

ELECTRICAL INDUSTRY DRUG-FREE ALLIANCE

**Eastern Illinois Chapter National Electrical
Contractors Association**



**International Brotherhood of Electrical Workers
Local Union 176**

**The Eastern Illinois Electrical Construction Industry
labor and management partnership to address the
problems caused by drug
and alcohol abuse in the workplace.**

**Participants
Eastern Illinois Chapter, NECA
& IBEW Local #176**

Revised 2009

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INTRODUCTORY LETTER

To All Participating Employers, Contractor Employees and Union Members:

Drug and alcohol abuse in the workplace costs companies over 100 billion dollars per year. Statistics show that nationwide almost 10% of employees use drugs in the workplace. Drug testing in the workplace is not only cost-effective; it is a successful deterrent to the harmful and sometimes tragic impact of substance abuse.

Eastern Illinois NECA and the IBEW Local 176 worked together on implementing a random drug-testing program for this area to be funded by all signatory contractors. They have agreed to adopt the policy currently in place since 2003. The committees have agreed to engage the services of ScreenSafe, Inc. to administer the plan. The program will include a 50% pool for annual testing and also a 10% ongoing pool. This means that everyone will be tested randomly at least once every two years, and it is possible to be selected at anytime from the 10% pool.

This policy applies to all employers represented by the Eastern Illinois Chapter of NECA and IBEW Local 176. This also includes all maintenance, sales, clerical, management, owners and part-time employees working 20 or more hours a week as well as applicants for any such position.

The Policy calls for substance abuse testing in three circumstances:

1. Systematic computer selected testing
2. Testing for cause, (including post accident per OSHA requirements)
3. Accelerated testing

In order to guarantee confidentiality every participating employer is asked to select two Designated Representatives to handle all Program business. The local Union has Designated Representatives as well for people using Referral. Only these Designated Representatives will be informed about any matters concerning testing.

The systematic computer selection testing process works this way. ScreenSafe, Inc. will fax a list of participants that have been selected on a random basis to the Designated Representative. The Designated Representative is required to inform these participants that they must report for testing by the end of the next business day.

To prove a test was taken, at the time of the testing, the collection site will give the participant a chain of custody form to bring back to the Designated Representative either at the workplace or at Referral. The participant is not contacted if the results are negative.

If the test is non-negative, the Medical Review Officer (MRO) will contact the participant to determine a reason for the non-negative test. If the final result is confirmed positive,

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the MRO will instruct the participant to contact ScreenSafe, Inc. The MRO will also contact ScreenSafe, Inc. and let the Administrator know the results. ScreenSafe, Inc. will give the participant the phone number for the Member Assistance Program (MAP) or the Employee Assistance Program (EAP) so that an evaluation can be scheduled. ScreenSafe, Inc. also calls the Designated Representative to inform him/her that the participant is unavailable. The participant is removed from work until the evaluation by MAP/EAP is completed. Once given notice of "Return to Work" release, ScreenSafe, Inc. will let the participant as well as the Designated Representative know of the permission to return to work.

The Program is designed so that those who are non-compliant for substance abuse will get the help they need. As long as the participant complies with the program there will be no disciplinary action. If, however, the participant does not comply, disciplinary action, as called for under this Policy will be invoked. This action may include termination.

The Policy book has been sent to all participants registered with the program. If more copies are needed, they can be obtained through ScreenSafe, Inc., Electrical Contractors' Association, Referral, or at the Union Hall.

We hope this packet of information will help you understand the workings of the Program and its policy procedures. Please read the contents of this packet thoroughly to ensure that you understand the program completely. If you have any questions, please contact the Administrator of ScreenSafe Inc. at (877)727-3369.

Sincerely

Thomas Conner
Executive Director
Eastern Illinois NECA

David Udstuen
Business Manager
IBEW Local 176

Statement of Purpose

The Eastern Illinois NECA and IBEW local 176 have formed a Alliance to address the problems caused by drug and alcohol abuse. ScreenSafe, Inc., an Illinois corporation, will administer those programs established by this Alliance. It is this 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. This Alliance's activities are not intended to interfere with normal practices of the union or management. This 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. This 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, this Alliance's 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 this 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.

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.

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 Member Assistance Program/Employee Assistance Program (MAP/EAP) as a result of a non-compliance. The content of the discussion with the MAP/EAP will be protected and confidential. A participant, who seeks the services of the MAP/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 MAP/EAP as a consequence of a non-compliance, will be subject to the conditions established in the testing portion of this policy.

The MAP/EAP provides confidential assistance to participants and their dependents that are experiencing substance abuse or an alcohol-related problem in their own lives. The MAP/EAP staff has knowledge of the level and types of benefits available to the Alliance participants. Participants can access the services of the MAP/EAP through a hotline that is staffed twenty-four (24) hours a day, seven (7) days a week, throughout the entire year. Participants calling the MAP/EAP hotline 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 MAP/EAP. Participants who take the initiative to contact the MAP/EAP for assistance do so with the assurance that their calls will be treated respectfully and confidentially.

Eastern Illinois National Electrical Contractors Association and the International Brotherhood of Electrical Workers Local #176 shall approve any amendments to this policy.

PROHIBITIONS AND REQUIREMENTS

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

1. 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 law. The term

“drugs” includes prescribed medications not used in accordance with a valid medical prescription.

- c) Notwithstanding any other provision in this policy, the 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 drug notwithstanding any use that might be permissible under Illinois 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.
2. 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).

3. 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.
4. 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 participants 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. Their employer will give employees one hour off with regular pay and fringe benefits. If the participant is currently unemployed he/she will receive a dollar amount equal to one-hour regular pay with fringe benefits from the Alliance. The employer will provide the participant with the names of collection site locations. The participant will receive a chain-of-custody form at the 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 & III in this booklet. (Attachment II, "Participant to Test Notification" must be faxed back to the Administrator at ScreenSafe, Inc.). In the event a participant has been non-compliant and is

required to take accelerated/follow-up tests per the MAP/EAP recommendations, those tests are to be done on the participants own time. The employer is not obligated in any way to give the participant time off from work. However, the cost of the urine test is paid for through the program.

Participants may also be tested if there is "reasonable suspicion" to suspect that a participant's work performance or on-the-job behavior is affected in any way by drugs or alcohol. See Attachments XV-XVIII.

To implement an appropriate and acceptable program, the Alliance has adopted six (6) 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 urine 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 DHHS certification will conduct testing.
3. All drug tests that screen non-negative must be confirmed by gas chromatography/mass spectrometry (GC/MS).
4. A Medical Review Officer (MRO) will review all non-negative drug tests prior to verification of confirmed positive test results. The MRO is a physician with specialty training and expertise in substance abuse and drug testing. The MRO will review non-negative test results to insure that proper procedure, protocol, and reporting is done. The MRO will interview the person with a non-negative test result by telephone to assess whether any legitimate explanation exists for the non-negative drug test. The MRO makes at least two 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 five 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 at least two documented attempts over a 24-hour period, the MRO will notify the Administrator of ScreenSafe, Inc. that the participant has an administrative positive. If no legitimate explanation exists for the non-negative drug test, the MRO will inform the Administrator of ScreenSafe, Inc. that the drug test is a confirmed positive.

5. Urine samples will be separated into two containers at the time the sample is collected. One portion of the original urine sample shall be kept secure and chemically stable and made available for verification of laboratory testing results. Diluted, adulterated or substitute specimens will be considered invalid. The Alliance uses U.S. Department of Health and Human Services guidelines to determine when specimens are adulterated, dilute 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 MAP/EAP and has initiated or completed the recommended treatment program. All confirmed positive drug test samples will be retained in a locked frozen facility at the testing laboratory for one year. The retained urine 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.
6. Employees who have confirmed medical conditions that do not permit them to provide a valid urine specimen (for example, employees on diuretics, employees required due to medication or other conditions regularly to consume large amounts of fluids, employees undergoing dialysis) will be permitted to satisfy the testing requirements through alternative means of testing such as hair or blood. These arrangements will require medical documentation and will be considered on a case-by-case basis.

On a periodic basis, the Alliance, through ScreenSafe, Inc., will submit blind pre-tested urine samples with appropriate documentation to the drug-testing laboratory as a means of assuring laboratory proficiency.

As a further protection to the six (6) listed safeguards and the representation described above, the

Alliance reserves the right to contract the services of a toxicologist or other 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.

CONSEQUENCES

1. Participants who are deemed non-compliant shall be required to comply with the following:
 - a) Upon a first non-compliance, the participant will be referred to the MAP/EAP for an evaluation and must complete the recommended treatment or education program, which may include accelerated testing. See ATTACHMENTS IV, V, & XIX. The participant will probably be returned to work prior to program completion. If the participant chooses not to utilize the MAP/EAP on the first non-compliance, he/she will be required to wait for thirty (30) days from the date of initial contact with the MRO before being allowed to test again; this test result must be negative in order for the participant to be released back into compliance. During this thirty-day waiting period, the participant must be terminated by the contractor and is ineligible for referral. However, once a participant has begun treatment with the MAP/EAP they may no longer wait out 30 days.
 - b) Upon a second non-compliance within a two-year period, the participant will be referred to the MAP/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. See ATTACHMENTS IV, VI, & XIX. The thirty (30) day wait out is no longer available; a participant must go through the MAP/EAP in order to return to compliance. The participant will probably be returned to work prior to program completion.

- c) Upon a third non-compliance within a two-year period from the preceding (second), the participant will be referred to the MAP/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. See ATTACHMENTS VII, VIII, & XIX. The participant will probably be returned to work prior to program completion.
 - d) Upon a fourth non-compliance within a two-year period from the preceding (third) test the participant will be referred to the MAP/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. Prior to returning to work, the participant will be required by the Alliance to sign a "Last Chance Agreement." See ATTACHMENTS IX, X, XII & XIX.
 - e) The two-year period described (in a through d) above is a rolling two-year period, which commences on the date of any non-compliance.
2. As outlined herein, a first or second non-compliance 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 MAP/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 the Administrator and shall mean:
- a) Failing to take a test as scheduled
 - b) Failing to keep a scheduled appointment with the MAP/EAP
 - c) Failing to participate in and/or complete the assigned treatment or education program.
 - d) Substituting another substance or specimen for their urine specimen (including their own previously excreted urine)

- e) Providing a dilute specimen for a second time without a valid medical explanation
 - f) Providing a urine specimen that shows the presence of an adulterant.
 - g) Testing positive.
3. Where the program's MAP/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 MAP/EAP.
 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.

REASONABLE SUSPICION TESTING

The "reasonable suspicion" standard is applicable to, but is not limited to, any on-the-job accident, particularly where there is a fatality, serious bodily injury or significant property damage.

Reasonable suspicion testing, or testing based on abnormal or unusual behavior or other circumstances sufficient to lead a reasonable person to suspect that a participant is using under the influence of, or is in possession of an intoxicant shall be established by an immediate supervisor and should be confirmed by one other supervisor whenever feasible. The immediate supervisor 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 should be signed by the supervisor who witnessed the incident. See ATTACHMENT XV-XVIII.

Participants who are union members subject to this policy continue to have access to the usual protections provided as a part of their union representation/membership. If a participant is aggrieved by any action taken under this Drug Policy and his/her complaint cannot be resolved, it may be, if the participant or Union requests referred as a grievance under the grievance and arbitration provisions of the participant's collective bargaining agreement. The arbitrator shall be bound substantively by the provision of this Drug Policy.

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 or below the established levels of prohibited substances in their specimens, shall be reimbursed at their applicable rate of pay for lost time from work by the participant's respective employer.

Any participant who disputes a confirmed positive drug test result shall have the right to have his/her initial sample independently re-tested by a DHHS certified laboratory of his/her choice, at his/her own expense, within five 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 XIX.

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

TRAVELING CRAFTPERSONS AND TEMPORARY ASSIGNMENT

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There may be times when certain jobs require the recruitment of traveling craftpersons. It is the position of the Alliance that all traveling craftpersons be subject to both initial and random testing. This provision will also apply to those individuals working under the portability rules. In order to avoid situations wherein a craftsperson will be forced to have one (1) or two (2) uncompensated days while waiting for the results of the initial urine drug screen to be reported, traveling craftpersons will be allowed to report to work immediately after providing a urine specimen for testing. The craftsperson understands and accepts that should his/her drug test end up a confirmed positive for any prohibited substance; their employment will be summarily terminated without obligation or further compensation. Such termination shall also be subject to the participant's rights under his/her collective bargaining agreement.

Participants who are called to work assignments that are anticipated to last three (3) days or less are subject to the Alliance drug-free workplace policy, but may be exempt from the drug-testing program. If the assignment subsequently exceeds three (3) days, or if the participant accumulates more than three (3) days, the participant becomes subject to the drug-testing program.

Participants will be allowed to remain at work after three (3) days if they provide a urine sample for testing. Should the test be reported as confirmed positive or non-compliance, the participant shall be subject to discipline up to and including termination by the Alliance affiliated contractor, subject to the participant's rights under his/her collective bargaining agreement.

ADMINISTRATIVE RULES

GUIDELINES FOR SPECIMEN COLLECTION SITES

The urine 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 attendant at the collection site. See ATTACHMENT I.
2. Participants who want a hard copy of their drug test results may send a notarized request and a certified check for \$15.00 to ScreenSafe, Inc. P.O. Box 2189, Joliet, IL 60435. The request should include their name and Social Security number.

3. 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 room and asked to provide an unadulterated urine specimen in the collection bottle provided.
 - b) The bottle should be filled to 60 ml.
 - c) The specimen bottle should be returned to the medical technician who will witness, initial and date the integrity seals placed on the specimen.
 - d) Verify the proper spelling of the participant's name as recorded on the log sheet.
 - e) Verify that the participant's social security number has been properly recorded.
 - f) Verify that the social security number placed on the specimen bottle is the same as that recorded on the log sheet and the chain-of-custody form.

4. 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.
5. 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 his/her 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.
6. Immediately after return to the work location, the company supervisor should complete all documentation and prepare a report of all of 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. See ATTACHMENT XVII.

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:

<u>DRUG GROUP</u>	<u>DRUG OR METABOLITE DETECTED</u>	<u>INITIAL TEST LEVEL NG/ML</u>	<u>GC/MS Confirmation</u>
AMPHETAMINE	Amphetamine	1000 NG/ML	500 NG/ML
	Methamphetamine	1000 NG/ML	500 NG/ML
COCAINE	Benzoylcegomine	300 NG/ML	150 NG/ML
MARIJUANA	Delta 9 THC, 9 COOH	50 NG/ML	15 NG/ML
OPIATE	Codeine	2000 NG/ML	2000 NG/ML
	Morphine	2000 NG/ML	2000 NG/ML
PHENCYCLIDINE	PCP	25 NG/ML	25 NG/ML
BARBITRUATES	Diverse	300 NG/ML	200 NG/ML
BENZODIAZEPINE	Oxazepam	300 NG/ML	200 NG/ML
METHADONE	Methadone	300 NG/ML	200 NG/ML
METHAQUALONE	Methaqualone	300 NG/ML	200 NG/ML
PROPOXYPHENE	Propoxyphene	300 NG/ML	200 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.

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PROTOCOL FOR A CONFIRMED POSITIVE TEST

1. Upon verifying that a drug test is a legitimate "positive," the MRO will direct the participant to contact the MAP/EAP. The toll free number will be given to the participant. ScreenSafe will communicate to the participant that a recommendation for return to work must be given by the MAP/EAP. If the participant chooses not to utilize the MAP/EAP or not to follow the MAP/EAP's recommendation on the first non-compliance, he/she will be required to wait for thirty (30) days from the date of initial contact with the MRO before being allowed to test again, that drug result must be negative in order to return to compliance. During this thirty-day waiting period, the participant must be terminated by the contractor and is ineligible for referral. See ATTACHMENT XI. Any subsequent non-compliance the member must contact the MAP/EAP, and become compliant in order to return to work. Once the MAP/EAP process has begun the participant is no longer eligible for the 30 day wait out.
2. The MRO will notify ScreenSafe, Inc. of the names of all confirmed positive drug tests. ScreenSafe, Inc. will in turn notify the MAP/EAP of these names to verify compliance.
3. Upon making the phone call to the MAP/EAP, the participant will be set up for an evaluation appointment. During the evaluation, the MAP/EAP counselor will request that the participant sign a release authorizing MAP/EAP communication with ScreenSafe, Inc. regarding contact and cooperation. If the participant chooses not to sign the release, utilize the MAP/EAP or follow the MAP/EAP's recommendation, he/she will be required to wait for thirty (30) days from the date of initial contact with the MRO before being allowed to test again. During this thirty-day waiting period, the participant must be terminated by the contractor and is ineligible for referral.
4. Once the MAP/EAP counselor feels the participant is ready to return to work, the counselor will determine a drug-testing regimen, the first test of such regimen being used as one factor in the return to work criteria.
5. The MRO will be brought back into the process with the occurrence of a subsequent "non-negative" test.

An Amendment to the Electrical Industry Drug-Free Alliance Policy

All apprentices or participants in training after January 1, 2002 shall be subject to the following provisions:

TESTING

All participants in training shall be tested at least once, but not limited to one occasion, during each year of training.

CONSEQUENCES

Upon a first positive test, or non-compliance with the policy, the participant shall be referred to the training coordinator for disciplinary action. Disciplinary action may include, but is not limited to the following:

- a) referral to MAP/EAP for evaluation and compliance with MAP/EAP recommendations;
- b) disciplinary probation; and
- c) cancellation from the apprenticeship or training program.

Upon a second positive test, or non-compliance with the policy, the participant will be cancelled from the apprenticeship or training program.

PROTOCOL FOR A POSITIVE TEST

Upon verifying that a drug test is a legitimate "positive" the MRO will notify ScreenSafe, Inc. ScreenSafe, Inc., will direct the participant to contact the Training Coordinator within 24 hours (excluding weekends and holidays). The thirty-day waiting period for re-testing is not available to the participant in training. Any participant in training who chooses not to contact the Training Coordinator within the allotted time period will be cancelled from the apprentice or training program.

Drug-Free Reciprocal Coalition Agreement

The procedural rules apply to eligibility for employment of covered members as defined in the Electrical Industry Drug-Free Alliance Program (i.e. all members that are part of the collective bargaining agreement).

If a member is not compliant in their home local the member will not be eligible for employment in any jurisdiction that is part of the Drug-Free Reciprocal Coalition Program until the member has satisfied its home locals Drug-Free Program. Currently, the following Electrical Contractor Associations and IBEW Locals are participating. In the future, we will expand and continuously add new chapters and locals to the Drug-Free Reciprocal Coalition Agreement.

City of Chicago Chapter	IBEW Local # 134
Eastern Illinois Chapter	IBEW Local # 176
Northeastern Illinois Chapter	IBEW Local # 461
Northeastern Illinois Chapter	IBEW Local # 701
Northeastern Illinois Chapter	IBEW Local # 117
Northeastern Illinois Chapter	IBEW Local # 150
Northern Illinois Chapter	IBEW Local # 364

All members will need to initial a consent form either through the testing site or through the referral hall acknowledging their eligibility for employment will be released to the Drug Free Reciprocal Coalition Program.

Three Rivers Manufacturers Association

Effective July 1, 2004, procedural rules apply to all participants for random drug testing through the Electrical Industry Drug-Free Alliance Program, through the Three Rivers Manufacturers Association (TRMA), for all members and company employees who work in a TRMA facility.

1. These employees will be part of a separate random drug testing pool.
2. TRMA will share compliant/non-compliant information with ScreenSafe, Inc.
3. Testing will be a 50% random pool.
4. Alcohol testing will be performed along with drug testing.
5. Each employee will be tested at least once every three years.
6. This amendment only affects those individuals while working at a TRMA facility.



Electrical Industry Drug Free Alliance Program

**CONFIDENTIAL MATERIAL INCLUDED IN THIS FAX
Please Give Directly To Recipient!!**

Company:	Fax Number:
Attention:	Company: ScreenSafe, Inc.
Phone:	For Info. Call: 877/727-3369
Date: Time:	ScreenSafe Fax Number: 815/676-2212

“Confidential” This 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 or 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 and return the original message to us at the address below via the United States Postal Service.

The attached employee(s) have been selected for random drug testing. You must notify these employees within 8 hours of your receipt of this fax that they have been selected. 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. **Once you notify each employee they will have until the end 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 ScreenSafe/IBEW testing pool.** They will also need to retain the testing receipt the facility gives them which will need to be returned to you, the employer, to provide proof that the employee has complied with the testing request.

Attention: Designated Representatives

Please review the attached list of collection sites, ScreenSafe updates collection sites on a weekly basis. Please remember to be at the collection site 1 hour before close to guarantee that your test will be completed.

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 this testing request, please note the information on the attached form.

CHAIN OF CUSTODY FORM

Customer Service: 800-833-3984

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

0047661103

0047661103

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

<p>A. Employer Name, Address and I.D. No.</p> <p>SCREENSAFE / IBEW ATTN: JAMES HEFFERNAN P.O. BOX 2189 JOLIET 815-744-4108 FAX: 815-744-4143</p> <p>IL 60434</p> <p>Location: ***FAX TO SCREENSAFE AT 815-744-4143***</p>	<p>B. MRO Name, Address, Phone and Fax No.</p> <p>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</p> <p>041298</p>
---	---

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.

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:

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

OTIS - RTP 3000	0047661103	0047661103	0047661103	0047661103	0047661103
Bottle A		Bottle B (SPLIT)		B SPLIT	
				DATE _____ DONOR'S INITIALS _____	
				DATE _____ DONOR'S INITIALS _____	

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

COPY 1 - LABORATORY



Administered by ScreenSafe Inc.
P.O. Box 2189
Joliet, IL 60434
Phone: 877/727-3369
Fax: 815/676-2210



Date

Dear,

This letter is a follow-up to our phone call to inform you that (employee), an employee of (company), Last Four Digits of Social Security Number (ssn) is currently unavailable.

Please inform (employee) that an evaluation needs to be scheduled with the Member/Employee's Assistance Program (MAP/EAP), (MAP/EAP name and phone number) in order to get back into compliance with the Electrical Industry Drug Free Alliance Program. (employee) will be able to return to work once ScreenSafe receives approval from the MAP/EAP. Once you inform your employee that they are unavailable, they should not be allowed to continue working until ScreenSafe, Inc. contacts you and faxes a copy of the "Release to Work" to you.

If there are any questions or you need further assistance, please contact the Compliance Department at 877/727-3369.

Sincerely,

The Compliance Department

Date

First and Last Name

Last Four Digits of SSN

This is to inform you that you are non-compliant under the ELECTRICAL INDUSTRY DRUG-FREE ALLIANCE PROGRAM.

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

You are required to contact the Member/Employee Assistance Program, (MAP/EAP) (MAP/EAP name and phone number) to schedule an evaluation. The MAP/EAP will conduct an evaluation. If you do not attend your scheduled appointment and cooperate fully, you will be in violation of the Alliance Program and subject to the terms of the Drug Free Workplace Policy.

Please remember that you **cannot** return to work until your evaluation process is complete and your employer has been **PROVIDED A RETURN TO WORK RELEASE BY SCREENSAFE, INC.**

If the MAP/EAP decides any treatment is needed, this further treatment will not be provided by this program, but will be between you and your health plan provider.

THE SERVICES OF THE MAP/EAP WILL BE PROVIDED AT NO CHARGE.

Once you have seen the MAP/EAP, if it is determined you can be released to work, ScreenSafe, Inc. will send a release to work notice to your employer as well as to Referral.

For your information, the Alliance Drug-Free Workplace Policy states a person who is non-compliant may not be referred from the Referral List unless they have a "Release 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 Member/Employee's Assistance Program and have been released to work. If you choose not to utilize the MAP/EAP on the first non-compliance, you will be required to wait for thirty (30) days from the date of initial contact with the MRO before being allowed to test again; this test result must be negative in order for you to be released back into compliance. During this thirty-day waiting period, you must be terminated by the contractor and are ineligible for referral. However, once you have begun treatment with the MAP/EAP you may no longer wait out 30 days.

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

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 five working days of when you are notified of your test results at the below listed number.

If you would like a copy of your results, please contact ScreenSafe, Inc.



Date

First and Last Name

Last Four Digits of SSN

This is to inform you that you are non-compliant for the second time under the ELECTRICAL INDUSTRY DRUG-FREE ALLIANCE PROGRAM.

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

You are required to contact the Member/Employee Assistance Program, (MAP/EAP) (MAP/EAP name and phone number) to schedule an evaluation. The MAP/EAP will conduct an evaluation. If you do not attend your scheduled appointment and cooperate fully, you will be in violation of the Alliance Program and subject to the terms of the Drug Free Workplace Policy.

Please remember that you **cannot** return to work until your evaluation process is complete and your employer has been **PROVIDED A RETURN TO WORK RELEASE BY SCREENSAFE, INC.**

If the MAP/EAP decides any treatment is needed, this further treatment will not be provided by this program, but will be between you and your health plan provider.

THE SERVICES OF THE MAP/EAP WILL BE PROVIDED AT NO CHARGE.

Once you have seen the MAP/EAP, if it is determined you can be released to work, ScreenSafe, Inc. will send a release to work notice to your employer as well as to Referral.

For your information, the Alliance Drug-Free Workplace Policy states a person who is non-compliant may not be referred from the Referral List unless they have a "Release 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 Member/Employee's Assistance Program and have been released to work.

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

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 five working days of when you are notified of your test results at the below listed number.

If you would like a copy of your results, please contact ScreenSafe, Inc.

Administered by ScreenSafe Inc.
P.O. Box 2189
Joliet, IL 60434
Phone: 877/727-3369
Fax: 815/676-2210



(Date)

(Designated Rep.)

(Company)

(Address)

Dear

This letter is to inform you that (employee) an employee of (company), Last Four Digits of Social Security Number (ssn) is currently unavailable.

Please inform (employee) that an evaluation needs to be scheduled with the Member/Employee Assistance Program, (MAP/EAP) (MAP/EAP name and phone number) in order to get back into compliance. Once you inform your employee that they are unavailable they should not be allowed to continue working until they have seen the Member/Employee's Assistance Program, have signed a "**Last Chance Agreement**" and have been released to work. ScreenSafe, Inc. will contact you once they receive return to work approval from the MAP/EAP.

If there are any questions or you need further assistance, please contact the Compliance Department at 877/727-3369.

Sincerely,

The Compliance Department



DATE
(Participant)
(Last Four Digits of SSN)

This is to inform you that you are non-compliant for the third time within a two-year period under the ELECTRICAL INDUSTRY DRUG-FREE WORKPLACE 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 Member/Employee's Assistance Program (MAP/EAP), (MAP/EAP name and phone number) to schedule an evaluation. The MAP/EAP will conduct an evaluation. If you do not attend your scheduled appointment and cooperate fully, you will be in violation of the Alliance Program and subject to the terms of the Drug-Free Workplace Policy.

Please remember that you cannot return to work **until you have signed a "Last Chance Agreement" with the Alliance**, the evaluations process is complete and the MAP/EAP has released you to work.

If the Member's Assistance Program decides any treatment is needed this further treatment will not be provided by this program, but will be between you and your health plan provider.

THE SERVICES OF THE MAP/EAP WILL BE PROVIDED AT NO CHARGE.

Once you have seen the Member/Employee's Assistance Program, if it is determined you are able to be released to work, ScreenSafe, Inc. will send a release to work notice to your employer as well as to Referral.

For your information, the Alliance Drug-Free Workplace Policy states a person who is non-compliant may not be referred from the Referral List unless they have a "Release 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 Member/Employee's Assistance Program 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 the Program Administrator within five working days of when you are notified of your test results at the below listed number.

If you would like a copy of your results, please contact ScreenSafe, Inc.

Administered by ScreenSafe Inc.
P.O. Box 2189
Joliet, IL 60434
Phone: 877/727-3369
Fax: 815/676-2210



Date

Company

Attn: Designated Representative

Address

RE: EMPLOYEE'S NAME AND LAST FOUR DIGITS OF SSN

In reviewing our files, it has come to our attention that (employee's name) is non-compliant for a fourth time in a two-year period. As per the Alliance Drug Free Workplace Policy, your employee shall be terminated and is not eligible for re-hire until he/she has successfully completed the requirements of the Member/Employee's Assistance Program (MAP/EAP).

Once the Program has received the proper documentation, the employee will be eligible to return to work after signing a "Last Chance Agreement" with a (union and/or alliance) representative.

If you have any questions, please contact the Compliance Department.

Sincerely,

The Compliance Department



DATE

(Participant)
(Last four Digits of SSN)

This is to inform you that you are non-compliant for the fourth time within a two-year period under the ELECTRICAL INDUSTRY DRUG-FREE WORKPLACE 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 Member/Employee's Assistance Program (MAP/EAP), (MAP/EAP name and phone number) to schedule an evaluation. If you do not attend your scheduled appointment and cooperate fully, you will be in violation of the Alliance Program and subject to the terms of the Drug-Free Workplace Policy.

Please remember that you cannot return to work **until you have signed a "Last Chance Agreement" with the Alliance**, the evaluation process is complete, you have completed the assigned treatment or other program, and the MAP/EAP has released you to work.

If the MAP/EAP decides any treatment is needed this further treatment will not be provided by this program, but will be between you and your health plan provider.

THE SERVICES OF THE MAP/EAP WILL BE PROVIDED AT NO CHARGE.

Once you have seen the MAP/EAP, if it is determined you can be released to work, ScreenSafe, Inc. will send a release to work notice to your employer as well as to Referral.

For your information, the Alliance Drug-Free Workplace Policy states a person who is non-compliant may not be referred from the Referral List unless they have a "Release 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 Member/Employee's Assistance Program 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 the Program Administrator within five working days of when you are notified of your test results at the below listed number.

If you would like a copy of your results, please contact ScreenSafe, Inc.

Administered by ScreenSafe Inc.
P.O. Box 2189
Joliet, IL 60434
Phone: 877/727-3369
Fax: 815/676-2210



CONFIDENTIAL

TO: (Referral)

FROM: ScreenSafe Inc.

DATE:

RE: Employee Status

The following members are unavailable for Referral:

NAME	LAST FOUR DIGITS of SSN

They are currently not in compliance with the Alliance Drug-Free Workplace Program. The member must contact the Administrator of the Alliance Program 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.

Alliance Last Chance Agreement

I, (employee's name), am not in compliance with the Electrical Industry Drug-Free Workplace Program.

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 Member/Employee Assistance Program (MAP/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 Alliance Drug-Free Workplace 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 Alliance Drug-Free Workplace Program by the Administrator.

Dated this ____ day of _____, 20??. Witnessed this ____ day of _____ 20??.

By: 
Alliance Representative

By: _____
Employee/Member

By: _____
Contractor Representative/Union Representative



Return to Work Release

Participant Name:

Last Four Digits of SSN:

Company:

Designated Representative:

Date:

The above participant has satisfied the requirements of the Drug-Free Alliance program and is available for work.



CONFIDENTIAL

TO:

FROM: ScreenSafe Inc.

DATE:

RE: Employee Status

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

NAME	LAST FOUR DIGITS OF SSN

Guidelines for Reasonable Suspicion Testing

Under the terms of the Electrical Industry Drug Free Workplace Program, 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 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 Electrical Industry Drug Free Workplace Program, 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.
 - 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 Electrical Industry Drug-Free Alliance Program. 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 urine, 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 urine specimen the Alliance’s drug testing laboratory;
- authorizing the Alliance’s lab(s) to analyze my urine specimens for adulteration, dilution and substitution, and for evidence I use amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, methaqualone, 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

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

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

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

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 XIX



Retest of Original Specimen

When a person tests positive under the Electrical Industry Drug-Free Alliance Program, 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 Program Administrator at 877/727-3369 and request a retest of your original specimen within five 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 \$200.00 to the address listed below. 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 Alliance, the Program Administrator and to you.

Administered by ScreenSafe Inc.
P.O. Box 2189
Joliet, IL 60435
Phone: 877/727-3369
Fax: 815/676-2210