



## **PLUMBING INDUSTRY DRUG-FREE ALLIANCE**

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## **INTRODUCTORY LETTER**

To All Participating PCA Midwest/Plumbing Council-Affiliated Employers, Local 130 members, Local 130 Officers & Staff, Trust Fund Employees, and PCA Midwest Employees:

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.

The All Industry Committee comprised of officials from Plumbers Local 130 UA and the PCA Midwest (Association) agreed to take action to address this problem during 2004 contract negotiations. It was determined that providing a safe workplace and providing assistance for those individuals that may have a problem was paramount. The following Drug Testing Policy (identified as either the "Policy" or "Program") is the product of countless hours of discussion, ongoing research, meetings and interviews.

This Policy applies to all Local 130 members in the employ of contractors who are signatory to the Collective Bargaining Agreement (CBA) between Plumbers Local 130 UA and PCA (Plumbing Contractors Association) Midwest. This Policy also applies to all Local 130 Trust Fund employees; all Association (PCA Midwest) employees; and all officials and staff of Plumbers Local 130. This Policy may also include all maintenance, sales, clerical, management, owners and part-time employees of signatory contractors to the Local 130-PCA Midwest CBA working 20 or more hours a week as well as applicants for any such position upon the contractor's election. Contractors who agree and commit to testing all employees (including non-bargained employees) may alter their status to testing only bargained-for employees who are Local 130 members by notifying the PCA's Executive Director on or before June 1 of each year.

This Policy calls for substance abuse testing in three circumstances:

1. Systematic computer selected testing
2. Reasonable suspicion or involvement in an OSHA reportable on-the-job accident
3. Accelerated testing

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

The systematic computer selection testing process works this way. ScreenSafe, Inc., the plan Administrator that has been selected to administer the Program, provides a list of employees (by email, or if email is not available, by fax) to the employer's Designated Representative. The Designated Representative will then inform the randomly selected participants that they must report for testing by the end of the next business day.

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

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If the testing is positive, the Medical Review Officer (MRO) will contact the participant to determine a reason for the positive test result(s). If the final result is positive, the MRO will instruct the participant to contact ScreenSafe, Inc. The MRO will also contact ScreenSafe, Inc. to inform the Administrator of the results. ScreenSafe, Inc. will give the participant in question 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 is completed and a determination is made by the MAP/EAP. Once the "Return to Work Release" has been provided, ScreenSafe, Inc. will notify the participant and the Designated Representative that permission to return to work has been granted.

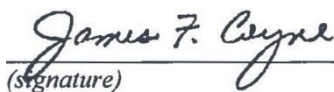
A participant may be deemed "non-compliant" for a number of reasons: refusal to test; a positive result; failure to keep a scheduled appointment; failure to participate in the assigned treatment or education program; and so forth. ScreenSafe, Inc. will only disclose the reason for the "non-compliance" to the participant, the MAP/EAP and the MRO. Upon the first instance of "non-compliance," the participant will be required to undergo accelerated testing (more frequent testing) for a time frame of up to one year from the date of compliance recommended by the MAP/EAP. Upon a second non-compliant test within a two year-period, the participant will be placed in the accelerated testing program for one year following his/her return to work. Upon a third non-compliant test within a two year-period, the participant will be placed in the accelerated testing program for one year following his/her return to work and will be required to sign a "Last Chance Agreement."

The Program is designed so that those who test positive for substance abuse will be offered 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.

The Policy Book is available to all participants registered with the Program via email or as a hard copy, and is continuously posted on both the PCA Midwest website and the Plumbers Local 130 UA website.

It is our hope that 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 you understand the Program completely. If you have any questions, please contact the Administrator of ScreenSafe, Inc. at 877-727-3369.

Sincerely,

  
(signature)

**James F. Coyne**  
Business Manager  
Plumbers Local 130 UA

Date 8/3/2017

  
(signature)

**David Ariano**  
President  
PCA Midwest

Date 8/3/2017

## **Statement of Purpose**

The labor and management representatives of the plumbing industry have formed a partnership to address the problems caused by drug and alcohol abuse. Management and labor have created the Plumbing Industry Drug-Free Alliance (hereafter “Alliance”) to establish and monitor programs designed to address drug and alcohol abuse problems in the plumbing industry. ScreenSafe, Inc., an Illinois corporation, will administer those programs established by the Alliance. It is the Alliance’s purpose to provide a vehicle to help establish and maintain a workplace free of the destructive effects caused by the use of drugs and alcohol. The Alliance activities are not intended to interfere with normal practices of the union or management. The Alliance recognizes its responsibility to communicate with and educate its participants relative to this policy and the harmful effects of drugs and alcohol in our society and workplace. The Alliance also recognizes the need to facilitate access to programs of assistance to those persons for whom drugs or alcohol may be causing problems. Finally, while not wishing to violate the rights or invade the privacy of any participant, the Alliance drug-testing program will detect those participants who are unable or unwilling to conform to the established program. Participants who are at-will employees of contractors associated with the Alliance (who elect to include their non-bargained staff in the testing pool) 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 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-compliant test. 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-compliant test, 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.

The PCA Midwest and the Chicago Journeymen Plumbers Union Local 130 UA shall approve any amendments to this policy.

## **TO ALL SIGNATORY EMPLOYERS, CONTRACTOR EMPLOYEES AND UNION MEMBERS:**

This program applies to Local 130 members (journeymen and apprentices) employed by all employers who are signatory to the Agreement between PCA Midwest (Plumbing Contractors Association Midwest) and Chicago Journeymen Plumbers Local 130 UA. Included in the testing pool shall be all members, officials and employees of Plumbers Local 130; all employees of all Local 130 Trust Funds (Pension, Welfare and Joint Apprenticeship Committee); and all PCA Midwest (Association) employees. This program may also include owners (contractors), sales, clerical, management, maintenance as well as applicants for any such positions provided that the contractor/owner elects to require participation by all non-bargained employees of the company. Contractors who agree and commit to testing all employees (including non-bargained employees) may alter their status for testing all company employees or for testing only bargained-for employees who are Local 130 members by notifying the PCA Midwest's Executive Director of their choice of status on or before June 1 of each year.

## **PROHIBITIONS AND REQUIREMENTS**

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

1. All those applying for employment, union membership or placement in the apprentice program with any employer or local union shall be subject to pre-employment testing by way of a hair follicle and urine analysis.

Upon a legitimate positive test result the applicant will be denied employment, union membership or entry to the apprentice or training program. Those applicants that have been denied under this section will be ineligible to reapply for a period of one year from the date of denial, or upon verified completion in a MAP/EAP designated program at the individual's expense.

2. The use of alcohol or drugs by employees during working hours or on the job site or on company property (including company vehicles) is absolutely prohibited.

- a) The term "use" means consuming, possessing, selling, transferring, concealing,



distributing or arranging to buy or sell, being under the influence of, or reporting for duty under the influence of alcohol or drugs as set forth in this policy, or having illegal drugs in one's possession.

- b) The term "alcohol" means any form of alcohol including ethanol. The term "drug" means any intoxicating substance, narcotic plant or similar substance identified under the Controlled Substances Act or similar state 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. Social events voluntarily attended during non-working hours are not covered under this policy.
- e) The term "company property" means all facilities, job sites, vehicles and equipment that are owned, leased, operated or utilized by the Company or its employees for work-related purposes, including parking areas and driveways, as well as lockers, toolboxes or other storage areas used by the employees. It also includes other public or private property, facilities, vehicles and equipment located away from the Company facility if the employee is present on such property for a work-related purpose.
- f) Participants who have drugs or alcohol in their system at or above the cutoff values specified in the Administrative Rules are under the influence.
- g) The term "accelerated testing" means any follow-up testing recommended by the evaluator.

3. In order to enforce this policy, participants shall be required to submit to drug and/or alcohol testing in accordance with this policy. Except as otherwise provided in this policy, no participant will be tested for alcohol unless there exists a reasonable suspicion that the person is under the influence of alcohol, or they are involved in an OSHA recordable on-the-job accident. Testing for these two reasons will only be done by evidential breath testing device (breathalyzer).
4. Any participant who is convicted of a drug or alcohol crime occurring in the workplace or while on company assignment and who is employed by an Alliance affiliated employer must report this information to his/her immediate supervisor no later than five (5) days after such conviction. The supervisor must convey this information to the appropriate employer representative.
5. Participants subject to this policy continue to have access to the usual protections provided as a part of their union membership and/or as members of bargaining units covered by collective bargaining agreements. If a participant is aggrieved by any action taken under this Policy and his/her complaint cannot be resolved the complaint may, if the participant or Union requests, be referred as a grievance under the grievance and arbitration provisions of the participant's collective bargaining agreement. In the event the matter is referred to arbitration, the provisions of this Policy shall bind the arbitrator substantively.

## **TESTING**

All 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 not be tested and will return to the random pool. The employer will provide the participant with the names of collection site locations. The participant

will receive a chain-of-custody form and authorization to test 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.)

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 XVII & 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 positive must be confirmed by gas chromatography/mass spectrometry (GC/MS).
4. A Medical Review Officer (MRO) shall review all drug test positives prior to verification of positive test results. The MRO shall be a physician with specialty training and expertise in substance abuse and drug testing. The MRO shall review presumptive positive test results to insure that proper procedure, protocol, and reporting is done. The MRO will interview the person with a positive test result by telephone to assess whether any legitimate explanation exists for the drug test positive. The MRO makes at least two documented attempts to telephone participants with positive drug test results to notify them of those results. The

MRO shall notify participants that they shall 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 shall 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 shall notify the Administrator of ScreenSafe, Inc. that the participant has an administrative positive. If no legitimate explanation exists for the administrative positive drug test, the MRO shall inform the Administrator of ScreenSafe, Inc.

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, diluted or substituted. Participants submitting such specimens will be required to immediately submit to another test and may be removed from active duty and not eligible for referral or rehire until the participant is evaluated by the MAP/EAP and has initiated or completed the recommended treatment program. All drug test positive samples will be retained in a locked frozen facility at the testing laboratory for one year. The retained 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 blood or saliva testing. 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 test non-compliant shall be required to comply with the following:
  - a) Upon a first non-compliant test, the participant will be referred to the MAP/EAP for an evaluation and must complete the recommended treatment or education program, which will include accelerated testing. See ATTACHMENTS IV & V.
  - b) Upon a second non-compliant test 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 & V.
  - c) Upon a third non-compliant test within a two-year period from the preceding (second) 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 will be required to sign a "Last Chance Agreement" between himself/herself, the Alliance and the Union or Contractor. See ATTACHMENTS VI, VII & XI.

- d) Upon a fourth non-compliant test 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. Upon returning to work, the participant will be required by the Alliance to sign a "Last Chance Agreement." See ATTACHMENTS VII, IX & XI
  - 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-compliant test.
2. As outlined herein, a first or second non-compliant test shall not be the sole basis for termination. However, participants who are in non-compliance with the Alliance program will be removed from active duty and are not eligible for referral until the 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. See ATTACHMENT XV.

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, an OSHA reportable 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 XVII & 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. Any Local 130 member required to test under reasonable suspicion shall be given the option to be represented at the testing facility by a Union representative. No specimen shall be collected from the employee without such Union agent being present unless any such agent is unavailable or unreasonably detained. 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, including fringe benefits, for lost time from work by the participant's respective employer.

Any participant who disputes positive results shall have the right to have his/her initial sample independently re-tested by a 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 positive test results are confirmed will be referred to the MAP/EAP by the MRO. The participant is expected to attend all appointments with the MAP/EAP counselor and comply with treatment recommendations.

## **TRAVELERS**

There may be times when certain jobs require the recruitment of travelers. It is the position of the Alliance that all travelers 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 traveler 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, travelers will be allowed to report to



work immediately after providing a urine specimen for testing. The traveler understands and accepts that should his/her urine test 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 positive, 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 P.O. Box 8520, Little Rock, AR 72215-8520.  
  
Attn: Medical. 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 may also, at the member's request, 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 proper 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 he/she should be taken home, including contact with family members, taxi service, etc. If it appears that the participant will attempt to operate a motor vehicle, and all reasonable attempts short of force have failed to dissuade the participant, the proper authorities should be called and advised of the situation.
- 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 XVIII.

## **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:

<b><u>DRUG GROUP</u></b>	<b><u>DRUG OR METABOLITE DETECTED</u></b>	<b><u>INITIAL TEST LEVEL NG/ML</u></b>	<b><u>GC/MS Confirmation</u></b>
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
BARBITURATES	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.

## **PROTOCOL FOR A POSITIVE TEST**

1. Upon verifying that a drug test is a legitimate "positive," the MRO will direct the participant to contact ScreenSafe, Inc. ScreenSafe, Inc. 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, 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. See ATTACHMENT X.
2. The MRO will notify ScreenSafe, Inc. of the names of all 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 participant agrees to the MAP/EAP program he must complete it or be considered non-compliant. The participant may no longer wait out 30 days.

5. 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.
6. The MRO will be brought back into the process with the occurrence of a subsequent "positive" test.



**Plumbing 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:
Date:                      Time:	ScreenSafe Fax Number: (815) 676-2210

**“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 (eight) 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 PCA /Plumbers Union Local 130 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.

For your convenience they have also attached a list of testing facilities located in your general area. Please make a copy for each employee so they can select the site most convenient for them. 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.

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

**THIS FORM MUST BE FAXED BACK TO SCREENSAFE, INC.  
BY THE END OF THE BUSINESS DAY  
(815) 676-2210**

**Contractor:** \_\_\_\_\_

**Designated Representative:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

Last 4 Digits of Employee's SSN	Employee's Name	P/S	Date & Time Notified	Reason Not Notified

**Please Enter "P" for Plumber or "S" for Support Person in Above Column.  
Thank You**

V = Vacation  
S = Sick  
L = Temp Lay Off  
D = Disability  
T = Terminated

For office use only

Request date: \_\_\_\_\_

24





**ALLIANCE AUTHORIZATION FOR CONSENT TO DRUG ANALYSIS  
AND AUTHORIZATION FOR RELEASE OF RESULTS FOR  
“RANDOM TESTING”**

I understand that I am now subject to drug testing under the Plumbing 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 an unaltered urine specimen and to cooperate in an approved collection site's normal procedures;*
- Authorizing the collection site to send my urine specimen to 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, propoxyphene 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's Assistance Program and to ScreenSafe, Inc., the Program Administrator.

---

_____	Print Your Name _____
Witness _____	Your Signature _____
_____	Social Security Number _____
Date _____	Telephone Number _____
_____	Address _____
Time _____	City, State & Zip Code _____

---

**This form must be faxed back to ScreenSafe, Inc. at the number listed below.**

**ATTACHMENT IV**

**1<sup>ST</sup> AND 2<sup>ND</sup> NON-COMPLIANT-  
EMPLOYER NOTIFICATION**



Date

Dear,

This letter is a follow-up to our phone call to inform you that (employee), an employee of (company), Last 4 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. (employee) will be able to return to work once ScreenSafe, Inc. receives approval from the MAP/EAP. Once you inform your employee that they are unavailable, they should not be allowed to continue working until they call you and fax a copy of the "Release to Work" to you.

If there are any questions or you need further assistance, please contact me at

Sincerely,

James F. Heffernan  
Administrator



Date

First and Last Name

Last 4 Digits of Social Security Number

This is to inform you that you are non-compliant under the PLUMBING 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 you have been **PROVIDED A RETURN TO WORK RELEASE BY THE MAP/EAP**.

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 the Union.

For your information, the Alliance Drug-Free Workplace Policy states a person who tests 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.

## ATTACHMENT VI 3<sup>RD</sup> NON-COMPLIANT – EMPLOYER NOTIFICATION



(Date)

(Designated Rep.)

(Company)

(Address)

Dear

This letter is to inform you that (employee) an employee of (company); Last 4 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'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 me at (877) 727-3369.

Sincerely,

James F. Heffernan  
Administrator



DATE

(Participant)

(Last 4 Digits of Social Security Number)

This is to inform you that you are non-compliant for the third time within a two-year period under the PLUMBING 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 the Union.

For your information, the Alliance Drug-Free Workplace Policy states a person who tests 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'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.



Date

Company

Attn: Designated Representative

Address

RE: EMPLOYEE'S NAME AND LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

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, see page 13, 1(d), 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 contractor) representative.

If you have any questions, please contact me.

Sincerely,

James Heffernan,  
Administrator

**ATTACHMENT IX  
LETTER**

**4TH NON-COMPLIANT PARTICIPANT**



DATE

(Participant)  
(Last 4 Digits of Social Security Number)

This is to inform you that you are non-compliant for the fourth time within a two-year period under the PLUMBING 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 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 the Union.

For your information, the Alliance Drug-Free Workplace Policy states a person who tests 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'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.

**CONFIDENTIAL**

TO: (LOCAL)

FROM: ScreenSafe Inc.

DATE:

RE: Employee Status

The following members are unavailable for Work:

NAME	LAST 4 DIGITS OF SOCIAL SECURITY #

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 Union Hall, please inform them that they cannot return to work until they have satisfied the requirements set forth in the Alliance Policy.

We will contact you as soon as this member is again eligible for employment.




Alliance Last Chance Agreement

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

I acknowledge and agree that in order to remain eligible for employment in the plumbing 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 am 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 noncompliance 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 plumbing 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 \_\_\_\_, year \_\_\_\_ . Witnessed this \_\_\_\_ day of \_\_\_\_, year \_\_\_\_ .

By:   
Alliance Representative

By: \_\_\_\_\_  
Employee/Member

By: \_\_\_\_\_  
Contractor Representative/Union Representative



Date

(Employer)  
(Attn: Designated Rep)  
(ADDRESS)

RE: EMPLOYEE'S NAME AND LAST 4 DIGITS OF SOCIAL SECURITY #

Dear (Designated Rep):

This letter is to inform you that your employee (name) is non-compliant with the Alliance Drug-Free Workplace Policy.

Under the terms of the Policy, (see page 13), participants who are non-compliant with the program are to be removed from active duty. They will not be able to return to work until they have been evaluated by the Member/Employee Assistance Program, (MAP/EAP) (MAP/EAP and phone number) and have initiated or completed the recommended program.

Participants may elect not to utilize the MAP/EAP. Those who choose not to utilize MAP/EAP are required to wait 30 days from the date of their initial contact with ScreenSafe, Inc. before being allowed to test again. During this thirty-day waiting period, participants are unable to work and may not be assigned to a contractor by the local.

ScreenSafe, Inc. will notify you when (employee) is compliant with the Drug-Free Workplace Program.

If you have any questions, please contact me at (877) 727-3369.

Sincerely,

James F. Heffernan  
Administrator



Date

Dear,

This is to inform you that you are not in compliance with the PLUMBING INDUSTRY DRUG-FREE ALLIANCE PROGRAM. You have chosen either not to utilize the MAP/EAP or follow the MAP/EAP's recommendation; therefore, you are required to wait 30 days from the date of your initial contact with ScreenSafe, Inc. before being allowed to test again.

During this 30-day waiting period, the contractor must suspend you from active employment and you are ineligible to be referred from the Out of Work List.

Once you have satisfied the requirements of the program, which includes another drug test that has an acceptable result, they will send a "Release to Work Statement" to your employer. They will also send this information to the Union.

If you would like to return to work, you must contact the Member/Employee Assistance Program (MAP/EAP), (MAP/EAP name and phone number) to schedule an evaluation. The MAP/EAP will make the determination when you can be returned to work. While working with the MAP/EAP, you need to attend your scheduled appointments and cooperate fully in order to stay in compliance with the Drug-Free Alliance Program.

Respectfully,

James F. Heffernan  
Administrator



Date

Dear,

This is to inform you that you are not in compliance with the PLUMBING INDUSTRY DRUG-FREE ALLIANCE PROGRAM because you did not take your drug screen in the allotted time as outlined in the policy book. Therefore, you are unavailable for work until one of the following occurs.

Contact the Member/Employee Assistance Program (MAP/EAP), (MAP/EAP name and phone number) to schedule an evaluation. You need to attend your scheduled appointment and cooperate fully, subject to the terms of the Drug-Free Workplace Policy.

If you choose not to utilize the MAP/EAP, you are required to wait 30 days from the date of your initial contact with ScreenSafe, Inc. before being allowed to test again. During this 30-day waiting period, the contractor is required to remove you from active employment and you are ineligible to be assigned to a contractor by the Union.

Please remember that you **cannot** return to work until your evaluation process is complete and the MAP/EAP has cleared you to work or you have waited the thirty-day period and your test has an acceptable result. At that time, ScreenSafe will send a "Release to Work" statement to the Designated Representative at your company and, where applicable, the Union.

If you have any questions, please call ScreenSafe, Inc. at (877) 727-3369.

Respectfully,

James F. Heffernan  
Administrator



**Return to Work Release**

Participant Name:

Last 4 Digits of Social Security Number:

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 Employment:

NAME	LAST 4 DIGITS OF SOCIAL SECURITY #

**Guidelines for Reasonable Suspicion Testing**

Under the terms of the Plumbing 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 Plumbing 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, Inc. 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 Plumbing 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 to 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, propoxyphene 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\_\_

**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\_\_

**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\_\_

**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\_\_

**Reasonable Suspicion Evaluation Form (side two)**

Describe the incident in detail.

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If additional space is needed, please use another page.

Please list all witnesses to the behavior or incident.

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Did you discuss the incident and/or behavior with the employee? Yes\_\_\_ No\_\_\_

Remarks:

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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 Plumbing 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 \$180.00 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.