

DRUG AND ALCOHOL POLICY

I. STATEMENT OF POLICY:

It is the policy of _____ to maintain a work environment that is safe for all employees and conducive to high work standards. As part of this policy, **NO** intoxicating beverages, **NO** illegal drugs, and **NO** drug related paraphernalia are allowed on company premises.

It is also **PROHIBITED** to be at work or reporting to work with any detectable quantity of any illegal or unauthorized drug(s) in the employee's system.

In furtherance of this policy, entry on company property is conditioned upon the company's right to search all persons and their possessions for any company-prohibited items.

"Company Premises"- include all locations at which work is performed by company personnel or which our company has assigned to work, including parking lots, and storage areas. It also includes aircraft, automobiles, trucks, and all other vehicles and equipment, whether company owned, leased, or rented.

II. SEARCH AND INSPECTION:

From time to time and without warning, search by authorized company representatives will be made of anyone entering company property, including vehicles, desks, lockers, and personal possessions. When appropriate, items and substances discovered during these searches may be retained by _____ and turned over to law enforcement authorities.

III. DRUG & ALCOHOL SCREENS:

Drug & alcohol screens can and will be conducted by this company under specified conditions.

The screens will be performed by a N.I.D.A. certified laboratory, which has been approved by the _____ of the company.

The specimen will be screened first by an immunoassay method, such as the Enzyme Multiplied Immunoassay Technique (EMIT). ALL positive EMIT screens will be confirmed by a second, more specified method. The method of

choice is Gas Chromatography/Mass Spectrometry (GC/MS). A screen will only be considered positive when confirmed by the second method.

If it is necessary to do a “for cause” screen, the medical facility collecting the specimen must contact our _____ to receive instructions for screening. It is mandatory that a chain of custody be established and maintained for the sample.

A screen is considered positive when there is a sufficient substance in the sample to be above the laboratory cut-off point.

DRUG & ALCOHOL SCREENS MAY BE UTILIZED UNDER ANY OR ALL OF THE FOLLOWING CIRCUMSTANCES:

1. Pre-Employment Exams
2. Re-Entrance Exams
3. Annual Employee Physical
4. Part of an OVERALL Search and Inspection of Company Premises
5. When there is reasonable suspicion of an employee’s intoxication
6. When an employee is found in possession of alcohol or any suspected illegal or unauthorized drugs or drug-related paraphernalia
7. Following an accident or near miss incident
8. Random sampling

IV. CONFIDENTIALITY OF INFORMATION:

All drug screen results SHOULD be kept in the strictest confidentiality with access limited to a “need to know” basis. The results should not be made part of the normal personnel file.

Any other information pertaining to an employee violating the policy should also be confidential with access limited to a “need to know” basis.

VIOLATION OF THE ABOVE POLICY OR REFUSAL TO SUBMIT TO A SEARCH WILL BE CAUSE FOR DISCIPLINARY ACTION INCLUDING IMMEDIATE DISCHARGE.

V. DISCIPLINARY ACTION FOR POLICY VIOLATIONS:

An employee who refuses to submit to a search or inspection or to a routine drug screen or other approved medical testing procedures, or is found as a result of such tests to have any detectable quantity of any illegal drug or controlled substance or alcohol which may have an effect on the human body of being a narcotic, depressant, stimulant, hallucinogen, or cannabinoid in his or her system or otherwise violates this policy will be subject to disciplinary action up to and including discharge. Compliance with this policy and programs is a condition of employment. The proper law enforcement authorities may be notified in appropriate cases.

This policy and these programs are made for the maximum safety and wellbeing of all employees and other personnel. Your assistance and cooperation for the achievement of this goal is vitally important.

Company Officer

Effective Date

Acknowledgement

I have read or have had read for me and understand the company “Drug and Alcohol” Policy and agree to submit to all of its requirements (including Urine Drug & Alcohol Screening). I understand that compliance with this policy is a condition of my employment with this company or my remaining on its property if I am a non-employee. I fully understand the disciplinary action that will be taken if I am found in violation of this policy.

(Print: Employee/Non-Employee)

(Social Security #)

Employee/Non-Employee Signature

Date

Company Representative

Date