CITY OF PROSSER, WASHINGTON
RESOLUTION NO. 03-1179

A RESOLUTION REGARDING THE ADOPTION OF A CONTROLLED SUBSTANCE AND ALCOHOL USE TESTING POLICY FOR THE CITY OF PROSSER.

WHEREAS, the Controlled Substance and Alcohol Use Testing Policy previously adopted by the City of Prosser has been substantially revised and updated; and,

WHEREAS, said Controlled Substance and Alcohol Use Testing Policy has been provided to each of the Council Members prior to the meeting date; and,

WHEREAS, it has been determined that it is in the best interest of the City of Prosser to adopt said revised and updated Controlled Substance and Alcohol Use Testing Policy;

NOW, THEREFORE, BE IT RESOLVED, by the City Council of the City of Prosser, that the Controlled Substance and Alcohol Use Testing Policy adopted by Resolution No. 1001 adopted on December 26, 1995 is hereby repealed.

BE IT FURTHER RESOLVED, by the City Council of the City of Prosser, that the Controlled Substance and Alcohol Use Testing Policy as previously distributed to all of the Council Members, a copy of which is attached hereto and incorporated herein by reference, is hereby approved and adopted and shall hereafter be the Controlled Substance and Alcohol Use Testing Policy of the City of Prosser until such policy is later amended, modified or repealed.

ADOPTED by the City Council of the City of Prosser and **APPROVED** by the Mayor of the City of Prosser this 24th day February, 2004.

Linda A. Rusk
Mayor

ATTEST:

Regina Williams
City Clerk

APPROVED AS TO FORM:

City Attorney

City of Prosser

Controlled Substance and Alcohol Use Testing

Prepared by Toni Yost

Adopted

Table of Contents

Introduction	page 3
Designated Employer Representative	page 4
Eligible Employees	page 5
What is a CDL ?	page 6
Controlled Substance	page 7
Alcohol	page 10
Training	page 11
Pre-Employment Testing	page 12
Post-Accident Testing	page 13
Reasonable Suspicion Testing	page 14
Random Testing	page 15
Refusal to Submit	page 17
Alcohol Testing Procedures	page 18
Alcohol Test Results	page 19
Controlled Substance Testing	page 21
Controlled Substance Test Result	page 23
Disclosure of Information	page 27
Medical Review Officer	page 28
Return to Safety Sensitive Work	page 29
Employee Admission of Abuse	page 30
Substance Abuse Professional	page 31
Other Prohibited Conduct	page 32
Testing Costs	page 33
Pay Status and Compensation	page 34
Previous Employment Testing Information	page 35
Discipline for Violation	page 36
Confidentiality and Record Retention	page 37
Forms	page 38

Introduction

The City or Prosser has a significant interest in the health and safety of its employees and the citizens of Prosser. The policy of the City of Prosser is to take those steps necessary to ensure that its employees perform their duties and responsibilities free of the influence of drugs and alcohol. Employees are encouraged to seek confidential counseling on problems associated with alcohol and drug abuse. There will be mandatory drug and alcohol testing for employees and job applicants under the circumstances outlined in this policy.

The purpose of this policy is to establish compliance with the Federal Highway Administration regulations requiring drug and alcohol testing for Commercial Driver's License holders. Regulations issued by the United States Department of Transportation mandate urine, drug, and evidential breath alcohol testing for employees in safety sensitive positions, including those who are required to hold a Commercial Drivers License. This policy sets forth the City of Prosser's Controlled Substance and Alcohol Use Testing Manual and the testing and reporting requirements as required by these regulations.

This written program will be available for review by employees, outside regulatory agencies, and concerned citizens. Because of limited resources, this manual is not available in any other language other than English.

Designated Employer Representative

A Designated Employer Representative (DER) is an individual identified by the City of Prosser as able to receive communications and test results from service agents and who is authorized to take immediate action to remove employees from safety sensitive duties and to make required decisions in the testing and evaluation processes.

The DER plays an important role in this testing program. All information received regarding drug or alcohol use is to remain absolutely confidential. Any concerns or guidance contacts can be received from the DER and the employee can be assured that all questions are confidential and therefore not accessible by supervisors of fellow employees.

The DER is responsible for keeping employees informed about changes to their coverage or testing procedures. This Controlled Substance and Alcohol Use Testing Manual is to be updated as necessary. The DER should also have a knowledge of the effects of alcohol and controlled substances, as well testing procedures and requirements.

The following individuals have been designated by the City of Prosser to answer questions about the program and program materials and may provide employees with recourse material or referral assistance:

- City of Prosser Assistant Finance Director/Deputy Clerk
- City of Prosser Finance Director/City Clerk
- City of Prosser Administrator

Eligible Employees

According to Federal and State Law there are several classifications of individuals who are required to participate in Controlled Substance and Alcohol Use testing.

- Regular Employees who are required to operate a commercial vehicle as part of their routine job duties

- Temporary Employees who are required to operate a commercial vehicle as part of their routine job duties.

- Any employee who possess a Commercial Drivers License who may at any time operate a commercial vehicle on an on-call, emergency or unscheduled basis (including supervisory employees who may be called upon at any time to operate a commercial vehicle).

- Current employees who transfer, or are promoted to a position requiring operation of a commercial vehicle and possession of a Commercial Drivers License.

The City of Prosser will require <u>any</u> City of Prosser employee to submit to controlled substance or alcohol testing should reasonable suspicion arise in their behavior which would indicate consumption or use of alcohol or drug.

What is a CDL ?

The Department of Licensing requires that if an individual operates certain vehicles, he/she is required to obtain and maintain a valid Commercial Drivers License.

RCW 46.25.010 defines Commercial Vehicles as :

- A motor vehicle designed or used to transport passengers or property,
- If the vehicle has a gross weight rating of 26,001 or more pounds,
- If the vehicle is designed to transport sixteen or more passengers, including the driver,
- If the vehicle is transporting hazardous materials and is required to be identified by placard on accordance with 49 C.F.R. part 172, subpart F; and
- If the vehicle is a school bus as defined in RCW 46.04.521 regardless of weight or size.

To obtain a CDL you are required to be at least 18 years of age and have a valid Washington State drivers license.

Special Requirements:

- You are required to notify your employer if your license is suspended, revoked, or cancelled or if you are disqualified from operating a commercial vehicle. You must do this before the end of the business day following the day you received notice of the action.
- You must notify your employer, in writing, of all traffic convictions within thirty days. This includes those in your private automobile as well as a commercial vehicle.
- You must notify the Department of Licensing of all out of state convictions within thirty days of the conviction.
- To reinstate a suspension or revocation of your personal driving privilege, you must file proof of financial responsibility with the Department of Licensing.
- If suspended or revoked, your commercial driving privilege is disqualified. Filing must include a letter from your employer's insurance company indicating that you are insured to operate commercial vehicles.

Controlled Substances

What is a Controlled Substance ?

A controlled substance is any drug which effects an individual either physically or mentally. The Department of Transportation requires that Commercial Drivers License holders be tested for Marijuana, Cocaine, Opiates, Amphetamines, and Phencyclidine (PCP).

Effects of Drugs on Driving

Marijuana

- Impaired reaction time
- Impaired short term memory
- Reduced concentration
- Impaired tracking
- Distorted time and distance sense
- Lack of control of vehicle velocity and proper positioning
- Lengthened glare recovery and blurred or double vision
- Distorted visual and depth perception

Cocaine

- Lapses in attention and concentration
- Aggressive Behavior
- Tendency to overact and overcompensate
- Impaired motor concentration
- Periods of loss of consciousness
- Impaired judgment
- False sense of alertness and security
- Convulsions, seizures, cardiac arrest
- Distorted vision and difficulty seeing
- Audio and visual hallucinations
- Profound depression, anxiety and irritability

Opiates

- Effects on intoxication
- False sense of security
- Euphoric high followed by a period of stuporous inactivity
- Difficulty in focusing
- Visual distortion
- Loss of consciousness
- Coma

Amphetamines

- Overestimation of performance capabilities
- Likelihood of being more accident prone
- Extreme mental and physical fatigue
- Food and sleep deprivation
- Audio and visual hallucinations
- Impaired motor skills
- Stimulant drug

Phencyclidine (PCP)

- Feeling of owning the road
- Sense of invulnerability and power
- Aggressive behavior
- Audio and visual hallucinations
- Visual distortion
- Convulsions, coma, and death
- Impaired coordination and dulled senses

No employee shall report to duty or remain on duty requiring the performance of safety sensitive functions when the driver uses any controlled substance, except when the use is pursuant to the instructions of a licensed medical practitioner, who has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle.

No employee having actual knowledge that a driver has used a controlled substance prior to performing a safety sensitive task, or has used a control substance while performing a safety sensitive task, shall permit the driver to perform, or continue to perform, safety sensitive functions.

Prescription Drugs

If any employee is taking drugs as prescribed by a licensed medical practitioner that may effect his driving ability or perception they are required to immediately notify in writing the current Employer Designated Representative. Knowledge of the cautions and warnings printed on the medication are the sole responsibility of the employee. Consultation with the employee's attending doctor may be appropriate.

If the employee does notify the DER of the fact the medication will be or is being taken, but does not submit a physicians release the DER may decide that

the effects of the medication may impair the employees ability to perform and place him/her on leave until effects of the medication have subsided.

In cases where the employee is instructed to remain off duty due to the possible side effects of the prescription medication, the employee may utilize earned sick leave benefits.

Alcohol

Alcohol is a class chemical compound. One of these compounds is ethyl alcohol which the general public shortens to "alcohol" meaning intoxicating beverages. When beverages or medicines containing alcohol are ingested, the alcohol is absorbed through the mucous membrane of the mouth, stomach, and small intestines. Alcohol is then transported by the circulatory system to all areas of the body.

Effects of Alcohol

A person operating a motor vehicle while using alcohol is likely to experience the following under even minute amounts of alcohol.

- Impaired reaction time
- Impaired motor coordination
- Tendency to take unnecessary risks
- Reduced concentration
- Possibility of retaliation with anger toward others
- Euphoric high followed by a period of stuporous inactivity
- Visual distortion

No driver shall report to duty or remain on duty requiring the performance of safety sensitive functions while having any testable amount of alcohol in his system.

No employee having actual knowledge that a driver is using alcohol while performing, or prior to performing safety sensitive functions, shall permit the driver to perform or continue to perform safety sensitive functions.

Alcohol is a legal substance that is used by many people. The intent of the Department of Transportation rules is to realize that even small amounts of alcohol affect us and our job performance, and to prevent its use or possession by people performing safety sensitive jobs.

Training

The Designated Employer Representative has an important role in the Controlled Substance and Alcohol Use Testing Program. The DER is responsible for having a reasonable knowledge of current events and regulations.

Managers and Supervisors designated to determine whether reasonable suspicion exists will receive at least 60 minutes of training on alcohol and at least 60 minutes of training on controlled substances and drug abuse. The training will cover physical, behavioral, speech and performance indicators of probable drug or alcohol abuse and misuse.

Training may include reading material, conferences, programs, or video of a Federal or State approved curriculum.

It is the responsibility of the DER to maintain current employee records regarding training and is also required to ensure that proper training is received by required personnel.

Annual training and refresher training is preferred, when possible. Measures should be taken to make it possible for these classes and session to be available.

The City of Prosser will provide all affected employees with a copy of these procedures regulations, and other information as may be required by federal regulations. Each driver, at the time of receipt of this manual, must sign for it.

Employees, as well, should at least annually be involved in a mandatory safety meeting, or other program, that educates them on the effects of alcohol and controlled substances on their driving skills and ability to reason.

Pre-Employment Testing

Prior to the first time a driver performs a safety sensitive function for the City of Prosser, the driver shall undergo testing for controlled substances as a condition of employment.

Current employees who are transferring from a position that does not require a Commercial Drivers License to a position that does require one, will be tested for the presence of drugs prior to performing duties that require driving or operating a commercial vehicle.

A positive drug test result for an employment candidate will result in rescinding the conditional offer of employment by the City of Prosser. The individual will only be eligible to re-apply for a position covered by these procedures after six months. Employees seeking to transfer to a position requiring a Commercial Drivers License will be denied the transfer and are subject to discipline as describes in this policy.

Post-Accident Testing

All employees covered by this policy will be subject to post-accident testing if they are involved in an accident while operating a commercial vehicle on a public road which results in:

- Fatality
- The drivers receives a citation under state or local law for a moving violation,
- There is bodily injury to anyone involved in the accident who received medical treatment
- One or more motor vehicles incurs disabling damage requiring the vehicle to be transported away from the scene by a tow truck or other vehicle.

After an accident, employees are required to immediately notify their direct supervisor. If the one or more of the above conditions are met the employee is required to make themselves available for post-accident testing as soon as possible.

The direct supervisor, or another management individual, must transport the individual scheduled to be tested to the collection site.

Post accident testing for alcohol should occur within two hours if possible, and must not exceed eight hours. Post-accident testing for controlled substances must be performed within thirty-two hours. If these test are not conducted in a timely fashion, as required, then it is the employers responsibility to prepare a detailed log to the events or circumstances which hindered the City to conform to this regulation.

Employees who are involved in an accident where testing is required may not consume alcohol for eight hours following the accident, or until they undergo a post-accident test.

Refusal to submit to a test shall be considered the same as a positive test and is subject to the same consequences as a positive test result.

If the need for testing occurs outside the normal hours of operation of the designated collection site, then a supervisor or manager will be responsible for transporting the employee to the collection site and contacting that agency to inform them of the situation.

Reasonable Suspicion Testing

According to federal regulations, reasonable suspicion testing is to be based on "specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odor of the employee."

Only supervisors who have been trained in detecting the symptoms of alcohol misuse or drug use and who have directly observed behaviors, appearance or physical symptoms, can subject an employee to reasonable suspicion testing. Supervisors must, at that time, complete a Reasonable Suspicion Observation Form and have that form signed by any witnesses.

Should a supervisor receive reliable information based upon personal knowledge of an individual, such as other employees of the City, the medical community, or law enforcement personnel, of involvement by an employee with alcohol and/or controlled substances, this too is grounds for a reasonable suspicion test. Likewise a Reasonable Suspicion Form should be completed.

Reasonable suspicion alcohol testing may only occur just before, during, or after an employee drives a commercial vehicle. If a reasonable suspicion alcohol test is not conducted within two hours of determination that it is necessary, then the supervisor must prepare and maintain documentation of the reasons why testing had not occurred. Reasonable suspicion of controlled substances testing as well should be tested immediately. If testing is not completed within two hours, the supervisor must prepare and maintain a detailed log with supporting documentation reporting the reason for the tardiness.

Refusal to submit to a test shall be considered the same as a positive test and is subject to the same consequences as a positive test result.

Random Testing

When an employee is hired by the City of Prosser and is in a safety sensitive position, and is a holder of a Commercial Drivers License, they become a member of the City's testing pool. The names and social security numbers for these employees are sent to the AWC Drug and Alcohol Testing Consortium pool. This pool contains all the consortium members. The pool database is managed by HealthForce Occupational Medicine and is updated monthly as changes occur.

The annual random testing rate required under federal regulations is 50%of the pool for drug testing and 25% of the pool for alcohol testing.

HealthForce Occupation Medicine uses a computer system for random selection called HEIDI (Health Evaluation and Information system for Drug abuse in Industry) licensed by Compliance Software in Salt Lake City, Utah.

The random pool group for employers would be set to select drug screens, and/or alcohol tests, at the percentage rate dictated by the appropriate DOT operating administration. The random pool groups for DOT covered employees would be set to select employees using Simple Random Sampling (SRS) with replacement (with replacement meaning that once an employee is chosen the name is returned to the pool to be selected again). Under SRS, all employees have the same chance of being selected for testing every time random sampling is done. SRS is the only sampling method recognized by DOT.

The HEIDI generator works as follows:

1. HEIDI scrambles all individuals active in the pool group.
2. All individuals are assigned a random index number between one and the number of individuals in the pool.
3. HEIDI randomly selects a number between one and the number of individuals in the pool. The individuals with the random index number matching the random number selected is selected for a drug test. HEIDI repeats this process until the number of employees required is selected.
4. To select for alcohol tests, HEIDI sub-samples from the individuals already selected for drug tests following the process described in #3.

Each month, HealthForce Occupation Medicine will send a notice to the Designated Employer Representative (DER) informing them of the months random testing selections. At that time the DER will schedule the testing for some time during the month. Employees will not be notified until just prior to the testing.

Upon notification of selection for random testing, the employee will receive an Employee Notification of Scheduled Drug and/or Alcohol Test letter from the DER. The employee will be asked to sign this letter and a Testing Consent Form. The employee must present the original and only copy of the Employee Notification of Scheduled Drug and/or Alcohol Test letter at the collection site along with picture identification at the time of testing. The collection site designated contact will sign, date, and record time of arrival and time of departure. A signed a recorded copy of the form will be brought to the City's designated contact person immediately upon arriving back to the City, ready to return to duty. A copy of all forms will be retained at the City.

If an employee scheduled for an alcohol test receives a confirmed test result with a blood alcohol level of 0.02 or greater and is unaccompanied at the collection site, a supervisor will be called to the site to transport the employee.

If an employee receives an alcohol test result of at least 0.02 but less than 0.04 the employee must be removed from duty for at least 24 hours following the administration of the test. The employee can not use accrued vacation or sick leave during this absence.

Refusal to submit to a test will be considered the same as a positive test result and will be subject to the same consequences as a positive test result.

Refusal to Submit

No employee shall refuse to submit to an alcohol or drug test as directed under this policy. A refusal to submit shall include, but is not limited to :

- A failure to provide adequate breath for testing without a valid medical explanation after the employee has received notice of the requirements for breath testing

- Failure to provide adequate urine for drug testing without a valid medical explanation after the notice of the requirement for urine testing in accordance with the procedures manual

- Engaging in conduct that obstructs the testing process

No employer shall permit a driver who refuses to submit to such tests to perform or continue to perform safety sensitive functions.

Refusal to submit to a test shall be considered the same as a positive test and is subject to the same consequences as a positive test result.

Alcohol Testing Procedures

- Check patients picture ID
- Explain testing procedure
- Complete Step 1 of US DOT Breath Alcohol Technician (BAT) form
- Patient completes and signs Step 2 of DOT BAT form. If patient refuses to sign the form, it is considered a refusal to take test. Note the refusal in the "Remarks" section
- Verify sequential test number on the EBT with the patient and document in Step 3.
- Insert ticket when Evidential Breath Test (EBT) message state to do so.
- Enter required information into EBT.
- Open sealed mouthpiece in view of the patient and attach to EBT.
- Collect breath sample by instructing the patient to take a deep breath and blow steadily into the mouthpiece at least 6 seconds or until adequate sample is obtained.
- Show patient results of EBT.

Alcohol Test Results

If Negative:

- Date and sign the certificate in Step 3
- Sign evidence ticket
- Have patient read, sign and date the certification in Step 4. If patient has already given a breath sample, but does not want to sign, it is not considered a refusal. You must note the patient refused to sign in the "Remarks" section.
- Attach EBT ticket copies to the designated space on appropriate copies of DOT BAT form.
- Distribute copies as follows:
    - Copy 1 – Employer
    - Copy 2 – Employee
    - Copy 3 – Forward to MRO Office

If Positive: (0.02 or greater)

- Observe 15-minute wait period and explain restrictions to activity during this time period.
- If patient has not complied with instructions during the wait period, note in "Remarks" section
- Continue with testing procedure
- Use a new mouthpiece which has been opened in view of the patient
- Collect breath sample and show patient the results displayed on the EBT
- Have patient read, sign and date the certification in Step 4. If patient has already given a breath sample but does not want to sign, it is not considered a refusal. You must note that the patient refused in the "Remarks" section.
- Attach EBT ticket copies to the designated space on appropriate copies of DOT BAT form.
- Distribute Copies as follows:
    - Copy 1 – Employer
    - Copy 2 – Employee
    - Copy 3 – Forward to MRO
- Ensure immediate transmission of results to employer to prevent the employee from performing safety-sensitive functions.

If an employee scheduled for an alcohol test receives a confirmed test result with a blood alcohol level of 0.02 or greater and is unaccompanied at the collection site, a supervisor will be called to the site to transport the employee.

If an employee receives an alcohol test result of at least 0.02 but less than 0.04 then employee must be removed from duty for at least 24 hours following the administration of the test. The employee can not use accrued vacation or sick leave during this absence.

Controlled Substance Testing

- Collection site person asks the donor to remove any unnecessary outer garments, such as a coat or jacket, that might conceal items or substances that could be used to tamper with, or adulterate the donor's urine specimen. The collection site person shall ensure that all personal belongings, such as a purse or briefcase, remain with the outer garments. The donor may retain wallets.
- Instruct donor to wash and dry hands prior to urination
- After washing hands, the donor shall remain in the presence of the collection site person and shall not have access to any water fountain, faucet, soap dispenser, cleaning agents or any other materials which could be used to adulterate the specimen.
- Have donor choose a split specimen collection cup pack.
- Collection site person completes a custody form for each donor. Write the donor's Social Security Number or ID Number on the grid at the top right corner. Verify and complete information requested in Step 1 (up to temperature) of the custody control form. Write date and donor Social Security Number or ID Number on the bottle label and on split label.
- Collection site person opens the cup pack selected by the donor and applies a bottle label found on the custody and control form to the first bottle (primary specimen) and the split sample label to the second bottle (split specimen). Give the donor the collection cup and show them the approximate level for 45 ml volume to be collected. Have the donor collect at least 45 ml urine.
- Donor may provide their specimen in the privacy of a stall or otherwise partitioned area that allows for individual privacy.
- Collection site person shall note any unusual behavior or appearance on the custody and control form.
- Collection site person pours 30ml into the primary specimen bottle and at least 15ml urine into the split specimen bottle. Tighten lid securely.
- Collection site person measures temperature of the specimen from temperature strip on primary specimen and completes the last line of Step 1 on form.
- Have donor verify accurate labeling of specimens. Have donor initial and date bottle security seals and place over caps and down both sides of both bottles. Do not obscure labels.
- Have donor complete and sign Step 3 in Copy 3 of custody and control form. Collection site person completes and signs Step 4 on Copy 1 of custody and control form.
- Collection site person places each sealed bottle in a specimen shipping bag and folds flap to seal.

- Collection site person removes shipping bag seal from custody and control form and seals junction of front pouch of specimen shipping bag. Sign and date.
- Collection site person completes Step 2, custody record and the custody and control form.
- Collection site person separates copies of custody and control form and places copies 1,2,and 7 in back pouch of specimen shipping bag. Mail copy 3 to MRO, give donor copy 4, keep copy 5 and mail Copy 6 to DER.
- Collection site person secures specimens until shipped to the laboratory via daily courier.

Controlled Substance Test Result

The employer and the employee depend on the MRO accomplishing his/her vital duties according to 49 CFR, Part 40 and the DOT agency rules. This is a list of primary operating procedures necessary to carry out this responsibility.

Receipt of laboratory test results

A strict chain of custody procedure, initiated at the time of collection, is required for handling all specimens throughout the urine specimen collection, testing, reporting, and review process. Employer and certified forensic drug testing laboratories utilize a standard urine custody and control form that accompanies each specimen in the laboratory. The form becomes a permanent record of employee identification, urine specimen collection and laboratory testing data.

The MRO copy of the custody and control form, will contain information including, but not limited to:

- The type of test conducted
- Employees printed name and signature, daytime telephone number, date of birth, Social Security number or ID number, and a unique preprinted specimen identification number.
- Name of collector, date of collection, collection site, and signed certification statement by collector.

The MRO is not required to substantively interpret negative test results. However, the MRO and the MRO Department shall administratively review the results, ensuring that:

- Employee identification information on the laboratory test report and the custody and control form match so that the individual is accurately identified as having a negative test report.
- Negative test results are reported to the employer representative according to the employer's established reporting procedure. Copy 2 of the custody and control form shall not be provided to the employer. All negative results, whether laboratory negative or negative as a result of the MRO verification process, will be reported in an identical manner to the employer representative.

Positive Test Report Verification

The MRO verification process of a positive laboratory report requires several specific actions. Upon receipt of a positive test result form the laboratory the MRO shall:

- Review the documents for completeness and ensure that information on Part 2 matches the already received MRO copy.
- Review document for content

If the MRO is not satisfied with the document, or if information contained in the document gives rise to doubts about the test analysis, then MRO has two options. These options are:

- Review the laboratory records regarding the specimen to determine if correct procedures were followed.
- Requiring the retest of a specimen should questions arise as to the accuracy or validity of a positive test result.

The MRO review of a positive laboratory report requires several specific actions. The first responsibility of the MRO is to review the documentary record of the test for completeness and accuracy and to identify any special problems that may require resolution. This will involve review of any standard laboratory report and Copies 2 and 3 of the custody and control form. The objectives of this review are to ensure:

1. Specimen Identity Verification
   - Compare the specimen identification number contained on Copies 2 and 3. They should be the same. The same number should also be contained on any separate computer generated laboratory report.
   - Note that the Social Security number is the same on both copies and on any separate laboratory report.
   - If the specimen identification number or Social Security number is different on any of the three documents, the result will not be reported at this time. The MRO will request a full report with supporting documents. The MRO will not verify a positive test result until they are fully satisfied that the results reported are those for the specimen identified to the subject employee. If doubt persist, the MRO will order a retest and have the certifying scientist personally inspect the original specimen container to ensure it was properly accessioned.

2. Certifications
   - The MRO will inspect Copy 2 to verify that the required certifications were completed by the collector, employee and the laboratory certifying scientist. Signatures are required. If the employee has not signed the certification on Copy 3, the test will be considered valid only if the collector has properly noted the declination and has recorded any explanation provided. Note that the laboratory will be unaware of any missing signatures on copy 3 or any explanation that may be placed there by the collector. Note further that refusal to sign may indicate a collection site problem that will be discussed with the employee at the time of medical interview.

3. Chain of Custody

- The chain of custody block will have been reviewed by the laboratory, as any break in external chain of custody will have resulted in canceling the test. However, the MRO will separately review the chain of custody block. The donor entry is preprinted and the donor should initial or sign the chain of the custody block. The most likely defect in the form will be a failure by collector to show transfer for shipment. This is considered a break in the documented chain of custody since, from the paperwork, it appears that someone else may have handled the specimen in that interval.
- If the records from the collection site or laboratories raise doubts about the handling of a sample the MRO may deem the urinary evidence insufficient, the MRO will conclude that the test result is negative. Administrative errors in chain of custody documents can result in inappropriate attributions of a positive test result. It is imperative that no employee suffer unwarranted accusations because of a mis-labels specimen or because of errors on the chain of custody.

Employee Notification of a Positive Test Result

The MRO's notification to an employee of a positive test result will occur promptly after the MRO has received the positive laboratory test report. The MRO may initiate contact with the employee immediately after test results are transmitted electronically from the laboratory. However, the MRO will not complete the verification process until both Copy 2 and 3 of the chain of custody forms have been received. MRO contact with a positive test employee will be made directly between the MRO and the employee only. Regulations require that the MRO must provide an opportunity for an interview of the employee testing positive as part of the verification process. This can be in person or via telephone. If the employee declines the opportunity for an interview, the MRO will proceed with the verification. If the MRO is unable to locate the employee or the employee does not return the telephone calls after a reasonable amount of time the MRO may contact the Designated Employer Representative. By declining to contact the MRO after being informed to do so, the employee has waived the opportunity to present information concerning possible explanations of the test results.

Request for Retest

The DOT agency rules provide an employee who tests positive the right to retest their original specimen. The employee may be required to pay the cost of retest, including handling and shipping costs. The MRO will be careful to note for the employee that the retest will be conducted using GC/MS confirmation and only a SAMHSA certified laboratory. The results will be reported positive if any

dectible drug metabolite is found. Retest/reanalysis is not subject to cut-off levels. Furthermore, the MRO is not required to withhold notification of the positive result to the employer, pending the outcome of their retest

Split Sample Testing

A split specimen procedure is one in which the employee provides a minimum of 45ml of urine, with 30ml as the primary specimen and the 15ml as the secondary specimen, at the time of the collection. The first specimen is tested at the laboratory and the second specimen bottle is stored for testing, at a later time, should the first specimen test positive. Upon notice of a positive test on the first specimen bottle, the employee may request within 72 hours that the second specimen bottle be tested, in accordance with City of Prosser Policy. The MRO will authorize the testing of the split specimen. Testing of the split specimen is performed only at a SAMHSA certified laboratory by GC/MS for the presence of drug metabolite only, and is not subject to specific cut off levels. In the event the split sample is found to contain no drug metabolites, the MRO will declare the test negative. Actions required by the DOT regulations as a result of a positive test are not stayed, pending the result of the test on the second specimen.

Reporting a Verified Positive

If after appropriate review, the MRO concludes that no legitimate medical reason exists for a positive test, and that the chain of custody and laboratory procedures were correct, the MRO must report a verified positive test result to the DER, the MRO will refer the employee to the employer's Employee Assistance Program if applicable.

After the MRO reviews the laboratory positive test results and related matters and verifies that the positive report did evidence of unauthorized drug use, the MRO will sign the verification statement on part 2 of the custody and control form. The MRO may notify the employer representative of a verified positive by telephone, electronically, or in writing. The copy 2 of the chain of custody and control form may be sent to the employer, or another form providing the employee's name, identification number, specimen ID number, date of test, result and substance found in the urine, may be used. In making a determination of either verified positive or negative, the MRO will document, for his or her own files, a summary statement of the basis for determination.

The MRO is required by RCW 46.25.123 to upon confirming a positive test result for drug or alcohol testing send notification to the Department of Licensing on a form provided by the department.

Disclosure of Information

Except as provided in this paragraph, the MRO will not disclose to any third party medical information provided by the individual to the MRO as part of the verification process.

1. The MRO may disclose such information to the employer, a DOT agency or other Federal safety agency, or a physician responsible for determining the medical qualification of the employee under applicable DOT agency regulations, as applicable, only if :

    - An applicable DOT regulation permits or requires such disclosure;
    - In the MRO's reasonable medical judgment, the information could result in the employee being determined to be medically unqualified under an applicable DOT agency rule ; or
    - In the MRO's reasonable medical judgment, in a situation in which there is no DOT agency rule establishing physical qualification standards applicable to the employee, the information indicated that continued performance by the employee of his/her safety sensitive function could pose a significant risk.

2. Before obtaining medical information from the employee as part of the verification process, the MRO shall inform the employee that information may be disclosed to third parties as provided in this paragraph and the identity of any parties to whom information may be disclosed.

Any employee who is subject to a drug test conducted under the DOT rules shall, upon written request, have access to any records to his/her drug test and any records relating to the results or any relevant certification, review, or revocation-of-certification proceedings.

Medical Review Officer

Calvin Tod Jones, MD, MPH
Address: [redacted]
City, State, Zip [redacted]
Phone: [redacted]

Date of Birth: [redacted]
SS#: [redacted]
License #: [redacted]
DEA# [redacted]

Education

1999	Medical College of Wisconsin, Milwaukee, WI Master of Public Health
1983	Oregon Health Sciences University, Portland, OR Doctor of Medicine
1978	University of Oregon, Eugene, OR Master of Science, Biology (Neurobiology)
1975	University of Oregon, Eugene, OR Bachelor of Science, Psychology

Board Certification:

Diplomate of American Board of Preventative Medicine – Occupational Medicine, 1993

Diplomate of American Board of Family Physicians, 1986, 1993, 2000

Diplomate of National Board of Medical Examiners, 1984

Certified Medical Review Officer Training Course

Post Graduate Training:

1990-1999	Medical College of Wisconsin, Milwaukee, WI Department of Preventative Medicine Academic Program in Occupational Medicine
1983-1986	Scottsdale Memorial Hospital, Scottsdale, AZ Department of Family Practice Residency and Internship in Family Practice

State License:

State of Arizona (inactive)

State of Washington

Employment

May 2002 – Present	HealthForce Occupational Medicine, Tukwila, WA
1990-May 2002	Virginia Mason Medical Center, Occupational Medicine, Seattle, WA Director of Medical Surveillance Programs, Clinic Staff Physician

1987-	The Boeing Company, Seattle, WA
1990	Plant 2 Medical Clinic, Staff Physician

Professional Organizations

American College of Occupational and Environmental Medicine
Northwest Association of Occupational and Environmental Medicine,
Member Board of Directors 2001-2004
American Academy of Family Physicians
King County Medical Society,
Past Chair, KCMS Drug Alcohol & Tobacco Abuse Committee
Past Member, KCMS Membership Committee
Washington State Medical Association
American Medical Association

Clinical Continuing Education Courses Covering the last 5 years

Return to Safety Sensitive Work

A verified positive drug test requires that the donor be removed from safety sensitive work even if a split test is requested by the donor the drug test is considered positive. If a split test fails to confirm the results of the initial test, the test is cancelled by the MRO. After a donor has a verified positive test, the donor must complete the following steps in order to return to a safety sensitive position of employment :

1. The donor must be evaluated by a Federally Certified Substance Abuse Professional (SAP). The SAP is considered an agent of the employer.
2. The SAP must make specific recommendations with regard to diagnosis and treatment and report his findings and recommendations to the employer. The SAP may contact the MRO for information
3. The donor must complete the course of action recommended by the SAP.
4. The donor must be reevaluated by the SAP following completion of the prescribed course of action.
5. The SAP may recommend further treatment or advise return to safety sensitive position.
6. Following the SAP report to the employer, if return to work is advised, then a return to work drug test and alcohol test is ordered by the employer.
7. The donor must take a SAMHSA urine drug test.
8. The MRO review must verify the return to work negative.
9. The donor may then return to work in a safety sensitive position.
10. The donor must undergo follow-up screenings after returning to work in their safety sensitive function for at least 12 months (but up to 60 months) with at least 6 in the first year. The SAP will determine the duration and frequency of testing. The donor will also remain in the random pool for testing along with all other covered employees.

Employee Admission of Abuse

The City of Prosser supports employees who volunteer for treatment of alcohol and drug abuse. Employees are encouraged to seek treatment voluntarily. Any employee who comes forth and notifies the City of alcohol or drug abuse problems will be given the same assistance as given to other employees with illness. Any such problem, however, may not interfere with the test requirements of this program. For example, a driver may not identify himself as unfit to drive after having been notified of a random drug test or reasonable suspicion test and expect to avoid the consequences for a positive test or a refusal to test. In addition voluntarily seeking assistance does not excuse any failure to comply with all of the provisions of this policy or any other policy of the City of Prosser.

Sick leave, vacation or leave of absence without pay may be granted for treatment and rehabilitation as in other illnesses. Insurance coverage for treatment will be provided to the extent of individual coverage. Confidentiality of information will be maintained as much as possible at all times.

Upon completion of a recommended rehabilitation program and successful return to work, an employee will be subject to follow-up testing for up to 60 months as recommended by the SAP and the City of Prosser, with a minimum of 6 unscheduled tests within the first year of return to duty.

Substance Abuse Professional (SAP)

As detailed in the US Department of Transportation Substance Abuse Profession (SAP) Guidelines, a SAP is a person who evaluates employees who have violated a DOT drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up testing, and after care. US DOT guidelines also stipulate that a SAP maintain a certain level of credentials, posses specific knowledge, receives training, achieves a passing score on an examination, and obtains continuing education credits.

The following are services that will be provided by the SAP, pursuant to the AWC Consortium member's policies, and the willingness of the test-positive employee:

- Provide assessment of any affected employee testing positive. The SAP will confer with a MRO to obtain results.
- Oversee the placement of any employee in need in an appropriate treatment facility.
- Provide the employer with the recommended treatment plan
- Assist the treatment professional in developing a plan of recovery
- Prior to the employee's return to work and safety sensitive duties, the SAP will meet face-to-face with the employee to determine if the individual has demonstrated successful compliance with recommendations of the initial evaluation.
- Develop a follow-up testing plan for the employee returning to work.
- Provide the employer and employee with recommendations for aftercare.

Other Prohibited Conduct

The following conduct regarding drug or alcohol use is prohibited :

Alcohol possession and on duty use of alcohol
An employee may not posses or use alcohol while on duty or while operating a commercial vehicle.

Pre-duty use of alcohol
An employee can not operate a commercial vehicle having any testable quantity of alcohol in his system. An on-call employee who consumes alcohol and is called to duty must acknowledge the use of alcohol and may not report for duty.

Tampering with a required drug test
An employee may not tamper with, adulterate, alter, substitute or otherwise obstruct any testing process required under this policy.

Possession, Transfer, or Sale
No employee may posses, transfer or sell drugs or alcohol while in a position covered by this policy.

Testing Costs

The City of Prosser will pay for the following alcohol and/or drug tests:

Random Testing
Reasonable Suspicion Testing
Post-Accident Testing
Pre-Employment Testing

Employees are responsible for the costs associated with the following tests :

Split Sample re-tests made at the employees request
Return to Duty Testing

If a split sample re-test returns a negative result, the City of Prosser will reimburse the employee the cost of the test.

Substance Abuse Professional and rehabilitation costs will be the responsibility of the employee.

Pay Status and Compensation

Employees will be compensated for time spent to report to the testing facility and be tested for the following alcohol and/or drug tests :

Random Testing
Reasonable Suspicion Testing
Post-Accident Testing

Employees are responsible for taking the following test on their own time:

Split Sample testing made at the employee's request
Return to duty testing

If a split sample re-test returns a negative result, the City of Prosser will compensate the employee for time spent.

Employees who have been asked to submit to a reasonable suspicion drug test will be placed on unpaid leave pending the outcome of the test results. Such employees are eligible to use accrued vacation or sick leave during this time. If the result is negative, the time will be paid and any sick or vacation leave restored.

If an employee receives an alcohol test result of at least 0.02 but less than 0.04 the employee must be removed from duty for at least 24 hours following the administration of the test. The employee may not use accrued vacation or sick leave during this absence.

Previous Employment Testing Information

If a person is to be hired into a position subject to this policy and during the previous two years has worked as a driver of a commercial vehicle, that person must authorize a request of all employers of the driver within the past two years to release information on the following:

Positive alcohol or drug tests

Refusal to be tested

This information must be obtained before the person is employed by the City. However, if the information has not arrived by the anticipated start date, and if the person has passed the pre-employment drug test, the person may be hired and the requested information must be obtained from the previous employers within 14 days of the date of hire. If the information has not been received within those 14 days, the person will not be permitted to drive commercial vehicles until the information has arrived. If the information obtained from the previous employer indicates either a positive test or that of a refusal to be tested that occurred within the last 2 years, that person will not be permitted to drive a commercial vehicle unless subsequent information indicates that the appropriate evaluation by an SAP was made and returned to duty testing was administered.

Discipline for Violation

Violations of this policy, the City of Prosser Personnel Policy, and/or a collective bargaining agreement shall be grounds for immediate termination. The City of Prosser will follow a zero tolerance policy except as listed below :

If an employee tests positive for a drug or drugs or has an alcohol test that indicates a blood level of .04 or greater from a random, reasonable suspicion, or post-accident test, or engages in prohibited conduct as outlined in the "Other Prohibited Conduct" chapter of this manual, the employee will be terminated immediately.

If results from an alcohol test indicates a blood alcohol level of 0.02 but less than 0.04, the employee shall be removed from duty for a period of at least 24 hours without pay. Employees will not be allowed to use accrued sick or vacation compensation. The employee will not be permitted to return to work unless he/she has a verified negative result on a return to work alcohol test.

If an employee had engaged in prohibited conduct as outlined in the "Other Prohibited Conduct" chapter of this manual, the employee will be terminated pursuant to provisions of this policy.

All employees, regardless of disciplinary action taken, will be advised of resources available to the employee in evaluating or resolving problems associated with drug use or alcohol misuse.

Confidentiality and Record Retention

All records of drug and alcohol testing will be maintained in a secure location with controlled access. These records will be kept separate form records pertaining to all other employees.

The following records must be kept for at least 5 years :

- Records of alcohol test indicating a result of 0.02 or greater.
- Records of verified positive drug test results
- Documentation of refusal to take required alcohol and/or drug tests
- Driver evaluations and referrals
- Calibration documentation
- Records related to the administration of the alcohol and drug testing program.
- Copy of each annual report

Keep the following record for a minimum of 2 year:

- Records related to drug and alcohol collection process

Keep the following records for a minimum of 1 year:

- Records of negative and canceled drug test results and alcohol test results with a concentration of less than 0.02

Keep these records indefinitely:

- Records related to the education and training of breath alcohol technicians, supervisors, and drivers shall be maintained by the employer while the individual performs the functions which require the training and for two years after ceasing to perform those functions.

Forms

City of

EMPLOYEE NOTIFICATION OF SCHEDULED DRUG AND ALCOHOL TESTS

Employee ID:

Employee Name:

Work Location:

Occupation/Job Title:

AWC DRUG & ALCOHOL TESTING CONSORTIUM

TYPE OF SCREEN: DRUG SCREEN AND BREATH ALCOHOL TEST

Your name has been selected by a computerized program of random selection by Virginia Mason Clinic. This selection requires you to complete either a combined urine drug test and breath alcohol test or a urine drug test only. Your selection does not imply that your employer has specific cause to suspect you of using illegal drugs and /or alcohol. Nonetheless, the DOT Anti-Drug and Alcohol regulations and your employer's Anti-Drug and Alcohol policy requires that the random specimens be collected.

For the drug test, you will provide a 45ml (1 and 1/2 oz.) split urine specimen in the privacy of a stall. If you are unable to provide a specimen of sufficient quantity, you will be given a waiting period of up to 3 hours and encouraged to drink up to 40 ounces of fluid. If you are not able to provide the specimen within the waiting period, you will be deemed to have refused to provide the specimen.

If selected for alcohol testing, you will be required to give a breath sample which will be collected by a certified Breath Alcohol Technician. Again, if you provide an inadequate sample, you will be deemed to have refused to provide the specimen.

If you refuse to provide the urine specimen and /or breath sample, tamper with or contaminate the sample, substitute the urine of another person, or fail either test, you will be subject to consequences as specified in your employer's Drug and Alcohol policy.

Present the following at the collection facility:

1. Driver's license or other picture identification
2. Copy of this letter
3. Drug/Alcohol Testing Request Form (completedby employer)

This letter will be retained in your confidential drug and alcohol testing file together with the Medical Review Officer's final determination of the drug and/or alcohol test results.

Please sign below to acknowledge the receipt of this notice.

Employee Signature:_____ Date/Time:_____

P.O. Box 271 Prosser, WA • 509-786-2332

Drug and Alcohol Testing Consent Form

Date: _____

Employee Name: _____

Employee ID: _____ Soc. Sec. No.: _____

Name of Supervisor
Requesting Exam: _____

Name of Supervisor
Accompanying Employee: _____

MEDICAL CONSENT: I consent to the collection of breath/urine samples by an authorized breath alcohol technician and/or laboratory staff to determine the presence of alcohol and /or drugs, if any.

AUTHORIZATION TO RELEASE INFORMATION. I authorize said laboratory to release any and all medical information obtained during this testing procedure to City of Prosser

P.O. Box 271, Prosser, WA 99350

Name and Address of Agency

I understand that my alteration of this consent form; refusal to consent or cooperate fully with the collection of breath/urine samples; my tampering with any such samples; or my refusal to authorize release information constitutes insubordination, violates the drug and alcohol testing policy and may be grounds for termination.

I also understand that a positive result on these tests is grounds for disciplinary action.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Supervisor Printed Name: _____

Collection Site Designated Contact Signature: _____

Date/Time **Arrived:** _____

Collection Site Designated Contact Signature: _____

Date/Time **Departed:** _____

Remarks: _____

WHITE: Lab • CANARY: Lab and Return • PINK: Employee • GOLDENROD: Employer

Prosser Record-Bulletin

CITY OF PROSSER

P.O. Box 271 Prosser, WA • 509-786-2332

Employee Notification of Scheduled Drug Test

Employee Name: _____

Employee ID: _____ Social Security Number _____

Test Date: _____ Work Location: _____

Occupation: _____

Collection Site: _____

Your name has been selected for urinalysis drug testing by a computerized program of random selection. Your selection does not imply that this agency has a specific cause to suspect you of using illegal drugs. Nonetheless, the DOT regulations and this agency's Drug and Alcohol Testing Program, require that the random testing urine specimen must be collected.

You may provide the 60 ml (2 oz.) urine specimen in the privacy of a stall. If you are unable to provide a specimen of sufficient quantity, you will be given a waiting period and encouraged to drink water. If you are not able to provide the specimen within the waiting period, you will be deemed to have refused to provide the specimen.

If you refuse to provide the specimen, adulterate the sample, substitute the urine of another person, or fail the drug test, you will be subject to consequences as specified in the drug and alcohol testing policy.

Please bring your driver's license or other photo-identification with you for identification at the collection facility. A copy of this NOTICE must also be presented at the collection facility. This copy will be retained in your confidential drug testing files, together with the Medical Review Officer's final determination of the drug test results.

Please sign the bottom of this notice to acknowledge its receipt.

Employee Signature: _____ Date/Time: _____

Collection Site Designated Contact Signature: _____

Date/Time **Arrived:** _____

Collection Site Designated Contact Signature: _____

Date/Time **Departed:** _____

Remarks: _____

_____

_____

_____

WHITE: Lab • CANARY: Lab and Return • PINK: Employee • GOLDENROD: Employer

Prosser Record-Bulletin

Drug/Alcohol Testing Request Form

Employer should complete this form for each employee to be tested. Employee takes a copy of form to local collection. Employer keeps copy for files.

Name of Employee to be Tested Soc. Sec. Number

CITY OF PROSSER
Agency

Agency's Confidential Contact Person ( ) Phone Number

Local Site Where Sample Will Be Collected Address

Employee Type (check one)

☐ DOT covered employee *(FTA/FHWA covered employee)* ☐ Non - DOT covered employee

Test Required (check one)

☐ Drug & Alcohol ☐ Drug only ☐ Alcohol only

Reason for Test (check one)

☐ Pre-employment ☐ Post Accident ☐ Follow-Up Testing

☐ Random ☐ Reasonable Cause ☐ Return to Duty

☐ Other (specify) _____

For After Hours Requests Call: DrugProof 1-800-898-0180

- Indicate that you are with the AWC Consortium
- Provide your agency name and location
- DrugProof will instruct you where to take employee for testing or will arrange for mobile service

WHITE: Employer • CANARY: Lab • PINK: Employee

Prosser Record-Bulletin

P.O. Box 271 Prosser, WA • 509-786-2332

Receipt of Informational Materials

Certification of Receipt

I acknowledge that I have received informational materials and instruction regarding the following:

- The agency policy establishing alcohol and drug testing and prohibiting drug and alcohol use among employees who hold a commercial driver's license.
- Reason why my position has been included in the drug and alcohol testing program, which vehicles that I drive that are classified as commercial, and what period of the day that I must be in compliance with the drug and alcohol testing program.
- The procedures that will be used to conduct testing, protect the integrity of the process, and ensure validity of results.
- Potential consequences if I violate the policy and rules regarding the use of alcohol and controlled substances.
- Consequences if I refuse to submit to required testing.
- The effects of alcohol and controlled substance misuse on my health, work and personal life as well as the signs and symptoms of misuse, and methods for requesting intervention and referral assistance when I identify a potential problem with alcohol or controlled substance misuse.

_____ _____

Date Employee Signature

_____

Printed Name

AWC Drug and Alcohol Testing Consortium

Random Pool Update

Employer Name: _____

Primary Contact: _____

Phone: _____

- You must add any new employees who are subject to random testing. Place an "A" in the Add box after any additions.
- Check if the employee is covered under Federal Highway Administration (FHWA), Federal Transit Administration (FTA) or both.
- Indicate with a "Y" for yes if the covered employee is also a supervisor.
- Employees no longer employed by your agency MUST be removed from the list. Place a "D" in the Delete box.
- Deadline: Submit any changes by the 26th of the month.

Additions or Deletions

Social Security	Last Name	First Name	MI	Add	Delete	FHWA	FTA	Supervisor

Name Changes

Social Security #	Old Last Name	New Last Name

FAX or mail changes by 26th of month to: ATTN: Kate James, HealthForce Partners Occupational Medicine, FAX (206) 223-2381. Mailing address ATTN: Kate James, HealthForce Partners Occupational Medicine, 6720 Fort Dent Way, Suite 150, Tukwila, WA 98188. **If you FAX, please do not mail.**

I certify that the above information is correct and completely reflects our current list of employees subject to drug testing.

Date Form was Faxed, E-Mailed as an attachment or Mailed:

Primary Contact:_____ Code Word:_____
(signature)

(Revised November 2002)

Consent to Disclose Information for Reference Checks

Commercial Vehicle Drivers

I hereby request and authorize the _____, acting by and through its
Name of Agency
designated represenative, to provide information concerning my commercial driving records and compliance with Department of Transportation rules and regulations applicable to commercial license holders, to anyone conducting a reference check for potential employment.

I expressly authorize the _____ to provide information from the
Name of Agency
previous two years, in writing, concerning the following:

- alcohol test results of .04 or greater
- positive test results for controlled substances
- documentation from the last two years of any refusals to be tested

I hereby acknowledge that the above information is being disclosed at my express request and that I will make no claim whatsover against the agency, its agents, or employees arising out of disclosure of such information regarding my commercial driving records.

I understand that the _____ may provide future reference seekers
Name of Agency
with a copy of this form, to indicate that this information is being provided at my request.

_____
Signature

_____ _____
Printed Name Date

[DC95:inforef.frm]

Impaired Behavior Incident Report Form

Use this checklist to describe the observed behavior that causes you to believe the employee's job performance is impaired. Provide additional information in each comment section as necessary. You do not need to write in complete sentences. Attach this form to the Testing Consent form. This checklist is to be kept confidential and should be placed in the employee's drug and alcohol testing file.

Name of employee: _____
Location of employee while impaired: _____
Time impairment first observed: _____am/pm How long did you observe: _____
Names of other witnesses: _____
Did anyone complain to you about the employee's impaired behavior: If so, who: _____

Checklist of Possible Behaviors

- Physical mannerisms changed or unusual (staggering, gestures, posture)
- Alcohol on breath
- Excessive fatigue
- Out-of-control displays of emotion
- Unusual fear
- Memory problems (difficulty recalling instructions, data, procedures)
- Engaged in verbal or physical abusiveness
- Excessive sweating or hand/foot tremor
- Responsible for serious safety or security violation
- Caused or involved in serious accident or near miss
- Demanding, rigid, inflexible behavior(s)
- Clearly refused to do assigned work (when mixed with other behaviors)
- Made significant error(s)
- Behavior which disrupted workflow
- Interfered with or ignored established procedures
- Complaints by co-workers or subordinates

Describe Incident:

_____
_____
_____

Comments or Statements by Employee Indicating Possible Impairment:

_____
_____
_____

Employee's Explanation for Impairment:

_____
_____
_____

_____
Supervisor's or Witness' Signature
Time_____am/pm Date_____

SUPERVISOR TRAINING LOG

Agency: _____

Calendar Year: _____

The following is a list of all employees designated to determine whether reasonable suspicion exists to require a driver to undergo testing for drugs and/or alcohol who have received at least 60 minutes each of training on alcohol misuse and drug use. The training covered the physical, behavioral, speech, and performance indicators of probable alcohol misuse and drug use.

NAME	DATE OF TRAINING

[DC95:trainlog.txt]