

I. EXAMPLE SUPERVISOR'S INVESTIGATION GUIDE

When an employee suspected of intoxication is confronted, the supervisor should have a clear understanding of the proper steps to take in his/her investigation. The following procedures help to protect the employee and guide the supervisor when a confrontation must occur.

(Your Company Name) Supervisor's Investigation Guide

(Your Company Name) believes in and is committed to providing a safe workplace for its workforce. Substance abuse will not be tolerated in our workplace. We will reach this goal only through an alert and responsive management team. (Your Company Name) depends upon its supervisors to help uphold and maintain a drug-free workplace. This guide is provided to assist you in responding to an employee who may be under the influence of drugs/alcohol.

Dealing with an Intoxicated Employee

When dealing with a suspected intoxicated employee, your actions should appear reasonable and should demonstrate concern for him/her and for his/her coworkers' safety. Your reaction to an intoxicated employee subjects your employer to various liabilities. To minimize mistakes, have in mind clear, easy-to-follow steps for investigations. Though impossible to anticipate every factual situation, the following tips should guide your actions.

Contacting the Appropriate Personnel

When confronting an employee apparently under the influence of drugs/alcohol, always notify your personnel or security department first as a matter of safety for all concerned. Notify the employee's immediate supervisor before contacting the employee if possible. Always have a reliable witness present during a confrontation. Do not take action alone. If a labor contract exists, be aware of applicable provisions and contact the appropriate union representative.

Responding to Emergency Situations

If a medical emergency exists, notify the emergency aid unit (911) immediately. If the employee is conscious and coherent, ask what drug was taken, when and whether he/she still possesses any of the drug. If so, this will aid emergency personnel in their initial treatment.

Privately Conferring with the Employee

Deal with the situation in private if at all possible. Do not confront the employee in the presence of coworkers unless it is unavoidable. Request that the employee speak with you in conference. If an employee refuses this request, such behavior may be evidence of intoxication and will justify an inquiry in front of others. Whether a private or public confrontation, approach the employee in a location and manner that will minimize embarrassment and attract the least attention.

Questioning the Employee

Do not accuse the employee of intoxication when in a private or public conference. Instead, ask if he/she has been drinking or is under the influence of some drug. Because of lowered inhibitions, the employee will often admit to the fact.

If denied, describe the symptoms that caused you to ask the question and ask the employee if there is any explanation for these symptoms. If you are given an unsatisfactory answer and your company does not conduct drug screens, advise the employee that you cannot permit him/her to continue working. Request that he/she report to the office the following day to discuss the matter further. Defer any decision on discipline.

Asking the Employee to Submit to a Drug Screen

If your company has a testing procedure in place, take action under the "For Cause Testing" section of the policy (see Example Policy, p.36). Contact the designated person, your Personnel Department or your supervisor to carry out the established procedures. If no one is available, escort the

employee to the designated facility and have the test performed. If the employee refuses a test for whatever reason and/or appears intoxicated, suspend him/her from work duties immediately.

Attempting to Prevent a Suspected Employee from Driving

Whenever an employee is suspended from work for suspected intoxication, do not let him/her drive home. Advise the employee not to drive. As your employer's representative, you have a duty to take all reasonable and prudent steps to prevent the employee from driving, short of physical restraint that could result in assault and false imprisonment charges.

Offer to have the company drive him/her home, pay for a taxicab or call a relative or friend. If all offers are refused, advise the employee that because of concern for his/her health and that of others, you will call the authorities if he/she attempts to drive. If the employee attempts to drive away, notify the police department.

Recovering Any Evidence

Any illegal or suspicious substances or paraphernalia found, such as items thrown or dropped by an employee when confronted or items recovered as the result of a search of the employee's locker or work area, should be forwarded to your local police department immediately. Also notify the police if weapons are confiscated or present. A receipt should be issued for anything taken. Do not retain custody of any drug items at your company.

Documenting the Event, Observations and Statements

During the interview, document all initial observations of behavior, both physical and emotional. Identify all witnesses and take statements from them. The witnesses whose presence you have requested should also take notes and write reports. Complete a detailed written report for the personnel or security department or employee's records during the same work day in which the incident occurred or as soon as feasible. Forward your report, along with any other statements, reports or list of seized items to the police department.

Maintaining Confidentiality

Remember that all information discovered, whether oral or written, is confidential. All drug testing results are confidential. Reports, findings and determinations are not to be discussed with anyone who does not have a need to know.

Examples to Follow When Drafting Your Policy

As previously mentioned, here are several examples for you to refer to when setting up your workplace policy—Policy on Drugs and Alcohol in the Workplace Without Testing, Policy on Drugs and Alcohol in the Workplace With Testing, Open Letter to Employee and Family, Certificate of Agreement, and Informed Consent Agreement to Request a Biological Specimen.

II. EXAMPLE POLICY ON DRUGS AND ALCOHOL IN THE WORKPLACE WITHOUT TESTING

(Your Company Name) Workplace Substance Abuse Policy

(Your Company Name) believes in and is committed to providing a safe workplace. We will achieve this by establishing policies promoting high standards of health and safety. In keeping with this objective, it is (Your Company Name)'s intent to maintain a drug/alcohol-free workplace and workforce. Employers must furnish for employees a place of employment free from recognized and unrecognized hazards that are causing or are likely to cause death or serious harm to the employees. Employees are answerable for complying with all safety and health standards issued under state, federal and local jurisdictions that apply to their actions and conduct on the job. Therefore, (Your Company Name) establishes the following policy:

At any time employees are on company premises or on company business, the following activities are in violation of company policy and strictly prohibited:

- The use, abuse, presence in the body or reporting to work under the influence of alcohol, illegal drugs, narcotics or other impairing substances;
- The possession, transit, transfer or purchase of illegal or unauthorized drugs; the sale of or offer to sell illegal or unauthorized drugs, substances or drug-related paraphernalia;
- The abuse or illegal use of prescription drugs. (Nothing in this policy precludes the appropriate use of legally prescribed medications).

Violations of this policy are subject to disciplinary action up to and including immediate termination.

Everyone shares responsibility for maintaining a safe work environment. Employees with drug/alcohol problems are encouraged to seek early assistance from an approved counseling/rehabilitation program. It is the responsibility of the company's supervisors to alert management and to confront employees when changes in one's performance or behavior suggest substance abuse. Coworkers should encourage anyone with a drug problem to seek help.

The goal of this policy is to provide a safe, productive and healthful working environment for employees of (Your Company Name) while maintaining our respect for individual privacy rights and confidentiality. The intent of (Your Company Name)'s policy is to offer help to those with substance abuse needs, while communicating force-fully that the illegal use of drugs/alcohol is incompatible with continued employment at (Your Company Name).

III. EXAMPLE POLICY ON DRUGS AND ALCOHOL IN THE WORKPLACE WITH TESTING

(Your Company Name)
Workplace Substance Abuse Policy

Outline

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I. Introduction

(Your Company Name) believes in and is committed to providing a safe workplace. We will achieve this by establishing policies promoting high standards of health and safety. In keeping with this objective, it is (Your Company Name)'s intent to maintain a drug/alcohol-free workplace and workforce.

Drug testing of employees is a management safety tool. Employers must furnish for employees a place of employment free from recognized and unrecognized hazards that are causing or are likely to cause death or serious harm to the employees. Employees are answerable for complying with all safety and health standards issued under state, federal and local jurisdictions that apply to their actions and conduct on the job.

All employees are expected to report to work in a physical and emotional condition that allows them to perform their assigned tasks in a competent and safe manner. Therefore, the use, abuse, presence in the body or reporting to work under the influence of alcohol, drugs or other impairing substances by an employee is strictly prohibited. These scenarios limit the ability of the user to exercise good judgment, to react properly in unexpected situations or to perform tasks safely and efficiently. They endanger not only that employee, but also coworkers, the public and property. (Your Company Name) has implemented this policy to eliminate these problems and to achieve the policy's other purposes.

Everyone shares responsibility for maintaining a safe work environment. Employees with drug/alcohol problems are encouraged to seek early assistance from an approved

counseling/rehabilitation program. It is the responsibility of the company's supervisors to alert management and to confront employees when changes in one's performance or behavior suggest substance abuse. Coworkers should encourage anyone with a drug problem to seek help. The goal of this policy is to provide a safe, productive and healthful working environment for employees of (Your Company Name) while maintaining our respect for individual privacy rights and confidentiality.

II. Statement of Policy Purposes

(Your Company Name) recognizes the problem of drug/alcohol abuse in our society. In addition, we view substance abuse as a serious threat (to the abusing employee, our staff, the public and shareholders). Though employees and applicants may be required by a physician to use prescription drugs, abuse of prescribed medications will be handled the same as the abuse of illegal substances. Therefore, we are introducing a workplace drug testing policy to ensure that (Your Company Name) will have a drug/alcohol-free environment. Objectives of this policy include:

- A. To assist in maintaining a safe and healthful working environment for employees of (Your Company Name) and its affiliated or subsidiary agencies, as well as contractors, visitors and the general public.
- B. To maintain a drug/alcohol-free workplace and workforce.
- C. To provide counseling and/or rehabilitation for employees when appropriate.
- D. To prevent accidental injuries or deaths and to protect property.
- E. To prevent the occurrence of incidents whose consequences may drastically affect the safety and future of facility operation.
- F. To minimize absenteeism and tardiness, to improve productivity and to ensure quality workmanship.
- G. To protect the reputation of (Your Company Name) and its employees within the community.
- H. To comply with all applicable federal, state and local laws and regulations and contractual obligations.
- I. To maintain our respect for individual privacy rights and confidentiality through fair and reasonable procedures and protocols.

III. Statement of Policy

A. (Your Company Name)'s Policy Statement. At any time employees are on company premises or on company business, the following activities are strictly prohibited: the illegal use of any drug, narcotic or controlled substance; the possession, transit, transfer or purchase of illegal or unauthorized drugs; the use, abuse, presence in the body or reporting to work under the influence of drugs/alcohol or other intoxicants; the sale of illegal or unauthorized drugs or substances or drug-related paraphernalia. Any employee in violation of this policy is subject to disciplinary action, including immediate discharge. Depending on the circumstances, other action, including notification of appropriate law enforcement agencies, may be taken against any employee who violates this policy.

B. Definition of Policy Terms. For the purpose of this policy, company premises encompasses company affiliates and subsidiaries including all properties, offices, parking lots, facilities, lands, platforms, buildings, structures, fixtures, installations, boats, aircraft, automobiles, trucks and all other vehicles and equipment, whether owned, leased or used.

For the purpose of this policy, employees are on company business whenever on duty and under (Your Company Name)'s control, whether at other worksites or during transit to and from those worksites or while in the course and scope of (Your Company Name)'s employment or pay status.

For the purpose and application of this policy, employees include all full-time, casual or contract employees and employment applicants and candidates as well. This policy equally applies to all employees. Compliance with this policy will be required as a condition of employment for all employees. There shall be no exceptions.

C. Drug Classification. The prohibitions addressed by this policy pertain to, but are not limited by, the following overview of drugs/alcohol. Their, or any other illegal or unauthorized drug's presence in the employee while working in any detectable amount (unless stipulated), is prohibited.

1. Illegal Drugs, Unauthorized Controlled Substances, Look-a-Likes, Inhalants of Abuse, Designer and Synthetic Drugs. These include, but are not limited to, central nervous system stimulants such as cocaine and amphetamines; hallucinogens; PCP or Phencyclidine; narcotic analgesics as found in opium (like morphine and codeine) or opium derivatives (heroin); inhalants from volatile solvents like glue, paint or gasoline or from aerosols like hair sprays, deodorants or insecticides or from anesthetic gases like ether, chloroform or amyl nitrate; cannabis such as found in marijuana, hashish or hash oil.

2. Unauthorized Use of Intoxicating Beverages. An employee whose alcohol blood level is over 0.04 percent (40 MG/DL blood) during working time is in violation of this policy.

3. Prescription Drugs (Legally Controlled Substances) and Off-The-Shelf Medicines. The use of off-the-shelf drugs/medicine or those prescribed by a licensed physician for a given employee is permitted, provided work performance is not affected, under the following conditions: employees must only possess a reasonable amount of medication; employees must inform their supervisor of possible adverse side effects prior to using such substances on the job; employees must not consume prescribed drugs more often than prescribed by their doctor; employees must not allow any other person to consume their prescribed drugs; all medicine must be in its original container with the employee's name, the doctor's name and prescription number on the label; each prescription must not be older than one (1) year of the date issued. However, (Your Company Name) at all times reserves the right to have a licensed physician determine if prescription drug use increases the risk of injury to the employee or others while working. If such a finding is made, (Your Company Name) may limit or suspend the employee's work activity during the period job safety may be adversely affected by the consumption of such medication.

D. Policy Enforcement Activities Regarding Workplace Searches. In order to achieve the objectives of this policy, (Your Company Name) reserves the right at all times while employees are entering, departing or on the premises or when circumstances warrant or when reasonable suspicion or cause exists to have properly authorized supervisors or search personnel (including drug detection dogs) conduct unannounced reasonable searches and inspections. These searches may extend throughout the company's premises as described above, as well as to employees' and persons' effects. Personal property subject to inspection includes, but is not limited to, lockers, baggage, briefcases, boxes, bags, parcels, lunchboxes, food/beverage containers, desks, tools, clothing and vehicles. The purpose of said search is to determine if employees or others are in possession, use, transportation or concealment of any prohibited items and/or substances of this policy.

Searches may be initiated without prior notice and conducted at times and location as deemed appropriate by (Your Company Name). At NO TIME will employees or others be touched nor will any clothing be removed during these searches and inspections.

E. Circumstances for Urine, Blood or Other Workplace Drug Testing. (Your Company Name) reserves the right in certain circumstances to require employees, as a condition of employment and/or continued employment, to submit to urine, blood or other drug tests to determine the presence of illegal or unauthorized drugs/alcohol or other substances prohibited by the policy. Each employee so tested will be required to provide written consent prior to testing. All urine and blood sampling will be performed with concern for each employee's personal privacy, dignity and confidentiality. The final determinations of all test results will be made by a Medical Review Officer. The test results will be disclosed on a need-to-know basis in order to administer the policy or as may be legally required. These unannounced tests may be exercised under the following state of affairs:

1. Pre-Employment Testing. All job applicants will be required to undergo screening for the presence of illegal drugs or alcohol as a condition of employment at (Your Company Name). Applicants will be required to voluntarily submit to a urinalysis test at a laboratory chosen by the company and by signing a consent agreement will release the company from liability. Any applicant with positive test results will be denied employment at that time, but may initiate another inquiry with the company after

six (6) months. The company will not discriminate against applicants for employment because of past abuse of drugs/alcohol. Neither will the company tolerate the current abuse of drugs/alcohol.

2. For Cause/Post-Incident Testing. When there is reasonable cause to suspect that a working employee's behavior, performance, error in judgment, accident or incident or unsafe actions are related to substance abuse; when there is an accident or near accident involving personnel in which injury to persons or damage to property has occurred or potentially could have occurred; or when an employee returns from absences of six (6) weeks or more, it will be a condition of continued employment for said employee to submit to a requested drug screening.

3. Post-Accident Testing. If an employee suffers an occupational on-the-job injury requiring treatment from a doctor; causes injury to a coworker requiring treatment from a doctor; or receives injury due to the employee's failure to wear required personal protective equipment, drug testing may be required.

4. Random Testing. All (or specified) employees are subject to routine drug/alcohol testing in order to prevent and detect substance abuse.

5. Post-Treatment/Counseling/Rehabilitation or Return-to-Work Testing. A condition of reinstatement to employment upon completion of a drug/alcohol treatment or counseling program or any other return-to-work established procedure, will be submission to a drug screening test.

F. Notice of Grounds for Termination or Disciplinary Action for Violations of Workplace Substance Abuse Policy. The company reserves the right, at any time, to inspect or search any person, place or thing on company premises to enforce this policy. Any preliminary investigation of a policy violation may require placing an employee on suspension pending review of the surrounding circumstances, facts and final determinations of test results.

1. Employee Request for Help. No employee's job will be placed in jeopardy, nor will any employee be subject to disciplinary action for voluntarily requesting help for alcohol and other drug addictions. However, a request for assistance will not excuse an employee from a policy violation immediately prior to or while an actual drug screen, blood sample, search or inspection is being conducted on company premises or after the urine drug screen or sampling has been completed.

2. Failure to Comply. Failure to comply with the provisions of this policy, including not submitting to required medical or physical examinations or tests when requested to do so, constitutes a policy violation and will be considered grounds for disciplinary action. Discharge or suspension without pay from employment may occur even for a first offense, except as otherwise provided in this policy.

3. Substance Abuse Violations.

a. Illegal Drug Use. Any employee found in violation of this policy due to the use, abuse, presence in the body or reporting to work under the influence of illegal drugs or the bringing of illegal drugs onto (Your Company Name)'s premises; the use, possession, transit, transfer, storage, concealment, promotion, sale or attempt to sell any form of illegal drugs or substances while on company premises or on company business, at any time during the hours between the beginning and ending of the employee's work day, whether on duty or not; or the possession or sale or attempt to sell drug-related paraphernalia will be subject to disciplinary action, up to and including DISCHARGE. Possession or sale of illegal drugs or substances will be causes for immediate discharge.

b. Alcohol Abuse. Any employee who is under the influence of alcoholic beverages at any time while on company premises, on company business or at any time during the hours between the beginning and ending of the employee's work day, whether on duty or not, shall be in violation of this policy and is subject to disciplinary action. This action specifically includes, but is not limited to, discharge or suspension without pay from employment, even for the

first offense. An employee shall be determined to be under the influence of alcohol if his/her normal faculties are apparently impaired due to consumption of alcohol or if the employee has a blood alcohol level of 0.04 percent (40 MG/DL blood) or higher.

c. Other Violations. Other violations subjecting an employee to immediate discharge include substituting or tampering with a urine or blood sample, refusal or failure to report to an approved counseling or rehabilitation program requested by management after a confirmed positive test for any substance prohibited by this policy, leaving a treatment program prior to completion and not being properly released to return to work or a positive confirmed test for any substance prohibited by this policy after completion of a counseling or rehabilitation program and return to work.

G. Counseling/Rehabilitation/Employee Assistance Programs. Employees with drug/alcohol problems are encouraged to seek early assistance from an approved counseling/ rehabilitation program. Participation in (Your Company Name)'s approved counseling/rehabilitation program is voluntary and completion of the program is the responsibility of the employee. Any employee participating in such a program will be expected to maintain satisfactory job performance. Confidentiality, in accordance with (Your Company Name)'s policies, will be followed regarding a rehabilitation program. If an employee must sustain treatment under a prescribed rehabilitation program, absences will be handled according to existing policies regarding disability, sick leave or leave of absence. Counseling/rehabilitation programs are to be offered to the employees at their own expense.

If you elect to provide an EAP, consider the following as part of your policy:

(Your Company Name) maintains an Employee Assistance Program that provides help to employees and their families who suffer from drug/alcohol abuse. Each employee is responsible for seeking assistance from the EAP before such problems lead to disciplinary actions. If a violation of this policy occurs by an employee and he/she then voluntarily seeks EAP help, the use of the EAP will not necessarily lessen disciplinary action. Use of the EAP after a violation may have no bearing on the determination of appropriate disciplinary action.

An employee's decision to seek prior assistance from the EAP shall not be used as the basis for disciplinary action. Any and all information regarding the use of illegal/unauthorized drugs by an employee obtained in the EAP shall be strictly confidential. Such information shall not form the basis of any investigation or inquiry into violations of this policy. However, using the EAP will not be a defense to imposition of disciplinary actions where facts constituting a violation of this policy are obtained outside of the EAP. As such, the purposes and practices of this policy and the EAP are not in conflict but are distinctly separate in their applications.

(Your Company Name), through the EAP, may provide appropriate assessment, referral to treatment and treatment of drug/alcohol abuse subject to the provision of (Your Company Name)'s health insurance plan.

IV. EXAMPLE LETTER TO EMPLOYEE AND HIS/HER FAMILY

(Your Company Name) An Open Letter to Our Employees:

(Your Company Name) believes in and is committed to providing a safe workplace. We will achieve this by establishing policies promoting high standards of health and safety. In keeping with this objective, it is (Your Company Name)'s intent to maintain a drug/alcohol-free workplace and workforce. Our policy now formally states that substance abuse will not be tolerated during working hours or on the premises of (Your Company Name), including the parking lots. This prohibition includes possession, use or sale of illegal drugs or alcohol.

To address this issue, (Your Company Name) has developed a drug/alcohol testing program that gives accurate results and is consistent with the recommendations of experts for such testing. We will test any employee for drugs/alcohol under the stipulated conditions of our policy—pre-employment, for cause/post-incident, post-accident, random testing post-treatment/counseling/rehabilitation/return-to-work testing. Positive testing or failure to cooperate with testing will result in disciplinary action up to and including termination. Because of the serious nature of violating this policy, each individual's case will be thoroughly investigated to determine the appropriate course of action.

Drug testing of employees is a management safety tool. Employers must furnish for employees a place of employment free from recognized and unrecognized hazards that are causing or are likely to cause death or serious harm to the employees. Employees are answerable for complying with all safety and health standards issued under state, federal and local jurisdictions that apply to their actions and conduct on the job.

[Insert if applicable: In order to maintain a safe and healthful workplace, we have provided an Employee Assistance Program. This program is intended to assist employees and their families with drug/alcohol problems. Immediate help can be obtained by calling _____ at _____. All calls are confidential when the employee or family member voluntarily makes the call. The EAP can help the individual overcome the problem before it has an adverse effect on his/her employment situation. Referrals to the EAP may be made by supervisors or management when handling personnel suspected of substance abuse. Under company referral conditions, the EAP will keep the employer informed of employee cooperation and will help formulate strategy for managing him/her.]

It is important that we all work together to deal with substance abuse and other personal problems to make (Your Company Name) a drug/alcohol-free workplace. Then we will have a safe and rewarding place to work.

Sincerely,

Company President

V. EXAMPLE CERTIFICATE OF AGREEMENT

**(Your Company Name)
Workplace Substance Abuse Policy
Certificate of Agreement**

Please read before signing.

I do hereby certify that I have received and read (Your Company Name)'s *Workplace Substance Abuse Policy* regarding the abuse of illegal and/or unauthorized drugs/alcohol and the situations requiring drug screening. I have had the entire policy explained to me.

I understand that the following violations of the *Workplace Substance Abuse Policy* will result in disciplinary action up to and including discharge, even for a first offense.

- A. Use, consumption or presence in the body of alcohol (above 0.04 percent) or illegal substances during working time.
- B. Abuse, misuse, sale or distribution of prescription drugs, controlled substances, over-the-counter medications or other impairing substances during working time.
- C. Possession, use, sale, distribution or concealment of illegal substance devices for the purposes of using illegal substances during working time or in the workplace or on (Your Company Name)'s premises.

I understand and agree to submit to drug screening for the presence of drugs/alcohol, under the conditions of reasonable suspicion, for cause/post-incident testing, random testing, post-accident testing and post-rehabilitation testing.

I understand and agree that compliance with the *Workplace Substance Abuse Policy* is a condition of employment and if violated, I am subject to disciplinary action up to and including **DISCHARGE**. I understand and agree that if I test positively or fail to comply with a request to submit to a drug screening, I may be terminated.

I acknowledge that I have been given a copy of the *Workplace Substance Abuse Policy* and I expressly consent to all of its provisions, understanding that strict compliance is a condition of my continued employment at (Your Company Name).

Do not sign if you have not read this agreement.

Date/Time _____

Applicant _____

Employee Social Security Number _____

Witness _____

VI. EXAMPLE INFORMED CONSENT AGREEMENT TO REQUEST A BIOLOGICAL SPECIMEN

(Your Company Name)
Workplace Substance Abuse Policy
Informed Consent Agreement to Request a Biological Specimen

Please read before signing.

Purpose of Test:

- Pre-Employment
- For Cause/Post-Incident
- Post-Accident
- Random
- Post-Treatment/Counseling/Rehabilitation/Return-to-Work

I, _____ (please print your name) **Freely and Voluntarily Agree** to submit to this request for a urinalysis and/or blood test (drug screen). I understand that the chemical analysis will be conducted by a qualified laboratory and Medical Review Officer, with the results forwarded to the appropriate company representative. I understand that my agreement to this request is in fulfillment of (Your Company Name)'s *Workplace Substance Abuse Policy*. The purpose of this analysis is to determine or rule out drug/alcohol abuse.

I hereby give my informed consent to the designated (Your Company Name) representative and/or its collection agent, to collect the requested specimen, forward it to a laboratory for analysis and have the findings reported back to the appropriate company representative.

I understand that refusal to submit to the drug screen, failure to qualify according to the minimum standards established by the company for this screen or the substituting or tampering with a biological specimen may disqualify me from consideration for employment or if employed, subject me to immediate disciplinary action up to and including immediate DISCHARGE.

I am submitting to these tests of my own free will.

Employee's Signature and Date _____

Company Representative's Signature and Date _____

Employee's Social Security # _____

Location _____

Work Location _____

Telephone Number (_____) _____

Note: If the employee/applicant refuses to sign, is unable to sign or the required specimen cannot be obtained, document a brief description of the refusal/inability and circumstances. A witness (company representative if present) should sign this document.

Witness Signature/Date _____

Comments: _____
