

	DOCUMENT	RETENTION PERIOD
1	Records of alcohol test results less than 0.02; Employer's copy of alcohol test form, including test results.	1 year
2	Records of negative and canceled drug test results: Employer's copy of custody and control form.	1 year
3	Laboratory employee urine specimen records and employer-specific data. - The laboratory will transmit an aggregate statistical summary of the testing data on a semi-annual basis with no specific employee identify information by January 20 for July 1 – December 31 data and by July 20 for January 1 – June 30 data.	2 years
4	Records related to collection process except calibration of EBTs: - Collection logbooks, if used; - Documents relating to random selection process; - Documentation of BAT training; - Documents generated in connection with decisions on post-accident tests; - Documents generated in connection with decisions to administer reasonable suspicion tests; and, - Documents verifying medical explanation for the inability to provide adequate breath or urine for testing.	3 years
5	Documents generated in connection with verifications of prior employers' alcohol and/or drug test results.	3 years
6	Documentation of supervisory training for purpose of qualifying supervisors to make reasonable cause and reasonable suspicion determinations.	3 years
7	Records of alcohol test results of 0.02 or greater: - Employer's copy of alcohol test form, including test results.	5 years

8	Records of verified positive drug test results: <ul style="list-style-type: none"> <li>- Employer's copy of drug test chain of custody and control form;</li> <li>- Records showing the type of test (e.g., post-accident);</li> <li>- Records showing the function performed by each employee who had a positive test result;</li> <li>- Records showing the prohibited drugs for which the employee tested positive; and,</li> <li>- Records showing the disposition of each employee who had a positive test result or refused to test (e.g., termination, rehabilitation, removal from covered function, etc.).</li> </ul>	5 years
9	Documentation concerning an individual's refusal to submit to required alcohol and/or drug tests.	5 years
10	Documents presented by an individual dispute the results of alcohol and/or drug tests.	5 years
11	Records of the number of employees tested, by type of test (e.g., post-accident).	5 years
12	Records related to evaluations and referrals: <ul style="list-style-type: none"> <li>- Records pertaining to a determination by a SAP concerning an individual's need;</li> <li>- Records concerning an individual's compliance with the SAP's recommendations;</li> <li>- SAP reports; and,</li> <li>- All follow-up tests and schedules for follow-up tests.</li> </ul>	5 years
13	Calibration documentation for EBTs.	5 years
14	MIS annual report data (required by §199.119 and §199.229).	5 years
15	The employer's drug and alcohol testing policy and procedures. The Company will maintain a compilation of data regarding drug and alcohol testing to be provided upon request and/or submitted according to the form and instructions of §40.26, by March 15 <sup>th</sup> of each year for the previous calendar year (January 1 <sup>st</sup> to December 31 <sup>st</sup> ) or as required to be submitted if under 50 employees.	Indefinite period

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