

**CEDAR RAPIDS DIVISION, NECA
IBEW LOCAL UNION #405
ELECTRICAL INDUSTRY SUBSTANCE ABUSE POLICY**

STATEMENT OF PURPOSE

The Cedar Rapids Division, NECA and IBEW Local 405 have formed an alliance (hereafter "Alliance") to address the problems caused by drug and alcohol abuse. It is the Alliance's purpose to provide a vehicle to help establish and maintain a workplace free of the destructive effects caused by the use of drugs and alcohol. The Alliance activities are not intended to interfere with normal practices of the union or management. The Alliance recognizes its responsibility to communicate with and educate its participants relative to this policy and the harmful effects of drugs and alcohol in our society and workplace. The Alliance also recognizes the need to facilitate access to programs of assistance to those persons for whom drugs or alcohol may be causing problems. Finally, while not wishing to violate the rights or invade the privacy of any participant, the Alliance drug-testing program will detect those participants who are unable or unwilling to conform to the established program. Participants who are at will employees of contractors associated with the Alliance will be subject to internal company disciplinary policies.

The Alliance shall take reasonable measures to safeguard the privacy of participants in connection with this Policy, including maintaining the confidentiality of participants who come forward to discuss alcohol or drug abuse affecting them. Anyone who voluntarily seeks assistance or rehabilitation for alcohol or drug related problems before being asked to submit to a test shall be granted amnesty. However, seeking assistance is not a defense to discipline for violations of this policy.

THE POLICY

INTRODUCTION

Persons who use illegal drugs or abuse alcohol or other controlled substances, on or off their jobs, are likely to be less productive, less reliable, more frequently absent, and to have other work-related problems that can cause increased costs, delays, accidents, injuries, and may damage the health, safety and well-being of other workers on the job. The construction industry can control and reduce this problem by taking several specific steps:

- Recognition of the problem;
- Development of a comprehensive policy;
- Implementation of a program of education and information;
- Promotion of an assistance program;
- Implementation of fair and respectful drug testing that conforms to federal drug testing program guidelines.

This policy applies to all employees of IBEW signatory contractors, IBEW Local Union #405 (Cedar Rapids Inside) and the Cedar Rapids Division, NECA, including construction, clerical, management, sales, maintenance, part-time (20 hour per week or more), as well as applicants for any such position, unless said employees are covered by another collective bargaining agreement that has not recognized this policy.

Any effort to control and reduce the negative consequences of drug use and alcohol misuse in the construction industry must be done with the utmost confidentiality and respect for the participant.

In order to enhance substance abuse awareness among all those involved, educational seminars and training programs will be offered. The educational seminars will be directed toward education of all participants about the seriousness of the problem of drug and alcohol abuse in this country and how the use of drugs and alcohol negatively impacts safety, productivity, and the competitive ability of the American workforce.

Participants who may serve in supervisory positions will receive specific training intended to assist them in identifying problem situations and/or warning signs of impairment. In addition, these training sessions will clarify their responsibility to document, intervene and follow up with the troubled participant. The discussion of intervention will provide specific guidance on how to comply with the management responsibilities associated with all aspects of the drug-testing portion of the program. These sessions will be offered on a scheduled basis, sufficient to satisfy the training requirements of all employers and the state of Iowa.

The Alliance encourages all participants troubled by their own or a family member's drug or alcohol abuse to seek professional care and treatment. Early recognition and treatment of alcohol and drug abuse provides the greatest opportunity for successful recovery. Current participants will be referred to the Employee Assistance Program (EAP) as a result of a positive test. The content of the discussion with the EAP will be protected and confidential. A participant, who seeks the services of the EAP on his/her own, will never have his/her use of the program brought to the attention of the Alliance or any of its subscribing organizations or participants. Participants, who use the EAP as a consequence of a positive test, will be subject to the conditions established in the testing portion of this policy.

The EAP provides confidential assistance to participants and their dependents that are experiencing substance abuse or an alcohol-related problem in their own lives. The EAP staff has knowledge of the level and types of benefits available to the Alliance participants. Participants can access the services of Mercy EAP Services by calling Covenant at 833-434-1335. Participants calling the EAP are put in touch with a counselor who will conduct a professional assessment and may meet with them to further assess the nature of the problem in order to provide the best and most

appropriate level of care. Certified and credentialed human service professionals who are sensitive to the needs of the participant, staff the EAP. Participants who take the initiative to contact the EAP for assistance do so with the assurance that their calls will be treated respectfully and confidentially.

The Cedar Rapids Division, NECA and the IBEW Local 405 shall approve any amendments to this policy.

PROHIBITIONS AND REQUIREMENTS

Participants must adhere to each of the following rules and regulations:

1. Participants, who carry a CDL, are performing work that requires a CDL, and who test positive while performing such work, will be under the guidelines and regulations of the Federal Government. These Federal Government guidelines will take precedence over this policy.
2. The use of alcohol or drugs by employees during working hours or on the job site or on company property (including company vehicles) is absolutely prohibited.
 - a. The term “use” means consuming, possessing, selling, transferring, concealing, distributing or arranging to buy or sell, being under the influence of, or reporting for duty under the influence of alcohol or drugs as set forth in this policy, or having illegal drugs in one’s possession.
 - b. The term “alcohol” means any form of alcohol including ethanol. The term “drug” means any intoxicating substance, narcotic plant or similar substance identified under the Controlled Substances Act or similar state or federal law and includes prescription medications not used in accordance with a valid medical prescription.
 - c. Notwithstanding any other provision in this policy, the prescribed use of prescription medications in accordance with a lawful prescription and the use of over-the-counter medications are not violations of this policy. However, marijuana and its active ingredient THC are illegal under federal law and accordingly are included in this definition of drugs, notwithstanding any use that might be permissible under Illinois or Iowa law.
 - d. The term “working hours” means all the time in which employees are engaged in work duties or subject to the control of the Company, and also includes meal periods, scheduled breaks and travel to work or

from one workplace to another. Social events voluntarily attended during non-working hours are not covered under this policy.

- e. The term “company property” means all facilities, job sites, vehicles and equipment that are owned, leased, operated or utilized by the Company or its employees for work-related purposes, including parking areas and driveways, as well as lockers, toolboxes or other storage areas used by the employees. It also includes other public or private property, facilities, vehicles and equipment located away from the Company facility if the employee is present on such property for a work-related purpose.
 - f. Participants who have drugs or alcohol in their system at or above the cutoff values specified in the Administrative Rules are under the influence.
 - g. The term “accelerated testing” means any follow-up testing recommended by the evaluator.
- 3. In order to enforce this policy, participants shall be required to submit to drug and/or alcohol testing in accordance with this policy. Except as otherwise provided in this policy, no participant will be tested for alcohol unless there exists a reasonable suspicion that the person is under the influence of alcohol, or they are involved in an OSHA recordable on-the-job accident. Testing for these two reasons will only be done by evidential breath testing device (breathalyzer).
 - 4. Any participant who is convicted of a drug or alcohol crime occurring in the workplace or while on company assignment and who is employed by an Alliance affiliated employer must report this information to his/her immediate supervisor no later than five (5) days after such conviction. The supervisor must convey this information to the appropriate employer representative.
 - 5. Participants subject to this policy continue to have access to the usual protections provided as a part of their union membership and/or as members of bargaining units covered by collective bargaining agreements. If a participant is aggrieved by any action taken under this Policy and his/her complaint cannot be resolved, the complaint may, if the participant or Union requests, be referred as a grievance under the grievance and arbitration provisions of the participant’s collective bargaining agreement. In the event the matter is referred to arbitration, the provisions of this Policy shall bind the arbitrator substantively.

TESTING

All employees of the Alliance affiliated employers will be subject to the Alliance program, and will be tested at least once, but not limited to one occasion during each 24 month period. Testing will be done through a computerized selection program.

Testing will take place on a regular basis. Participants selected for random testing will be instructed to report to a participating collection site by the end of the next business day from the time they are notified. Per Iowa law, all testing, as well as travel to and from the testing site, will be on the employer's time. The actual costs of the testing, other than for a second, confirmatory test, if one is requested, will be paid by the Cedar Rapids Division, NECA - IBEW Local Union #405 Health & Welfare Plan. If a second, confirmatory test comes back negative, the participant shall be reimbursed the cost of such test.

If a participant is unemployed and subject to referral, he/she will be sent for testing upon being referred to an employer from the referral list, only if that participant's name has been previously selected from the random pool. The time required in taking the test shall be paid by the employer, to whom the participant is being referred. The employer, or the union hall if the participant is unemployed, will provide the participant with the location of the nearest collection site. Whenever a participant is directed to submit to a test, the participant should contact the collection site to verify the site's hours of operation. Copies of the form letters notifying participants of their selection for this at random test appear as ATTACHMENTS I & II in this booklet. (Attachment II must be faxed back to ScreenSafe, Inc. at 815-676-2212.

REASONABLE SUSPICION

The "reasonable suspicion" standard is applicable to, but is not limited to, an Employee involved or injured in a workplace accident requiring medical treatment other than First Aid, or results in property damage of \$1000.00 or more.

Employees will be tested for the presence of drugs and/or alcohol if there exists objective evidence that the employee is under the influence of drugs and/or alcohol. At least two supervisors or other company representatives, if feasible, must witness the conduct of the employee. The witness or witnesses must have received training in the identification of actions, appearances, or conduct, which are indicative of the use of drugs and or alcohol. The supervisor or company representative shall document in writing, the incident and the reasonable cause basis for such testing. The documentation shall specifically detail the actions of the participant, the location, date, time, length of observation, any witnesses, and be signed by the supervisor or company representative who witnessed the incident with copies available to the employee and the designated representative. The supervisor or company representative may contact ScreenSafe, Inc. at any time for assistance during this process. (See ATTACHMENTS XVII, XVIII, IX and X)

The term reasonable suspicion shall, for the purposes of this policy be defined as any one or combination of the following:

1. Aberrant or unusual behavior observed by the employer's immediate supervisor, or others, and confirmed by the observation of a trained supervisory or managerial employee of the employer.
2. A significant deterioration in work performance or excessive unexcused absenteeism.
3. Behavior, which is a recognized and accepted symptom of intoxication impairment caused by controlled substances or alcohol or addiction to or dependence upon said controlled substances.
4. Behavior that is not reasonably explained as resulting from causes other than the use of controlled substances or alcohol (such as fatigue, lack of sleep, side effects of prescriptions or over the counter medications, reactions to noxious fumes or smoke, etc.)
5. Involvement in an on-the-job recordable incident as defined by OSHA.
6. Evidence that an employee has manufactured, sold, distributed, used, possessed, or transferred drugs or alcohol during working hours while on company property.

Refusal to take the reasonable suspicion test, or failure to comply with all necessary elements of the testing program may result in the participant being disciplined up to and including discharge by the Alliance affiliated employer. Participants who as a result of testing for reasonable suspicion lose time from work while awaiting the test results, and who are found to be negative, shall be reimbursed at their applicable rate of pay for lost time from work by the participant's respective employer.

Any participant who disputes positive results shall have the right to have his/her initial sample independently re-tested by a Iowa Department of Public Health laboratory of his/her choice, at his/her own expense, within three working days of when he/she was notified of the test results. A portion of the initial sample shall be forwarded under chain-of-custody directly by the Alliance testing laboratory to the laboratory selected by the participant. Evaluation of the drug test must be performed by a qualified MRO approved by the Alliance. If the second lab report test reveals negative results, then both tests will be considered negative. Under these circumstances, the affiliated contractor/employer has agreed to reimburse the participant for compensation lost during the period of his/her removal and the Alliance will reimburse the participant for the cost of the second test. See ATTACHMENT XXI.

A participant whose positive test results are confirmed will be referred to the EAP by the MRO. The participant is expected to attend all appointments with the EAP counselor and comply with treatment recommendations.

SAFEGUARDS

To implement an appropriate and acceptable program, the Alliance has adopted five (5) safeguards that reflect the standards established by the U.S. Department of Health and Human Services (DHHS) and the National Institute of Drug Abuse (NIDA).

Those safeguards are as follows:

1. The integrity of collected specimens will be insured by utilization of one collection procedure at all sites. Samples will be collected in accordance with federal standards that provide for a continuous chain of custody and which recognize privacy concerns regarding the participants being tested.
2. Carefully selected accredited labs that have also obtained and retained Iowa Department of Public Health certification will conduct testing.
3. All drug tests that screen positive must be confirmed by gas chromatography/mass spectrometry (GC/MS).
4. A Medical Review Officer (MRO) will review all positive drug tests prior to verification of positive test results. The MRO is a physician with specialty training and expertise in substance abuse and drug testing. The MRO will review presumptive positive test results to insure that proper procedure, protocol, and reporting is done. The MRO will interview the person with a positive test result by telephone to assess whether any legitimate explanation exists for the positive drug test. The MRO will make three documented attempts to telephone participants with positive drug test results to notify them of those results. The MRO also notifies participants that they will have three working days from the date they are notified of their results to make and support any explanations or rebuttal they have for such results, and will have three working days from the date they are so notified to request, and make satisfactory arrangements to pay for a retest. If the MRO is unable to contact a participant with positive lab results, after three documented attempts over a 24-hour period, and no legitimate explanation exists for the administrative positive, the MRO will notify the Employer Representative that the participant has an administrative positive.
5. Saliva samples will be collected and shall be kept secure, chemically stable and made available for verification of laboratory testing results. The Alliance uses U.S. Department of Health and Human Services guidelines to determine when specimens are adulterated, diluted or substituted. Participants submitting such specimens will be required to immediately submit to another test and may be removed from active duty and not eligible for referral or rehire until the participant is evaluated by the EAP and has initiated or completed the recommended treatment program. All drug test positive

samples will be retained in a locked frozen facility at the testing laboratory for one year. The retained samples will be available should the results of that test be disputed or should arbitration or litigation arise out of the actions taken because of the test results.

As a further protection to the five (5) listed safeguards and the representation described above, the Alliance reserves the right to contract the services of an appropriate independent professional to audit the collection facilities and the drug-testing laboratory as deemed necessary. The purpose of this audit shall be to insure that guidelines developed to protect the participant's rights, the interest of the Alliance, and all those affiliated with the Alliance are rigorously adhered to and to insure that those procedures used to conduct drug testing continue to meet or exceed the standards of performance established by federal guidelines.

Any participant who disputes positive results shall have the right to have his/her initial sample independently re-tested by a Iowa Department of Public Health certified oral fluid laboratory of his/her choice, at his/her expense, within three working days of when he/she was notified of the test results. A portion of the initial sample shall be forwarded under chain-of-custody directly by the Alliance testing laboratory to the laboratory selected by the participant. Evaluation of the drug test must be performed by a qualified MRO approved by the Alliance. If the second lab report test reveals negative results, then both tests will be considered negative. Under these circumstances, the affiliated contractor/employer has agreed to reimburse the participant for compensation lost during the period of his/her removal and the Alliance will reimburse the participant for the cost of the second test.

The Employer will refer a participant, whose positive test results are confirmed, to the EAP. The participant is expected to attend all appointments with the EAP counselor and comply with treatment recommendations.

CONSEQUENCES

1. Participants who test positive shall be required to comply with the following:

Upon a first non-compliance, the participant will be referred to the EAP for an evaluation and must complete the recommended treatment or education program, which will include accelerated testing.

- a) Upon a second non-compliance within a two-year period, the participant will be referred to the EAP for an evaluation and must complete the recommended treatment or education program. In addition, the participant will be placed in the accelerated testing program for one year following his/her return to work.

- b) Upon a third non-compliance within a two-year period from the preceding (second) test, the participant will be referred to the EAP for an evaluation and must complete the recommended treatment or education program. In addition, the participant will be placed in the accelerated testing program for one year following his/her return to work. The participant will be required to sign a "Last Chance Agreement" between himself/herself, the Alliance and the Union or Contractor.
 - c) Upon a fourth non-compliance within a two-year period from the preceding (third) test the participant will be referred to the EAP for an evaluation and must complete the recommended treatment or education program. In addition, the participant will be placed in the accelerated testing program for one year following his/her return to work. The participant shall be terminated from employment and, if the referral procedure policy provides, shall be ineligible for referral until he/she has satisfactorily completed the assigned treatment or other program. Upon returning to work, the participant will be required by the Alliance to sign a "Last Chance Agreement."
 - d) The two-year period described (in a through d) above is rolling two-year period, which commences on the date of any positive test.
2. As outlined herein, a first or second positive test shall not be the sole basis for termination. However, participants who are in non-compliance with the Alliance program will be removed from active duty and are not eligible for referral until the EAP evaluates the participant and the participant has initiated or completed the recommended treatment program. For purposes of this provision, "non-compliance" shall be determined by ScreenSafe, Inc., in consultation with the Alliance and shall mean:
- a) Failing to take a test as scheduled
 - b) Failing to keep a scheduled appointment with the EAP
 - c) Failing to participate in and/or complete the assigned treatment or education program
 - d) Substituting another substance or specimen for their specimen
 - e) Providing a dilute specimen for a second time without a valid medical explanation

- f) Providing a oral fluid specimen that shows the presence of an adulterant.
 - g) Testing positive
- 3. Where the program's EAP recommends treatment or education, the participant may nevertheless return to work or be referred from the "out of work list" once a "Return to Work" release has been obtained from the treatment center.
- 4. Discipline of bargaining unit members for policy violations addressed or not expressly addressed in this policy shall be in accordance with the Collective Bargaining Agreement. The grievance procedure shall be made available to all collective bargaining personnel. Non-collective bargaining personnel shall be subject to internal company discipline procedures.
- 5. Nothing in this policy shall be construed to authorize any action that is unlawful under federal or state law.

ADMINISTRATIVE RULES

GUIDELINES FOR SPECIMEN COLLECTION SITES

The oral fluid collection process will follow to the extent and in the manner provided in DHHS guidelines.

- 1. The participant will be asked to provide picture identification (Company identification card, driver's license, etc.) to the collector at the collection site. See ATTACHMENT I.
- 2. If the drug test is for reasonable suspicion purposes and not random, the supervisor or another manager is required to accompany the participant to the specimen collection location. A union representative or steward may also accompany the participant along with a supervisor or manager. Upon arrival at the collection facility the following procedures apply for drug testing:
 - a) Participant should be escorted to a collection area and asked to provide an unadulterated oral fluid specimen in the collection bottle provided.
 - b) The bottle/swab should be filled until the indicator notification goes on.

- c) The specimen bottle should be returned to the collector who will witness, initial & date the security seals placed on the specimen.
 - d) Verify the proper spelling of the participant's name as recorded on the chain of custody form.
 - e) Verify that the participant's Social Security/ID number has been properly recorded.
 - f) Verify that the Social Security/ID number placed on the specimen bottle is the same as that recorded on the chain-of custody form.
3. The following procedures apply for alcohol testing. Alcohol testing will not be done on a random basis.
- a) Alcohol testing shall be conducted in a location that affords visual and aural privacy to the individual being tested.
 - b) The participant is required to show positive identification when arriving at the test site. The Breath Alcohol Tester (BAT) shall then explain the testing procedure to the participant.
 - c) The BAT must supervise only one participant's use of the Evidential Breath Testing device (EBT) at a time. The BAT is not to leave the testing site while the test is in progress.
 - d) An individually sealed mouthpiece shall be opened in view of the participant and attached to the EBT.
 - e) The BAT shall instruct the participant to blow forcefully into the mouthpiece for at least (six) 6 seconds or until the EBT indicates that an adequate amount of breath has been obtained.
 - f) If the result is 0.02 or greater, a confirmation test must be performed as provided.
 - g) The confirmation test shall be conducted within 20 minutes of the completion of the screening test.
 - h) A new mouthpiece must be opened and used for the confirmation test.
 - i) In the event that the screening and confirmation test results are not identical, the confirmation test result is deemed to be the final result

upon which any action under operating administration rules shall be based.

4. If the test is for reasonable suspicion purposes and not random, after the appropriate specimens have been collected, the company supervisor will then take the participant home or to another safe place. In no instance should the participant be allowed to drive home on his/her own. All reasonable effort, short of force, should be used to convince the participant that he/she should be taken home, including contact with family members, taxi service, etc. If it appears that the participant will attempt to operate a motor vehicle, and all reasonable attempts short of force have failed to dissuade the participant, the proper authorities should be called and advised of the situation.
5. Immediately after return to the work location, the company supervisor should complete all documentation and prepare a report of all the events that occurred from the initial observation of reasonable suspicion through the testing process and the disposition of the participant. This report should be sent to his or her immediate supervisor directly following the incident or in any event on the same day.
6. Participants who want a hard copy of their drug test may send a notarized request and a certified check for \$15.00 to ScreenSafe, Inc. 2364 Essington Rd, Suite 128, 60435 Attn: Compliance, or call 877-727-3369. The request shall include their name, IBEW Card Number if applicable or Social Security Number, mailing address, and a copy of the state ID or driver's license that matches the mailing address.

DRUG TESTING CUT-OFF LEVELS

These levels may be modified by the Alliance to remain consistent with the Department of Health and Human Services guidelines or customary practices in the testing industry.

The drug-testing program will be directed at the detection of the following drugs at these established levels:

DRUG GROUP	DRUG OR METABOLITE DETECTED	INITIAL TEST LEVEL	GC/MS CONFIRMATION
AMPHETAMINE	Amphetamine Methamphetamine MDMA MDA MDEA	50 NG/ML 50NG/ML	25 NG/ML 25 NG/ML
COCAINE	Benzoylecgonine	15NG/ML	8NG/ML

MARIJUANA	Delta 9 THC, 9 COOH	4 NG/ML	2 NG/ML
OPIATE	Codeine Morphine Hydrocodone Hydromorphone	30 NG/ML	15 NG/ML
PHENCYCLIDINE	PCP	10 NG/ML	10 NG/ML
6-ACETYLMORPHINE	6-ACETYLMORPHINE	4 NG/ML	2 NG/ML

An alcohol test for post-accident or for cause will be done by Breathalyzer testing and will be a reported positive at a concentration of .02 or higher.

RANDOM SELECTION PROCESS

Participants will be selected randomly from the 50% pool. The names of selected participants will not be returned to the pool, so that every two years all employees will have been tested at least once. At the same time all participants will be part of a second pool in which 10% of the participants will be selected for testing each year. Participants in the 10% pool can be selected for testing at any time even if they have been selected recently from the 50% or 10% pools.

PROTOCOL FOR A POSITIVE TEST

1. Upon verifying that a drug test is a legitimate "positive," the MRO will direct the participant to contact ScreenSafe, Inc. The phone number will be given to the participant. ScreenSafe, Inc. will communicate to the participant that a recommendation for return to work must be given by the EAP. If the participant chooses not to utilize the EAP or not to follow the EAP's recommendation, he/she will be terminated from their employer and is ineligible for referral until such time as he/she has completed all treatment and evaluations as recommended by the EAP.
2. The MRO staff will notify ScreenSafe, Inc. of the names of all positive drug tests. ScreenSafe, Inc. will in turn notify the EAP of these names to verify compliance.
3. Upon making the phone call to the EAP, the participant will be set up for an evaluation appointment. During the evaluation, the EAP counselor will request that the participant sign a release authorizing EAP communication with ScreenSafe, Inc. regarding contact and cooperation. If the participant chooses not to sign the release, utilize the EAP or follow the EAP's recommendation, he/she will be terminated from their employer and is ineligible for referral until such time as he/she has completed all treatment and evaluations as recommended by the EAP.

4. Once the EAP counselor or treatment center feels the participant is ready to return to work, the counselor or treatment center will determine a drug-testing regimen, the first test of such regimen being used as one factor in the return to work criteria.

EMPLOYEE ASSISTANCE PROGRAM

The Alliance has contracted with Covenant EAP Services. A participant may call the main EAP office at 833-434-1335.

CUSTOMER POLICY

It is agreed to by the Alliance that if a customer requires the employer to follow that particular customer's substance abuse policy, even if that policy is more stringent than this policy, then the employer will follow the terms and conditions of the customer's policy while working for that particular customer.

STATE AND FEDERAL LAW

Nothing in this policy is intended, nor shall it be construed, to authorize any action that is unlawful under Federal or State law.

LOGO

CEDAR RAPIDS ELECTRICAL INDUSTRY SUBSTANCE ABUSE POLICY
Confidential Material Included in this Fax
Please Give Directly To Recipient!!

Company:	Fax Number:
Attention:	Company: ScreenSafe, Inc.
Phone:	For Info. Call:
Date: Time:	ScreenSafe, Inc. Fax Number: (815) 676-2210

This **confidential** message is intended only for the use of the individual to whom it is addressed and contains information that is confidential. If the reader of this message is not the intended recipient of the employee responsible for delivering the message to the intended recipient, you are notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you receive this communication in error, please notify us immediately by telephone at 877/727-3369.

The employee(s) listed below have been selected for random drug testing. You must notify these individuals within eight (8) hours of your receipt of this fax that they have been selected. However, the Alliance suggests that you notify the selected employees near the end of their shifts today. You must write the time and date of notification next to the employee's name and fax/email this form back to Screen Safe, Inc. at 815-676-2212. **Once you notify the employee(s) they will have until 4:30 p.m. of the next business day to complete the test.**

Please remind your employees that they are required to **bring picture identification** with them to the testing facility. **At the testing site they should identify themselves as part of the NECA/IBEW testing pool.** They will need to retain the employee copy of the chain of custody form, which they will get at the testing facility. This form will need to be returned to the employer to provide proof that the employee has complied with the testing request.

In the event any of the listed employees no longer work for you, are sick, on vacation, out of town, or refuse to comply with the testing request, please note the information on the attached form.

ATTACHMENT II**PARTICIPANT TO TEST NOTIFICATION****LOGO**

**THIS FORM MUST BE FAXED/EMAILED BACK TO SCREENSAFE, INC.
BY THE END OF THE BUSINESS DAY
(815)676-2212/contractormeg@screensafeinc.com**

Contractor: _____

Designated Representative: _____

Phone: _____ **FAX:** _____

Employee's SSN/Union Card #	Employee's Name	E/S	Date & Time Notified	Reason Not Notified

Please Enter "E" for Electrician or "S" for Support Person in Above Column.

V = Vacation

S = Sick

T = Terminated

D = Disability

L=Temp Lay-Off

Please update information for all status changes for support staff to ScreenSafe, Inc.

Information needed

Name, address, phone number and social security number/employee ID number

Thank You

For office use only

Request date: _____

CEDAR RAPIDS ELECTRICAL INDUSTRY SUBSTANCE ABUSE POLICY**Authorization for Consent to Drug Testing and Release of Results****(This authorization is good for one year from the date of signing)**

I understand that I am subject to drug testing under the Cedar Rapids Electrical Industry Substance Abuse Policy. I have previously received a copy of that program and an explanation of my rights and duties under it. I am knowingly:

1. Agreeing to provide an unaltered oral fluid specimen and to cooperate in an approved collection site's normal procedures;
2. Authorizing the collection site to send my oral fluid specimen to the Alliance's drug testing laboratory;
3. In the case of reasonable suspicion testing only, I am authorizing the collection site to test my breath or saliva specimens for their alcohol concentration and to disclose my alcohol test results to ScreenSafe, Inc., the Employee Assistance Program, and the Medical Review Officer;
4. Authorizing the Alliance's lab(s) to analyze my oral fluid specimen for adulteration, dilution and substitution, and for evidence I use amphetamines, cocaine, marijuana, opiates or PCP;
5. Authorizing the lab to disclose my test results (and related information) to the Alliance's Medical Review Officer; and
6. Authorizing the Medical Review Officer to disclose my test results (and related information) and cooperation or non-cooperation in testing and medical review to the Employee Assistance Program and ScreenSafe, Inc.

Print Name: _____

Signature: _____

Social Security/Employee ID Number: _____

Telephone Number: _____

Address: _____

Date: _____ Time: _____

ATTACHMENT IV

CHAIN OF CUSTODY FORM

CHAIN OF CUSTODY FORM

Customer Service: 800-833-3984

OTS - RTP
LABCORP
1904 ALEXANDER DRIVE
RTP, NC 27709
3000

SPECIMEN ID NO. 0047661103

LAB ACCESSION NO. 0047661103

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No.
SCREENSAFE / IBEW
ATTN: JAMES HEFFERNAN
P.O. BOX 2189
JOLIET IL 60434
815-744-4108
FAX: 815-744-4143

B. MRO Name, Address, Phone and Fax No.
CHOICEPOINT MRO SERVICES
STUART B HOFFMAN, M.D., FACP
5900 WILSHIRE BLVD., STE. 2200
LOS ANGELES CA 90036
888-794-6574 FAX: 866-355-1297

Location: ***FAX TO SCREENSAFE AT 815-744-4143***

C. Donor SSN or Employee I.D. No. _____

D. Reason for Test: ☐ Pre-Employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Periodic ☐ Other _____

E. Collection Site Address: _____

Collector Phone No. _____

Collector Fax No. _____

F. Donor Identification Verified By: ☐ Photo I.D. ☐ Employer Representative

STEP 2: TO BE COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100°F? ☐ Yes ☐ No, Enter Remark Below Split Specimen Collection ☐ Yes ☐ No

REMARKS: _____

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: TO BE COMPLETED BY COLLECTOR AND DONOR

G. Daytime Phone No. () Evening Phone No. () Date of Birth / /

H. TEST(S) REQUESTED BY EMPLOYER:

I UNDERSTAND I AM NOW SUBJECT TO DRUG TESTING UNDER THE NECA/IBEW DRUG-FREE ALLIANCE PROGRAM. I KNOWINGLY AUTHORIZE THE LAB TO ANALYZE MY URINE SPECIMEN(S) AND THE MRO TO DISCLOSE MY RESULTS TO THE MAP AND SCREENSAFE. I RELEASE MY SPECIMEN(S) TO THE COLLECTION FACILITY, LAB AND AUTHORIZE RELEASE OF RESULTS TO THE LAB, THE MRO, SCREENSAFE AND THE MAP. I UNDERSTAND MY ELIGIBILITY FOR EMPLOYMENT WILL BE RELEASED TO THE DRUG-FREE RECIPROCAL COALITION PROGRAM. I READ THIS STATEMENT AND GIVE MY CONSENT TO DISCLOSURE:

I authorize the collection of this specimen for the purpose of a drug screen. I acknowledge that the specimen container(s) was/were sealed with tamper-proof seal(s) in my presence; and that the information provided on this form and on the label(s) affixed to the specimen container(s) is correct. I authorize the laboratory to release the results of the test to the company identified on this form or its designated agents.

(PRINT) DONOR'S NAME (FIRST, MI, LAST) _____ SIGNATURE OF DONOR _____ INITIAL _____ MONTH _____ DAY _____ YEAR _____

STEP 5: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified on this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X _____ Signature of Collector _____ Time of Collection _____ AM _____ PM _____

(PRINT) Collector's Name (First, MI, Last) _____ Date (Mo/Day/Yr.) _____

SPECIMEN BOTTLE(S) RELEASED TO: _____

NAME OF DELIVERY SERVICE TRANSFERRING SPECIMEN TO LAB: _____

RECEIVED AT LAB: X _____ Signature of Accessioner _____

(PRINT) Accessioner's Name (First, MI, Last) _____ Date (Mo/Day/Yr.) _____

Primary Specimen Bottle Seal Intact ☐ Yes ☐ No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO: _____

Printed: 06/05

CONTAINER SEAL

OTS - RTP
3000

0047661103

Bottle A

Bottle B (SPLIT)

0047661103

0047661103

A

B

SPLIT

DATE

DONOR'S INITIALS

DATE

DONOR'S INITIALS

NOTE POSITION OF BARCODE STARTS AT BOTTOM OF CONTAINER AS SHOWN HERE.

LabCorp

COPY 1 - LABORATORY

ATTACHMENT V

**1ST AND 2ND NON-COMPLIANT
EMPLOYER NOTIFICATION LETTER**

Logo

(Date)

(Designated Representative)

(Company Name and Address)

Dear _____:

This letter is a follow-up to our phone call to inform you that (employee), an employee of (company name), social security/ID number ____-____-____, is currently unavailable for work.

Please inform (employee) that an evaluation needs to be scheduled with the Employee Assistance Program (EAP), in order to get back into compliance. The phone number for the EAP is 833-434-1335. (Employee) will be able to return to work once the EAP evaluates the individual and the treatment center issues ScreenSafe, Inc. a "Return to Work" form. Once you inform your employee that they are unavailable, they should not be allowed to continue working until you receive a "Return to Work" statement from ScreenSafe, Inc.

If there are any questions or you need further assistance, please do not hesitate to contact me at 877/727-3369.

Sincerely,

The Compliance Department
Administrator
ScreenSafe, Inc.

ATTACHMENT VI

1ST AND 2ND NON-COMPLIANT PARTICIPANT NOTIFICATION

Logo

(Date)

(First Name, Middle Name or Initial, Last Name)

(Social Security or Employee ID Number)

This is to inform you that you are non-compliant under the Cedar Rapids Electrical Industry Substance Abuse Policy and the steps or actions you are required to take at this time.

You are required to contact the Employee Assistance Program (EAP) at 833-434-1335 to schedule an evaluation. If you do not attend your scheduled appointment and cooperate fully, you will be in violation of the policy and subject to its terms, including ineligibility for referral from the union hall for future work.

Please remember that you **cannot** return to work until your evaluation process is complete and you have been **provided a "Return to Work" release** by the EAP. If the EAP decides any treatment is needed, this treatment will be between you and your health plan provider.

The services of the EAP are provided to you at no charge.

Once you have seen the EAP, if it is determined you can be released to work, ScreenSafe, Inc. will send a "Return to Work" notice to your employer as well as to the union referral office.

For your information, the Drug-Free Workplace Policy states that a person who is non-compliant may not be referred from the Referral list unless they have a "Return to Work Statement." Therefore, if you choose to not comply with the Policy you will not be able to be referred from the "out of work list" until you have seen the EAP and have been released to work.

IF AT ANYTIME, YOU FAIL TO COMPLY WITH THIS POLICY YOU MAY BE
SUBJECT TO TERMINATION.

If you would like to have your sample re-tested by a lab of your choice and at your expense, please contact ScreenSafe, Inc. within three working days of when you are notified of your test results at 877/727-3369. If you would like a copy of your results please contact the same number.

ATTACHMENT VII

**REFERRAL -
UNAVAILABLE NOTICE**

(Date)

CONFIDENTIAL NOTICE

TO: IBEW L.U. #405 Referral Agent

FROM: ScreenSafe, Inc.

RE: Employee Referral Status

The following individuals, who are members of IBEW Local #405 are unavailable for referral due to their non-compliance with the Cedar Rapids Electrical Industry Substance Abuse Policy:

NAME Number	Social Security or Employee ID
------------------------	---------------------------------------

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

They are currently not in compliance with the Cedar Rapids Electrical Industry Substance Abuse Policy. The member must contact ScreenSafe, Inc to initiate action intended to restore compliance. If this member should come to the Referral Hall, please inform them that they cannot make use of the Referral List until they have satisfied the requirements set forth in the Alliance Policy.

We will contact you as soon as this member is again eligible to make use of the referral system.

ATTACHMENT VIII

3RD NON-COMPLIANT
EMPLOYER NOTIFICATION

(Date)

(Designated Rep.)

(Company Name & Address)

RE: (Employee's Name & Social Security or Employee ID Number)

Dear _____:

This letter is to inform you that the above named employee is non-compliant for a third time and is therefore currently unavailable for work. This non-compliance occurred less than two years after the participant's prior test.

Please inform (employee) that an evaluation needs to be scheduled with the Employee Assistance Program (EAP) in order to get back into compliance. The phone number for the EAP is 833-434-1335. Once you inform your employee that they are unavailable they should not be allowed to continue working until they have seen the EAP, have signed a **"Last Chance Agreement"** and have been released to work by ScreenSafe, Inc.

A copy of the "Last Chance Agreement" should be kept in their employee file.

If there are any questions or you need further assistance, please do not hesitate to contact me at 877/727-3369.

Sincerely,

The Compliance Department
Administrator
ScreenSafe, Inc.

ATTACHMENT IX

3RD NON-COMPLIANT PARTICIPANT NOTIFICATION

(Date)
(First Name, Middle Name or Initial, Last Name)
(Social Security or Employee ID Number)

This is to inform you that you have tested positive for the third time within a two-year period under the Cedar Rapids Electrical Industry Substance Abuse Policy.

This is to further inform you what steps or action you are required to take at this time.

You are required to contact the Employee Assistance Program (EAP) at 833-434-1335 to schedule an evaluation. If you do not attend your scheduled appointment and cooperate fully, you will be in violation of the Policy and subject to its terms, including ineligibility for referral from the union hall for future work.

Please remember that you cannot return to work until you have signed a **“Last Chance Agreement”**, the evaluation process is complete, and ScreenSafe, Inc. has released you to work. If the EAP decides any treatment is needed, this treatment will be between you and your health plan provider.

The services of the EAP will be provided at no charge.

Once you have seen the EAP, if it is determined you can be released to work, ScreenSafe, Inc. will send a “Return to Work” notice to your employer as well as to the union referral office.

For your information, the Cedar Rapids Electrical Industry Substance Abuse Policy states that a person who is non-compliant may not be referred from the Referral list unless they have a “Return to Work Statement.” Therefore, if you choose to not comply with the Policy you will not be able to be referred from the “out of work list” until you have seen the EAP and have been released to work.

IF AT ANYTIME, YOU FAIL TO COMPLY WITH THIS POLICY YOU MAY BE SUBJECT TO TERMINATION.

If you would like to have your sample re-tested by a lab of your choice and at your expense, please contact ScreenSafe, Inc. within three working days of when you are notified of your test results at 877/727-3369. If you would like a copy of your results please contact the same number.

ATTACHMENT X

LAST CHANCE AGREEMENT LAST CHANCE AGREEMENT

I, _____ am not in compliance with the Cedar Rapids Electrical Industry Substance Abuse Policy.

I acknowledge and agree that in order to remain eligible for employment in the electrical industry I must enter into this Last Chance Agreement. By signing this agreement, I accept and agree to the following terms and conditions, which will govern my continued eligibility for employment:

1. I will follow all requirements and recommendations by the professionals who have evaluated me. This includes at a minimum, the following:
 - a. Strict compliance with all treatment recommendations;
 - b. Complete abstention from all controlled substances, including alcohol, except in accordance with a written authorization of a licensed physician who has been advised in advance of my treatment for substance abuse and has reviewed any prescription in advance with my substance abuse counselor; and
 - c. Regular attendance at required or recommended aftercare programs.
2. I authorize the Administrator and the Employee Assistance Program (EAP) to communicate with each other concerning all treatment and aftercare program requirements, my non-compliance or compliance with those requirements, and to confer with them about my progress. I agree to sign and not revoke any medical release consent forms to allow those information exchanges.
3. For a period of one year from the date of my return to work, I agree to submit to testing to detect the presence or use of drugs and/or alcohol on at least a monthly basis.
4. I understand and agree that this agreement does not guarantee me any employment or compensation for any period of time, nor does it provide me any benefit over and above the program or Collective Bargaining Agreement.
5. I understand and agree that if I test positive for controlled substances, not taken under the supervision of a licensed healthcare professional, or alcohol during the next two years, or if I am declared by the Administrator of the program to be in non-compliance with the program for any reason, that I will be immediately terminated from employment and I will not be eligible for re-employment in the electrical industry until I have satisfactorily completed a substance abuse treatment program and I am otherwise found to be in compliance with the Cedar Rapids Electrical Industry Substance Abuse Policy by the Administrator.

Dated this ____ day of _____, 20____. Print Name: _____

Signature: _____

Alliance representative: _____

ATTACHMENT XI

**4TH NON-COMPLIANT
EMPLOYER NOTIFICATION**

Logo

(Date)

(Designated Rep.)

(Company Name & Address)

RE: (Employee's Name & Social Security or Employee ID Number)

Dear: _____:

This letter is to inform you that the above named employee is non-compliant for a fourth time with the Cedar Rapids Electrical Industry Substance Abuse Policy. This fourth non-compliance occurred less than two years after the participant's prior non-compliance. As per the Cedar Rapids Electrical Industry Substance Abuse Policy, your employee shall be terminated immediately and not eligible for re-hire until he/she has successfully completed a state approved rehabilitation program. The employee can enroll in a treatment program by contacting the Employee Assistance Program (EAP) at 833-434-1335.

Once they have completed their rehabilitation program, and ScreenSafe, Inc. has received the proper documentation, the employee will be eligible for referral from the union hall, but must sign a "Last Chance Agreement".

If you have any questions, please do not hesitate to contact me at 877/727-3369.

Sincerely,

The Compliance Department
Administrator
ScreenSafe, Inc.

ATTACHMENT XII

4TH NON-COMPLIANT PARTICIPANT NOTIFICATION

Logo

(Date)

(First Name, Middle Name or Initial, Last Name)

(Social Security or Employee ID Number)

This is to inform you that you are non-compliant for the fourth time within a two-year period under the Cedar Rapids Electrical Industry Substance Abuse Policy. Per the Policy, your employer is to terminate you and you are not eligible for referral until you have successfully completed a state approved rehabilitation program.

This is to further inform you what steps or action you are required to take at this time.

You are required to contact the Employee Assistance Program (EAP) at 833-434-1335 to schedule an evaluation. If you do not attend your scheduled appointment and cooperate fully, you will be in violation of the Policy and subject to its terms, including ineligibility for referral from the union hall for future work.

Please remember that you cannot return to work until you have signed a **“Last Chance Agreement”**, the evaluation process is complete, you are participating in rehabilitation, and the EAP has released you to work.

The services of the EAP will be provided at no charge.

Once you have seen the EAP, if it is determined you can be released to work, ScreenSafe, Inc. will send a “Return to Work” notice to the union referral office.

For your information, the Cedar Rapids Electrical Industry Substance Abuse Policy states that a person who is non-compliant may not be referred from the Referral list unless they have a “Return to Work Statement.” Therefore, if you choose to not comply with the Policy you will not be able to be referred from the “out of work list” until you have seen the EAP and have been released to work.

If you would like to have your sample re-tested by a lab of your choice and at your expense, please contact the Program Administrator within three working days of when you are notified of your test results at 877/727/3369. If you would like a copy of your results please contact the same number.

ATTACHMENT XIII

NON-COMPLIANT NOTICE EMPLOYER LETTER

(Date)

TO: (Employer Designated Representative)
(Company Name & Address)

RE: (Employee's Name and Social Security or Employee ID Number)

Dear (Designated Rep.):

This letter is to advise you that the above named employee is non-compliant with the Cedar Rapids Electrical Industry Drug-Free Workplace Policy.

Under the terms of the policy, non-compliant is defined as follows:

1. Failing to take a test as scheduled;
2. Failing to keep a scheduled appointment with the EAP;
3. Failing to participate in and/or complete the assigned treatment or education program;
4. Substituting another substance or specimen for their oral fluid specimen;
5. Providing a dilute specimen for a second time without a valid medical reason;
6. Providing an oral fluid specimen that shows the presence of an adulterant
7. Test positive

Under the terms of the policy, participants who are non-compliant with the program are to be removed from active duty and are not able to return to work or be eligible for referral until the Employee Assistance Program (EAP) evaluates the participant and the participant has initiated or completed the recommended treatment program.

The employee will need to contact the EAP at 833-434-1335 as soon as possible, attend his/her scheduled appointment and cooperate fully subject to the terms of the policy.

The employee will be allowed to return to work once ScreenSafe, Inc. has issued a "Return to Work" statement.

If you have any questions, do not hesitate to contact me at 877/727-3369.

Sincerely,

The Compliance Department
Administrator
ScreenSafe, Inc.

ATTACHMENT XIV

NON-COMPLIANT NOTICE PARTICIPANT NOTIFICATION

(Date)

(First Name, Middle Name or Initial, Last Name)

(Social Security Number or Employee ID Number)

This letter is to inform you that you are non-compliant with the Cedar Rapids Electrical Industry Substance Abuse Policy.

Under the terms of the policy, non-compliant is defined as follows:

1. Failing to take a test as scheduled;
2. Failing to keep a scheduled appointment with the EAP;
3. Failing to participate in and/or complete the assigned treatment or education program;
4. Substituting another substance or specimen for your oral fluid specimen;
5. Providing a dilute specimen for a second time without a valid medical reason;
6. Providing an oral fluid specimen that shows the presence of an adulterant.
7. Test positive

Under the terms of the Policy, participants who are non-compliant with the program are subject to termination and are not able to return to work or be eligible for referral until the Employee Assistance Program (EAP) evaluates the participant and the participant has initiated or completed the recommended treatment program.

To become compliant you must contact the EAP at 833-434-1335 to schedule an appointment and follow any recommended treatment that they advise. Once you have satisfied the requirements of the program, and ScreenSafe, Inc. has issued a "Release to Work" form, you will then become eligible for referral and employment.

If you have any questions, do not hesitate to contact me at 877/727-3369.

Sincerely,

The Compliance Department
Administrator
ScreenSafe, Inc.

Return to Work Release

Participant Name:

Social Security #/Union Card #:

Company:

Designated Representative:

Date:

The above participant has satisfied the requirements of the Cedar Rapids Electrical Industry Substance Abuse Policy and is available for work.

ATTACHMENT XVI

**REFERRAL AVAILABLE
NOTIFICATION**

CONFIDENTIAL

TO: IBEW L.U. #405 Referral Agent

FROM: ScreenSafe Inc.

DATE:

RE: Employee Status

This is to inform you that the following members are available for Referral:

Name	Social Security #/Union Card #

Guidelines for Reasonable Suspicion Testing

Under the terms of the Cedar Rapids Electrical Industry Substance Abuse Policy, an individual may be tested if one of the following applies:

- There is a reasonable suspicion that someone is under the influence of an alcoholic beverage or an illegal substance.
 - There has been an on the job recordable incident as defined by OSHA
- 1) Do not assume that observed impairment means that the individual is under the influence of an illegal or controlled substance.
 - 2) DO NOT diagnose the employee's behavior. You are not a doctor or counselor.
 - 3) Do assess impaired performance/ actions, not the reasons behind them.
 - 4) Do use the attached evaluation form to help assess the employee's impairment.
 - 5) The employee's immediate supervisor and, if possible union representative should observe the person and that person should complete the evaluation form.
 - 6) An independent party should also observe and review the evaluation form and sign.
 - 7) If a third observation is made, use an additional reasonable suspicion evaluation form.
 - 8) Be as discreet as feasible. Remove the employee from the workplace and escort the person to your office or another private area.
 - 9) Inform the individual that under the terms of the Cedar Rapids Electrical Industry Substance Abuse Policy, he/she may be required to test.
 - 10) If after the interview, you believe a test is warranted, inform the individual they are being required to test.
 - 11) Take the individual to the nearest designated collection site or call ScreenSafe for an onsite test.
 - 12) After testing, take the individual home or to a family member responsible for the individual. The results will be reported to the Administrator at ScreenSafe and to the designated representative within 24 to 48 hours.

**ALLIANCE AUTHORIZATION FOR CONSENT TO DRUG AND ALCOHOL
ANALYSIS AND AUTHORIZATION FOR RELEASE OF RESULTS**

FOR "REASONABLE SUSPICION TESTING"

I understand that I am now subject to drug and/or alcohol testing under the Cedar Rapids Electrical Industry Substance Abuse Policy. I have previously received a copy of that Program and an explanation of my rights and duties under it. I am knowingly:

- agreeing to provide unaltered breath or saliva specimens and to cooperate in an approved collection site's normal procedures;
- authorizing the collection site to test my breath or saliva specimens for their alcohol concentration and to disclose my alcohol test results to the Administrator at ScreenSafe, Inc., the Member/Employee's Assistance Program, and the Medical Review Officer;
- authorizing the collection site to send my oral fluid specimen the Alliance's drug testing laboratory;
- authorizing the Alliance's lab(s) to analyze my oral fluid specimens for adulteration, dilution and substitution, and for evidence I use cocaine, marijuana, amphetamine, opiates or PCP;
- authorizing the lab to disclose my test results (and related information) to the Alliance's Medical Review Officer; and
- authorizing the Medical Review Officer to disclose my test results (and related information) and cooperation or non-cooperation in testing and medical review to the Member/Employee's Assistance Program and the Administrator at ScreenSafe, Inc.

Witness

Your Signature

Date

Social Security Number/Union Card Number

Time

Telephone Number

Address

City, State & Zip Code

Please bring this form to the collection site. After it is signed, the Employer's designated representative must fax this form back to the Administrator at the number listed below.

Reasonable Suspicion Evaluation Form**Incident/Behavior/Performance Report**

Use this form to record any incidents, work place performance or work place behavior problems.

Name of observed employee:

Date _____ Job Site:

Name of Supervisor:

Check all those indicators or cues observed in the work place.

Primary Indicators**Behavior**

slurred speech	yes_ no
confused speech	yes_ no
staggering	yes_ no
poor coordination	yes_ no
tremors/shakes	yes_ no

Secondary Indicators**Mood**

sudden mood changes	yes_ no
isolating	yes_ no
extreme nervousness	yes_ no
belligerent	yes_ no
aggressive	yes_ no
unusually quiet	yes_ no
unusually talkative	yes_ no

Appearance

glassy eyes	yes_ no
blank stare	yes_ no
bloodshot eyes	yes_ no
flushed face	yes_ no
alcohol smell	yes_ no
marijuana smell	yes_ no

altered appearance	yes_ no
--------------------	---------

Vigilance/Performance

confused	yes_ no
disoriented	yes_ no
drowsiness	yes_ no
sleeping	yes_ no
hearing things	yes_ no
seeing things	yes_ no
blackouts	yes_ no

**ATTACHMENT XIX
TESTING**

REASONABLE SUSPICION

Reasonable Suspicion Evaluation Form (side two)

Describe the incident in detail.

If additional space is needed, please use another page.

Please list all witnesses to the behavior or incident.

Did you discuss the incident and/or behavior with the employee?

Yes____ No____

Remarks:

Signature of Supervisor_____ date:

Signature of Supervisor_____ date:

Signature of Employee_____ date:

Signature of Union Representative_____ date:

**Do's and Don'ts for Dealing
WITH SUSPECTED SUBSTANCE ABUSE**

Do

- Do Focus on job performance ONLY.
- Do Remain consistent in applying your company's policy.
- Do Support what you say with objective observations of behavior.
- Do Stay consistent in your use of job standards and job expectations.
- Do Act in a calm, objective manner.
- Do Keep any conversation or action taken with an employee as private as possible.
- Do Discuss an employee's suspected problems only on a need to know basis.

DON'T

- Don't Ignore troubled employees and hope that the problem will go away.
- Don't Try to diagnose the problem.
- Don't Play counselor.
- Don't Moralize.
- Don't Be misled by an employee's sympathy-evoking tactics.
- Don't Cover up for an employee.
- Don't Allow exceptions for one employee and deny exceptions to another.
- Don't Publicly confront or take disciplinary action against an employee suspected of substance abuse.
- Don't Lose your temper, get emotional, or use generalizations when confronting an employee

ATTACHMENT XXI

Retest of Original Specimen

When a person tests positive under the Cedar Rapids Electrical Industry Substance Abuse Policy, he/she has the right to request a confirmation of the original specimen. If this is what you chose to do, please follow these guidelines.

- Call the ScreenSafe, Inc. at 877/727-3369 and request a retest of your original specimen within three days of this notice.
- You are required to pay for the test in advance. Please send a certified check via Certified Mail, made out to ScreenSafe, Inc. in the amount of \$245.00 at **2364 Essington Rd, Suite 128, Joliet, IL 60435**. If the result of the retest is negative, you will be refunded the amount of the check and the cost of the mailing.

Copies of the results of the retest will be sent to the Program Administrator and to you.