

**ASAP CONTRACTOR DRUG &
ALCOHOL CONSORTIUM
(ASAPCC)
SUBSTANCE ABUSE POLICY**

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ASAP CONTRACTOR DRUG & ALCOHOL PROGRAM CONSORTIUM (ASAPCC) SUBSTANCE ABUSE POLICY

1.0 INTRODUCTION

The ASAP CONTRACTOR DRUG & ALCOHOL PROGRAM CONSORTIUM (ASAPCC) Substance Abuse Policy provides a standardized program for drug and alcohol testing for all contractor employees working at participating owner sites, and avoids duplicate testing of employees transferred to other owner sites with different policies.

For purposes of administering a uniform substance abuse policy, all contractor companies are considered a single entity, the ASAP Contractor Consortium. All contractor employee members (hereinafter referred to as contractor employees or employees) of this consortium meeting the requirements of this policy would have an ‘Active’ status and are eligible to work at all participating owner sites. (Each owner, however, shall retain the option of instituting a separate policy to govern the re-entry of contractor employees with a prior ‘Inactive’ status who have completed recommended rehabilitation requirements and have been designated ‘Active.’)

The policy has been established to achieve the following goals:

- Promote a safe work environment, by reducing workplace accidents and injuries resulting from the use of illegal drugs and misuse of alcohol;
- Standardize individual owner site requirements to reduce the cost of repetitious substance testing of contractor employees;
- Expedite access of contractor employees to owner job sites without the delay and cost of waiting for test results;
- Preserve the dignity of the working men and women through standardized testing procedures;
- Provide a program that can be easily audited to ensure compliance.

2.0 ASAPCC POLICY STATEMENT

Participating owners are committed to establishing the highest standards of safety and health at work, by maintaining a work environment that is free of drugs and alcohol, and reducing workplace accidents and injuries resulting from the use of illegal substances and misuse of alcohol. The ASAPCC’s goal is to provide a fair and objective program that will deter the use of illegal drugs and misuse of alcohol and assist in the detection of substance abusers. This program shall be subject to approval and audit by the owners.

The use of illegal drugs and alcohol is prohibited on owner sites. The owners also prohibit contractor employees from reporting to work or being on owner premises with substances exceeding stated limits in their systems. Contractors shall not knowingly utilize the services of any person on owner premises who has failed or refused to take a drug and alcohol test (hereinafter referred to as **test**), or otherwise violated the requirements of this policy.

3.0 DRUG AND ALCOHOL TESTING PROGRAM

3.1 Applicability and Individuals Subject to Testing

Any contractor applicant or employee entering owner facilities or performing any operating or maintenance function on owner property is considered a safety-sensitive employee and is subject to testing under this policy. This includes full-time, part-time, and temporary employees.

3.2 Substances Tested

Although all illegal substances are prohibited on owner sites, the 9 substances listed in Appendix 2 (Drug and Alcohol Panel) are of particular concern. Substances shall be added or deleted from the list as drug usage patterns suggest the need for change. Contractors shall be notified of changes.

3.3 Definition of Illegal Drugs (Substances)

An ‘illegal drug’ is any drug that is not legally obtainable or is legally obtainable but has either been obtained illegally, or is not being used for its prescribed purposes.

3.4 Illegal Use and Use of ‘Borrowed’ Prescription Medicines

The use of any illegal drug or controlled substance (Schedules 1 through V of Section 202 of the Controlled Substances Act) is prohibited at all times unless a legal prescription has been written for the use of the substance. This includes, but is not limited to, the substances listed in Appendix 2, as well as any substance that causes the presence of these drugs or their metabolites, such as hemp products, coca leaves, or any substance not approved for medical use by the U.S. Drug Enforcement Agency (DEA) or the U.S. Food and Drug Administration (FDA). Illegal use includes use of any illegal drug, misuse of legally prescribed drugs, and the use of illegally obtained prescription drugs. Consistent with federal law, use of another person’s prescription medication, including a spouse’s cough or pain medication, shall be considered unauthorized use of medication. The use of a drug that can only be obtained by prescription in the United States, but may be available without a prescription in another country, without a verifiable legitimate medical explanation, or with clinical evidence of abuse, shall be considered unauthorized use. The ‘use’ of a drug means the presence of the drug in the body while the employee is on duty. Positive results as defined by policy cut-off limits on a drug test or alcohol test are sufficient to support the ‘use’ of a drug.

3.5 Use of Prescription Medications, Including ‘Old’ Prescriptions

Legal drug use, as reflected by a verified prescription, results in a verified ‘negative’ by the medical review officer (MRO). Although a drug test may be verified negative by the MRO for use of a prescription drug, the MRO shall report to the DER any safety concerns in prescription drug use, or when the employee has a medically disqualifying condition. All prescription drug use shall be under the contemporaneous supervision of a treating physician. If any prescription drug being

used was obtained more than two years ago, follow-up with a treating physician is required, and a substance abuse professional (SAP) evaluation may be required.

3.6 Possession and Consumption of Drugs

Consistent with the Drug-free Workplace Act of 1988, contractor employees are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession, or use of prohibited substances while on owner premises, or while on duty.

3.7 Prohibitions on Use of Alcohol and Other Alcohol-related Conduct

Employees are prohibited from reporting for or remaining on duty while having an alcohol concentration of 0.02 or higher. Employers who have knowledge that an employee has an alcohol concentration of 0.02 or higher shall not allow the employee to enter or perform work on owner sites.

Alcohol Concentration of 0.02 – 0.039

An employee with a confirmed alcohol concentration between 0.02 to 0.039 shall be immediately removed from owner sites and prohibited from performing his/her duties for a minimum of 8 hours or until a subsequent test documents an alcohol concentration of less than 0.02.

Alcohol Concentration of 0.04 or higher

An employee with a positive test result (0.04 or higher) shall be immediately removed from owner sites and referred to a Substance Abuse Professional (SAP). Before being permitted to re-enter, such employee must meet the return-to-duty (rehabilitation) requirements of the ASAPCC Policy. (Section 6.0 and Appendix 3.)

Pre-Duty Use and On-Call Employees

Contractor companies shall prohibit employees from using alcohol within 4 hours prior to reporting to owner sites. Employees who are not on owner sites but could be called to duty at any time is subject to the pre-duty alcohol prohibition. Any employee who is under the influence when called to duty must notify company personnel when contacted.

On-Duty Use and Other Prohibited Conduct

Contractor companies shall prohibit employees from the possession, distribution, or consumption of alcohol while on owner premises, or while on duty.

Alcohol Use Following an Accident

Employees required to take a post-accident/incident test shall not use alcohol for 8 hours following the accident or until he/she has taken a post-accident alcohol test, whichever occurs first.

4.0 ASAPCC PROGRAM TERMS

4.1 ‘Active/Inactive’ Status and Verification System

The system will designate contractor employees as being either ‘**Active**’ or ‘**Inactive**’. Employees failing to comply with the requirements of this policy will be designated as ‘Inactive’. Employees who have demonstrated compliance with the requirements of this policy will be designated as ‘Active’. The designation of an ‘Active’ or ‘Inactive’ status does not imply use or abuse of substances.

The testing and verification process will be managed by ASAP Drug Solutions, Inc. Participating contractors and owners will have access to the ASAPCC database for verification of each contractor employee’s status. Owners may verify only an employee’s status and will not have access to drug test results (with the exception of tests conducted under Section 5.7, entitled ‘Owner Initiated or Wall-to-Wall Testing.’)

Participating contractors and owners have the right to exclude ‘Inactive’ employees from access to owner sites. An ‘Active’ designation makes an employee ‘eligible for’ but does not guarantee access to a participating owner’s site. For access, an employee may need to comply with specific owner requirements outside of this policy.

When an individual is no longer an employee, the contractor must remove him/her from the contractor company’s random pool through ‘deactivation’. Such ‘deactivation’ will place the individual and his/her current status into the ‘awaiting assignment pool’.

4.2 Definitions of Status and ASAPCC Terms

‘Active’ and ‘Inactive’ status:

Active indicates that the employee is a member of the ASAP Contractor Consortium who is in compliance with the ASAPCC program. ‘Active’ employees are eligible to work at participating owner sites.

Inactive indicates that the employee is ineligible for entry onto owner sites.

Inactive-Not-on-File indicates that the applicant/employee has not yet completed drug and alcohol testing within the ASAPCC program. This individual will need to complete a ‘new member’ application form and will require a verified negative pre-enrollment/pre-employment test to achieve an ‘Active’ status in the ASAPCC Consortium.

Inactive-Pending indicates that further action is required before the employee is eligible for entry onto owner sites.

Inactive-Retest indicates that the employee must take a drug and alcohol test before eligibility for entry onto owner sites can be determined.

Active A-A and Inactive A-A (awaiting assignment) applies to consortium members no longer performing contract work at owner sites and who have no need to be in a contractor company's random pool. These individuals will be 'deactivated' by the DER from the company's random pool and placed in the 'awaiting assignment' pool, making them potentially eligible for immediate employment. 'Active' members will be designated 'Active A-A' when they are placed in the 'awaiting assignment' pool. 'Inactive' members will be designated 'Inactive A-A' when they are placed in the awaiting assignment pool. 'Active A-A' members in the awaiting assignment pool are subject to the 50% random selection rate requirements of the ASAPCC policy.

Definitions of terms used in the ASAPCC Policy

ASAP Drug Solutions, Inc. – The administrator (C/TPA) that provides and coordinates drug and alcohol testing services of contractor employees under the ASAPCC Policy. Its responsibilities include, but are not limited to, administrative and management tasks such as test administration, random test selection, record management, and data maintenance.

Deactivation – Process of 'moving' or 'reassigning' an employee from a company random pool to the 'awaiting assignment' pool.

Employee – Any contractor employee subject to substance testing under the ASAPCC Policy, including applicants for employment. Under the ASAPCC Policy, the terms 'employee', 'contractor employee', and 'employee member' have the same meaning.

Contractor Employer – Any individual or entity employing one or more individuals working on owner sites and subject to substance testing under the ASAPCC Policy. The term means the entity responsible for overall implementation of the ASAPCC Policy requirements. The terms 'contractor employer' 'contractor' or 'employer' includes the owner/s, management personnel, and representative/s of the contractor company.

ASAP Contractor Consortium (ASAPCC) – A program jointly consisting of a group of contractor employers joined as a single entity for the purpose of administering a uniform drug and alcohol policy for all contractor employees desiring to maintain eligibility to work on owner sites.

Owner – Any production plant (company or representative of the company) that sponsors the ASAPCC program.

Safety and Environmentally Sensitive Position – Any position that includes duties with the risk for causing physical injury to self, co-workers, the general public or damage to the environment or property, as well as duties directly related to reducing that risk.

Test – A drug test and an alcohol test, the administration of which constitutes a complete test.

5.0 TYPES OF DRUG AND ALCOHOL TESTS REQUIRED

Employee members shall be subject to substance abuse testing as follows:

- 5.1 Pre-Enrollment (Pre-Employment)
- 5.2 Random
- 5.3 Pre-Access
- 5.4 Reasonable Suspicion/For Cause
- 5.5 Owner Initiated or Wall-to-Wall
- 5.6 Post Accident/Incident
- 5.7 Return-to-Duty
- 5.8 Follow-up
- 5.9 Other

5.1 Pre-Enrollment (Pre-Employment) Testing

Prior to initial enrollment in the ASAPCC, applicants for employment and current contractor employees applying for membership in the ASAPCC must test negative for alcohol and drugs on a pre-enrollment/pre-employment test.

Under no circumstances may an individual enter or work within an owner's facility until the following requirements are met:

- 1) The Contractor DER has completed and faxed the 'ASAPCC Authorization & Consent/New Employee Membership Form' to ASAP Drug Solutions, Inc. at the time the applicant/employee is sent for testing.
- 2) The pre-enrollment test has been reported as negative and the individual has been given an 'Active' status.

An applicant who is enrolled is immediately subject to selection for random testing. An applicant who has completed an application at the contractor employer's place of business and fails to report to the collection site within 48 hours of being instructed to do so shall be considered to have refused to test. The designated employee representative (DER) will notify ASAP Drug Solutions, Inc. using the 'Refusal to Test' form.

If the DER sends an applicant for a drug and alcohol test and both results are negative, but the DER did not submit the 'New Employee Membership Form' within 14 days of the test, the applicant will have to submit to another drug and alcohol test.

An applicant who tests positive on a pre-enrollment test, or is otherwise classified 'Inactive' from a refusal to test (Section 7.1), shall be denied membership into the ASAPCC. Such applicant may re-apply after six (6) months and must fulfill all the conditions specified in the Return-to-Duty provisions of this policy to regain 'Active' status. (Section 6.0 & Appendix 3.)

5.2 Random Testing

a) Random test rate of fifty percent (50%):

Fifty percent of the employees shall be subject to drug and alcohol testing on an unannounced and random basis each calendar year. The random test rate may be adjusted by participating owners for their facilities. ASAP Drug Solutions, Inc. is responsible for random selection and notification.

b) Random Selection Procedure

- i) Employees shall be selected for testing by using a computer-based random number generator that selects employees' social security numbers or other appropriate identification numbers.
- ii) Employees remain in the random selection pool at all times, regardless of previous selection for testing. Each employee will have an equal chance of being selected for testing. Random selection makes it possible for some employees to be tested several times a year, and others not to be tested for several years.

c) Notification of Employees

- i) Upon receipt of the random selection list the DER shall have seven (7) calendar days to notify employees of their selection.
- ii) Employees must report to a test collection site immediately upon notification.

An applicant who is enrolled is immediately subject to selection for random testing. Any employee who fails to submit to the testing within seven (7) calendar days shall be designated 'Inactive-Retest'. A verified negative pre-access test is required before that individual regains 'Active' status. Such a pre-access test shall not be used to fulfill the 50% random test rate requirement.

An employee who tests positive on a random test, or is otherwise classified 'Inactive' from a refusal to test (Section 7.1), shall be ineligible for entry onto owner sites and must fulfill all the conditions specified in the Return-to-Duty provisions of this policy to regain 'Active' status. (Section 6.0 & Appendix 3.)

5.3 Pre-Access Testing

A pre-access test is required for any employee with an 'Inactive-Retest' status or to comply with a specific employer's or owner's request for such a test.

An employee who tests positive on a pre-access test, or is otherwise classified 'Inactive' from a refusal to test (Section 7.1), shall be ineligible for entry onto owner sites and must fulfill all the conditions specified in the Return-to-Duty provisions of this policy to regain 'Active' status. (Section 6.0 & Appendix 3.)

5.4 Reasonable Suspicion/For Cause Testing

Reasonable Suspicion/For Cause Testing is meant to identify employees whose appearance, behavior, speech, or performance suggests probable drug use and/or alcohol misuse and who therefore, may pose a danger to themselves and others in the performance of their jobs. Also, a supervisor with a concern triggered by an incident or series of incidents that has caused physical or other damage to the workplace or has resulted in a decline of efficiency or productivity may require the responsible employee/s to be tested for probable drug use or alcohol misuse.

Supervisors must decide whether there is reasonable cause to believe an employee is using or has used a prohibited substance. The decision to test will be based on specific, contemporaneous, articulable observations of probable drug use and/or alcohol misuse.

Indications of probable use of prohibited substances include, but are not limited to the following:

- a) Observed use of prohibited drugs or alcohol on owner premises;
- b) A pattern of abnormal conduct or erratic behavior such as physical or verbal altercations with co-workers;
- c) Arrest for a substance related offense or illegal substance possession, use, or trafficking while on owner property;
- d) Specific information of an event or behavior provided or corroborated by a reliable and credible source;
- e) Being in or proximity to an area of drug-related paraphernalia, alcoholic beverages or substances prohibited by the ASAPCC policy;
- f) The occurrence of a serious or potentially serious incident that may have been caused by human error or by breach of established safety, security, or other operational procedures.

Requests for for-cause testing should be made by two supervisors, the originator of the request and a corroborating supervisor. At least one of the supervisors must be trained in recognizing the attributes of drug use and alcohol misuse. The concurrence by both supervisors can be accomplished by phone.

Supervisors making a for-cause determination and request for testing should proceed as follows:

1. Verify the reasonable cause decision, and if possible, review findings with another supervisor. Obtain the approval of contractor management or designee to proceed with the testing.
2. Isolate and inform the employee.
3. Promptly transport and escort the employee to the collection site for testing.
4. Within 24 hours of the observed behavior or before the results of the tests are released, whichever occurs first, document the events of the case. (Appendix 5 - Reasonable Cause Documentation form.)

5. Make arrangements for the employee's safe transport home following collection. Based on the reasonable belief that the employee's ability to operate a vehicle may be impaired, instruct the employee not to drive.
6. The employee shall be removed from owner sites pending drug and alcohol test results. After submitting to testing, the employee will have an 'Inactive Pending' status pending test results.

An individual who tests positive on a reasonable suspicion/for cause test, or is otherwise classified 'Inactive' from a refusal to test (Section 7.1), shall be ineligible for entry onto owner sites and must fulfill all the conditions specified in the Return-to-Duty provisions of this policy to regain 'Active' status. (Section 6.0 & Appendix 3.)

5.5 Owner Initiated or Wall-to-Wall Testing

Contractor employees on owner premises are subject to unannounced enmasse testing for substances listed in Appendix 2. Such tests are scheduled at the discretion of the owner. Testing shall be administered to all members of a specific group on site at the time. Such groups may include, but are not limited to, all employees on site, or employees identified by shift, crew, location, craft, contractor, or by any other category.

Upon notification of such testing, employees shall immediately proceed to the designated collection site or transportation vehicle that will transport them to the collection site. Any employee in the named group who has entered the owner's facility, or started his/her work shift, and who leaves after being notified or refuses to be tested, shall be reported as a 'refusal to test.'

Collection and testing protocols of wall-to-wall tests will be processed as any other test within the policy. The test results will be reported to the owner's designated representative and the employee's current employer.

An individual who tests positive on an owner initiated or wall-to-wall test, or is otherwise classified 'Inactive' from a refusal to test (Section 7.1), shall be ineligible for entry onto owner sites and must fulfill all the conditions specified in the Return-to-Duty provisions of this policy to regain 'Active' status. (Section 6.0 & Appendix 3.)

5.6 Post-Accident/Incident Testing

Employees must submit to post-accident/incident testing for any of the following reasons:

- a) The employee is involved either in a work-related accident that results in one or more recordable injuries, as defined by the Occupational Safety and Health Administration (OSHA), or an incident that causes damage to the environment or to an owner's property, or both;
- b) The employee is involved in an incident (including near misses) in which safety rules and regulations may have been violated.

After an accident/incident, the contractor representative or owner representative shall make the determination to test. After submitting to testing, the employee will have an 'Active' status pending test results. However, access may be restricted at the participating owner's site.

Post-accident/incident tests shall be conducted immediately or as soon as reasonably possible, after an accident or incident occurring on owner sites. The requirement for substance testing following an accident shall not delay necessary medical attention for the injury.

Any employee involved in an accident must refrain from alcohol consumption for eight hours following the accident or until a post-accident alcohol test can be administered, whichever occurs first.

In the event that the test cannot be conducted in the aforementioned time period because the individual has been removed from the owner's site or is unable to be transported to the collection site, the DER shall call ASAP Drug Solutions, Inc. immediately so that a collector can be dispatched promptly for on-site collection. If a post-accident/incident test is not performed within 32 hours of the accident, the DER shall provide ASAP Drug Solutions, Inc. with a written explanation for the missed test. Such explanation shall be made available to the owner's representative upon request.

If a required post-accident/incident test was performed by state or local law enforcement authorities instead of ASAP Drug Solutions, Inc., results may be obtained and used in accordance with applicable laws.

An individual who tests positive on a post-accident/incident test, or is otherwise classified 'Inactive' from a refusal to test (Section 7.1), shall be ineligible for entry onto owner sites and must fulfill all the conditions specified in the Return-to-Duty provisions of this policy to regain 'Active' status. (Section 6.0 & Appendix 3.)

5.7 Return-to-Duty Testing

If an employee tests positive or has refused to take a pre-enrollment, pre-access, reasonable suspicion/for cause, random, owner initiated/wall-to-wall, or post-accident/incident test, he/she is designated 'Inactive' and shall be ineligible for entry onto owner sites. Such employees must fulfill all the conditions specified in the Return-to-Duty provisions of this policy to regain 'Active' status. (Section 6.0 & Appendix 3.) Upon successful completion of a rehabilitation program, the employee must sign a Return-to-Duty agreement that sets forth the conditions for return to duty, including follow-up testing, and aftercare recommendations; and take a **return-to-duty** test that must be verified negative by the MRO.

An individual who has tested positive or has been classified a refusal to test (Section 7.1) on a **pre-enrollment** test will not be accepted into the ASAPCC Consortium as a contractor employee member and is ineligible to enter owner sites. This

individual will have a status of ‘Inactive’ and must fulfill all the conditions specified in the Return-to-Duty provisions of this policy to qualify for pre-enrollment re-testing. Upon successful completion of a rehabilitation program, the applicant must sign a Return-to-Duty agreement that sets forth the conditions for return-to-duty, including follow-up testing, and aftercare recommendations; and take a **pre-enrollment test** (instead of a return-to-duty test) that must be verified negative by the MRO.

Any individual who tests positive on a Return-to-Duty test, or is otherwise classified ‘Inactive’ from a refusal to test (Section 7.1), shall not be eligible for ‘Active’ status for three (3) years and must fulfill all the conditions specified in the Return-to-Duty provisions of this policy to regain ‘Active’ status. (Section 6.0 & Appendix 3.)

5.8 Follow-up Testing

An individual who has tested positive on a pre-enrollment, pre-access, reasonable suspicion/for cause, random, owner initiated/wall-to-wall, or post-accident test, and has subsequently regained an ‘Active’ status, is subject to all tests required by the ASAPCC Policy, as well as unannounced follow-up testing for a period of up to five (5) years of cumulative ‘Active’ status after returning to duty.

The numbers of test and frequency of testing shall be determined by the MRO, but shall consist of at least six (6) tests in the first twelve (12) months following a return to duty.

Follow-up testing notification is mailed to the employee at his/her address on file with ASAP Drug Solutions, Inc. (and the DER of his/her current employer). Any individual who misses a follow-up test shall be designated ‘Inactive-Retest’ pending determination of whether the missed test resulted from a ‘refusal to test’ (Section 7.1).

Any employee who is unable to be present for follow-up testing due to a legitimate reason, such as relocation or being on vacation, may make a request in writing to ASAP Drug Solutions, Inc. to be suspended from the follow-up program. Upon approval, the employee’s status becomes ‘Inactive-Retest’, and the individual shall be ineligible to enter owner sites. A suspended follow-up program may be resumed at any time upon written request from the individual.

Any individual who misses three (3) consecutive follow-up tests without prior authorization from ASAP Drug Solutions, Inc. will be considered a ‘refusal to test’.

An individual who tests positive on a follow-up test, or is otherwise classified ‘Inactive’ from a refusal to test (Section 7.1), shall be ineligible for entry onto owner sites for three (3) years and must fulfill all the conditions specified in the Return-to-Duty provisions of this policy to regain ‘Active’ status. (Section 6.0 & Appendix 3.)

5.9 Other

When an employee is tested for reasons other than those spelled out in the above provisions of this policy, ASAP Drug Solutions, Inc. will report the test as ‘Other’. Such reasons may include testing of an ‘Active’ ASAPCC consortium member who has been required to take a pre-employment test by a contractor company prior to being hired or a post-accident/incident test in which the authorization form does not indicate the reason for the test.

In all cases, a test reported as ‘other’ shall have been conducted in accordance with ASAPCC procedures. Such tests shall be considered valid tests under this policy.

6.0 CONSEQUENCES OF TESTING POSITIVE OR REFUSING TO TEST – RETURN-TO-DUTY (REHABILITATION) REQUIREMENTS (Refer to Appendix 3)

Compliance with the ASAPCC Policy is a condition of entry onto owner sites. Any individual who tests positive on a test, or is otherwise classified as ‘Inactive’ from a ‘Refusal to Test’ (Section 7.1), is not eligible for entry onto owner sites. The individual must fulfill the conditions specified in Appendix 3: ASAPCC Return-to-Duty Provisions (page 25), prior to returning to duty.

An individual owner has the option of instituting a separate policy for the re-entry of contractor employees with a prior ‘Inactive’ status who have completed recommended rehabilitation requirements and have a current ‘Active’ status.

7.0 PROBLEMS IN DRUG TESTING

7.1 Refusal to Test

Any applicant or employee who refuses to test shall be designated ‘Inactive’ and be ineligible for entry onto owner sites.

Any of the following shall constitute a ‘refusal to test’:

- a. Failure to report for testing, within a reasonable time after notification, as determined by the DER, after being directed to do so. For pre-access and random testing, the employee must report for testing immediately;
- b. Failure to remain at the testing site until the testing process is complete;
- c. Failure to provide a specimen for any test required under this policy;
- d. Failure to permit a directly observed or monitored collection, if required;
- e. Failure or declining to take a second test when directed by the DER or collector;
- f. Failure to provide a sufficient amount of urine, saliva, or breath specimen when directed, unless it has been determined, through a medical evaluation, that there was an adequate medical explanation for the failure;
- g. Failure to undergo medical examination or evaluation for the inability to provide an adequate urine, saliva, or breath specimen, or a claim of a legitimate

medical explanation in a validity testing situation, as directed by the MRO or medical examiner in the verification process;

- h. Failure to cooperate with any part of the testing process (e.g. refusing to empty pockets when directed, or disrupting the collection process);
- i. If the MRO verifies that the test specimen has been adulterated or substituted;
- j. Failure to provide a legitimate reason for not reporting for follow-up testing without prior authorization from the MRO.

When an employee refuses to participate in the part of the testing process in which

- the DER is involved—the DER documents this on the ‘Refusal to Test’ form and notifies ASAP Drug Solutions, Inc.;
- the collector is involved—the collector documents this refusal in the custody and control form, and notifies the DER and ASAP Drug Solutions, Inc.;
- the physician performing the ‘shy bladder’ condition is involved—the physician notifies the MRO who will notify the DER and ASAP Drug Solutions, Inc.

Notification of refusal should be done immediately by telephone followed by secure fax.

7.2 Procedures in Insufficient Amount of Urine for a Drug Test

When the applicant or employee provides an insufficient volume of urine (less than 30 ml.) for a single-specimen drug test, ‘shy bladder’ procedures (in accordance with 49 CFR Part 40 §193) will be initiated by the collection site. The individual will be asked to drink up to 40 oz. of fluid over a three-hour period. The individual must remain at the collection site and will be monitored during this waiting time. Refusing to attempt to provide a new urine specimen or leaving the collection site before the collection is complete constitutes a refusal to test. If the individual is unable to provide a sufficient specimen after three (3) hours, the DER shall be notified and the individual will be asked to obtain, within five (5) working days, an evaluation from a licensed physician, acceptable to the MRO, for failure to provide a sufficient specimen. If no valid medical reason is determined for the inability to provide a sufficient amount of urine, the individual is deemed to have refused to test.

7.3 Procedures in Inability to Provide Enough Saliva or Breath to Permit a Valid Alcohol Test

When the applicant or employee is unable to provide a sufficient saliva or breath specimen after at least two (2) attempts, the DER will be notified. The individual will be asked to obtain, within five (5) working days, an evaluation from a licensed physician, acceptable to ASAP Drug Solutions, Inc., concerning his/her inability to provide enough saliva or breath. If no valid medical reason is determined, the individual is deemed to have refused to test.

7.4 Directly Observed Urine Collections

A directly observed urine collection [in which the observer (witness) is in the bathroom while the individual urinates] shall be conducted if:

- A urine specimen is provided that was out of temperature range;
- Action is observed indicating an attempt to tamper with the specimen at the collection site;
- The specimen appears to have been tampered with;
- The drug test is a return-to-duty or follow-up test;
- The MRO instructs the DER to send the individual in for an observed collection.

Declining an observed collection when it is required or permitted is considered a refusal to test.

7.5 Self-Identification

Employees may ‘self-identify’ as substance abusers. Such identification must be made prior to being directed to take a test and/or prior to a time when employees might reasonably believe that they are about to be notified to take a test. When employees self-identify, employers must notify ASAP Drug Solutions, Inc. in writing. Self-identification may be exercised only once. Such employees shall be designated ‘Inactive-Pending’ and may regain ‘Active’ status by fulfilling all the conditions specified in the Return-to-Duty provisions. (Section 6.0 and Appendix 3.) This first self-identification shall not be counted as a "positive" for purposes of policy interpretation. Any subsequent self-identification will be treated as a "positive" test.

Employees who self-identify for the second or subsequent time will be designated ‘Inactive’ and must fulfill all the conditions specified in the return-to-duty provisions of this policy to regain ‘Active’ status. The option to self-identify does not apply to pre-employment, post-accident/incident, return-to-duty, or follow-up tests; or to any individual who has previously tested positive in the ASAPCC Program or who has been otherwise classified ‘Inactive’ from a refusal to test. (Section 7.1.)

7.6 Dilute Specimens

An employee with a reported negative dilute test will be subject to one additional retest. A positive dilute test result will be considered a positive test. The DER, upon notification of the ‘dilute’ negative result, will direct the employee to retest. The employee must immediately proceed to the designated collection site for collection of a second specimen. A positive test result from this retest, or ‘refusal to test’ will result in the same return-to-duty requirements governing the original test type. The second test (recollection), if performed, becomes the test of record for all purposes.

For pre-enrollment testing, the applicant's status remains 'Not-on-file' until results of the retest have been verified by the MRO. For all other tests, the employee's status remains 'Active' based on the initial negative, pending results of the retest.

7.7 Re-analysis (Retest of the Original Drug Test Specimen)

An employee may make a request in writing to the MRO for a retest of his/her original specimen, within two (2) weeks of being notified of a positive drug test or refusal to test because of adulteration or substitution. The retest may be performed by the same or a second laboratory selected by the employee from a list provided by the MRO of at least two other DHHS-certified laboratories. The employee's status remains 'Inactive' until results of the retest have been reported. Depending on contractor company policy, the employee must pay for the retest.

7.8 Alternative Specimens

Alternative specimens are authorized when an employee has a legitimate medical explanation for an inability to provide a urine specimen for drug testing, or a saliva or breath sample for alcohol testing. Blood collected following chain-of-custody procedures is the recommended alternate specimen.

8.0 OTHER ASAPCC PROGRAM PROCEDURES

8.1 Drug or Alcohol Test Not Completed

In the ASAPCC Policy, all tests consist of both an alcohol and a drug test. In the event that a test or any part of a test is not completed, the employee has 72 hours from the time of the original test to complete the test. An employee failing to complete the test within 72 hours must retake both a drug and an alcohol test.

8.2 Multiple Positive Tests within a 48-Hour Period

Regardless of the number of drug and alcohol tests administered to an employee within a 48-hour period, repeated positives for the same substance will be considered a single positive. The employee will be designated 'Inactive' and will be ineligible to enter owners' sites for a period specified by the test-type with the longest exclusion period under the policy.

8.3 Responsibilities

8.3.1 ASAP Drug Solutions, Inc., as the service agent, has the responsibility of administering the ASAPCC Drug and Alcohol Program. Its functions include, but are not limited to:

- Operating the random testing program;
- Assisting with all other testing functions through contracting with collection sites, laboratories, MROs, and SAPs; and
- Maintaining the ASAPCC database and providing drug and alcohol test information/statistics to owners and contractor employers.

8.3.2 Contractor Company – Designated Employer Representative (DER)

Participating contractor companies are responsible for assigning at least one responsible contractor employee, the designated employer representative (DER), to act on behalf of the contractor in all matters related to this policy.

DER duties include but are not limited to the following:

1. Implementing and enforcing the ASAPCC Drug and Alcohol Policy for the contractor company.
2. Educating employees about the ASAPCC Drug and Alcohol Policy, providing them with a copy or a summary of the policy, and making available a copy for review at the contractor company.
3. Enrolling new employees and submitting the 'Authorization & Consent/New Employee Membership Form' before the employee is tested.
4. Sending employees for testing with the completed and signed authorization and appropriate chain-of-custody and alcohol forms.
5. Receiving test information and instructing the employee to contact the MRO, if the MRO has determined that an interview is required.
6. Ensuring that employees who have tested positive on a drug test and/or tested with an alcohol concentration of 0.02 or higher, or refused to be tested, do not enter or perform work on owner sites until return-to-duty provisions have been completed.
7. Coordinating return-to-duty (rehabilitation) and follow-up testing procedures.
8. Maintaining contractor pool membership by regularly 'activating' and 'deactivating' employees.
9. Submitting the 'Refusal to Test' forms when an applicant or employee has 'refused to test.' (Section 7.1 and Appendix 10.)
10. Ensuring that all company information provided to ASAP Drug Solutions, Inc. is correct and current.
11. Maintaining confidentiality and security of employee records.
12. Ensuring that a secure fax is available for the receipt of confidential data.
13. Maintaining efficient communication by having e-mail capabilities.

9.0 DRUG AND ALCOHOL TESTING PROCEDURES

Collection site and clinical laboratory personnel shall maintain the confidentiality of drug testing information and chain-of-custody documentation. They shall also protect the security and integrity of test specimens. All procedures involved in the collection, handling, and testing of the specimens will mirror Federal Mandatory Guidelines (49 C.F.R. Part 40) where applicable, unless otherwise specified in this policy. Such guidelines provide for collections under direct observation and monitored collections under certain circumstances.

9.1 Collection Site

Urine collections and alcohol tests will be conducted at facilities provided by the owners, ASAP Drug Solutions, Inc., or at third party collection sites which have been contracted by ASAP Drug Solutions, Inc. All urine collections and alcohol testing will be conducted by trained personnel using Department of Transportation (DOT) protocol from 49 CFR Part 40 and in accordance with this policy.

9.1.1 The protocol for urine collections shall conform to the single urine specimen collection protocol (49 CFR Part 40 – April 16, 1999). (Appendix 4a.)

9.1.2 The protocol for alcohol testing shall conform to 49 CFR Part 40 – August 2001. (Appendix 4b.)

9.2 Drug Testing Laboratory

9.2.1 Drug testing will be performed by a laboratory certified by the Department of Health and Human Services under the DOT Procedures. (See Appendix 7.)

Drug Testing Methodology

Initial testing (screening) will be performed using the EMIT immunoassay technique. If the results are negative, no further testing is required. Confirmatory testing with quantitative analysis using gas chromatography/mass spectrometry (GC/MS) will be performed on all specimens screening positive. The laboratory will provide the results to the Medical Review Officer.

9.2.2 Retention of Samples.

The testing laboratory shall retain a specimen reported positive, adulterated, substituted, or invalid for a minimum of one year, in accordance with DHHS requirements.

10.0 MEDICAL REVIEW OFFICER AND THE VERIFICATION PROCESS

The Medical Review Officer (MRO) is responsible for reviewing and interpreting all drug test results; and shall determine whether there is a legitimate medical explanation for each confirmed positive, adulterated, substituted, or invalid drug test result from the laboratory.

Unless otherwise specified, MRO procedures for verification of test results under the ASAPCC Policy will mirror Department of Transportation procedures.

Verification procedure and employee status:

Upon receiving a report from the laboratory indicating a non-negative test result, the MRO will notify the DER of the need to contact the donor (employee). Test results will not be discussed with the DER prior to the MRO verification interview. During the verification process, the employee shall be designated 'Inactive-Pending'. Neither the verification process nor the status shall imply use of illegal drugs.

The DER is responsible for removing the employee from the work-site and having him/her immediately contact the MRO, using procedures that protect, as much as possible, the confidentiality of the MRO's request and interview. If the MRO verifies a negative result, the employee will be designated 'Active' and be able to return to the work-site. If additional information is needed, the employee's status remains 'Inactive-Pending' pending final verification by the MRO. If the test is verified as positive, the employee will be designated 'Inactive' and is subject to the Return to Duty provisions of this policy. (Section 6.0 and Appendix 3.)

Test results may be verified by the MRO without an interview when:

1. The employee refuses to discuss the test results with the MRO,
2. More than 72 hours have passed since the DER has contacted and notified the employee of the need to contact the MRO, or
3. The DER has not been able to contact the employee for five (5) days in spite of reasonable and documented efforts to do so.

MRO's reporting of test results:

The MRO shall report all test results through ASAP Drug Solutions, Inc., acting as an intermediary. In addition, the MRO shall report verified positive test results, 'refusal to test', and other non-negative test determinations to both the Company DER and ASAP Drug Solutions, Inc.

11.0 SUBSTANCE ABUSE PROFESSIONAL (SAP)

The Substance Abuse Professional (SAP) is a person who evaluates applicants and employees who have violated the substance abuse policy and makes recommendations concerning education, treatment, follow-up testing, and aftercare.

A SAP must be one of the following:

- A licensed physician;
- A licensed or certified psychologist, social worker, or certified employee assistance professional (EAP); or
- A drug and alcohol counselor certified by the National Association of Alcohol and Drug Abuse Counselors Certification Commission (NAADAC) or the International Certification Reciprocity Consortium (ICRC).

The SAP must also have knowledge of and clinical experience in the diagnosis and treatment of disorders related to drug and alcohol abuse.

12.0 RECORDKEEPING PROCEDURES AND RELEASE OF INFORMATION

12.1 Record Retention

Records in hard-copy format

The following records shall be kept for at least five (5) years:

- i) Drug test records with a positive test result or 'refusal to test' determination.
- ii) Alcohol test records with alcohol concentration of 0.02 or higher.

iii) SAP reports and rehabilitation records, if any.

The following records shall be kept for at least one (1) year:

- i) Drug test records with a negative test result.
- ii) Alcohol test records with alcohol concentration of less than 0.02.

Records in electronic format:

Results of all tests shall be stored in electronic format for at least seven (7) years. Records shall be archived in non-rewritable format. The database remains the property of ASAP Drug Solutions, Inc.

12.2 General Confidentiality Rules

ASAP Drug Solutions, Inc. and the DER shall ensure that all test records remain confidential and that measures have been established to assure confidentiality during transmission and storage of test records, and security in electronic databases. The DER must provide a secure fax number to which confidential test results can be sent.

Test results of applicants and employees will be disclosed only to the DER of the contractor employer under which the individual tested. The statuses, but not the individual test results of an employee, are made available to DERs of other contractor members of the ASAPCC and to designated owner representatives for verification of eligibility to work, according to the provisions of the ASAPCC program.

Information regarding individual test results or rehabilitation records will be released only upon the written consent of the individual or, regardless of consent, to the representative/s of any local, state or federal agency with regulatory authority; upon request by subpoena; or other legal process such as a court order. The confidentiality provisions of this section are waived if compelled by legal proceedings (e.g., grievance, arbitration or other civil or criminal administrative proceeding, lawsuit, etc.) brought by or on behalf of an individual, involving a status or the results of a test.

Statistical data of the ASAPCC, which contain no individual identifying information, as well as anti-drug plans or policies related to drug testing and rehabilitation under the ASAPCC policy, will be made available to participating owners for the purpose of auditing compliance and effectiveness of this policy. Owners, at their discretion, may make ASAPCC statistical data that do not contain personal identifying information available to other production plant owners.

13.0 EDUCATION AND TRAINING

13.1 Designated Employer Representative (DER) Training

The DER should schedule DER Training through ASAP Drug Solutions, Inc. DER training records (including name, date of training) will be maintained by ASAP Drug Solutions, Inc. and the contractor.

13.2 Supervisor Training

Each participating contractor shall provide supervisor training regarding this policy. Training of supervisors on the recognition of performance indicators of probable drug use and the effects and consequences of substance abuse to personal health, safety, and the workplace shall be included. It is required that each contractor company supervisor making reasonable cause determinations, receive at least sixty (60) minutes of training on the specific, contemporaneous, physical, behavioral and performance indicators of probable drug and alcohol use. Records of supervisors trained (including name, date, instructor, and training content) shall be maintained by the contractor.

13.3 Employee Training

Upon initial entry to the ASAPCC Consortium, contractor companies shall review with each employee this policy and any additional substance abuse policy requirements of the particular work site. Documentation of the review shall be maintained. Contractor employers should also provide employees with informational material regarding substance use (Appendix 8), and community service telephone numbers for assistance (Appendix 6).

14.0 RECIPROCAL AGREEMENTS

ASAPCC will allow employee members currently in good standing in other selected consortium programs that offer reciprocity with ASAPCC to enroll in the ASAPCC program without having to submit to the pre-enrollment test. ASAPCC will not allow a member who is 'Inactive' in another program to enroll in the ASAPCC program until the rehabilitation requirements of their existing program are met to reinstate them to an 'Active' status in that program.

15.0 PROGRAM REVIEW, AUDIT, AND OWNERSHIP

This program shall be monitored and is subject to revision at any time by ASAP Drug Solutions, Inc. Contractor employers will be provided 30-day advance notification of revisions to the ASAPCC Policy.

The policies, procedures, and protocols of ASAP Drug Solutions, Inc. and records, without individual identifying information, are available for confidential audit by participating owners, contractors, and their unions. The ASAPCC Policy and drug and alcohol testing program database remain the property of ASAPCC.

16.0 COSTS

16.1 Contractor Employer Costs

Contractors will be responsible for the following charges:

- Annual data management.
- Contractors have 30 days to complete the company membership agreement and pay the sign-up/annual membership fee. If a contractor cancels

membership before the year is up and then decides to become a member again, a re-activation/annual processing fee will be charged.

- Employee set-up.
- Specimen collection.
- Drug and alcohol testing and administration.
- Direct costs associated with testing which arise from the employer/employee relationship (e.g., wages, travel expenses, etc.).

Contractors may recover the following costs from the individual depending on the contractor company's drug and alcohol policy:

- Re-analysis of the test specimen for drugs.
- Substance abuse professional (SAP) evaluation and rehabilitation program.
- Additional examinations or studies by a MRO-approved referral physician to determine whether a legitimate medical explanation exists for the inability to provide a saliva, breath, or a urine sample; or test results involving adulteration or substitution.
- Return-to-duty and follow-up testing.

16.2 Employee Costs – Re-analysis and Rehabilitation

Contractor employees will be responsible for costs associated with re-analysis when conducted at the employee's request. He/she is also responsible for costs associated with rehabilitation and provisions of the return-to-duty program. Such costs include but are not limited to substance abuse professional (SAP) evaluations, rehabilitation treatment and testing, return-to-duty/follow-up testing, and aftercare associated with the return-to-duty agreement. This does not preclude contribution by the contractor employer either directly or through employee benefit/medical plans.

Appendix 1: General Definitions of Terms in Drug and Alcohol Testing

Alcohol concentration – The alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath-testing device.

Alcohol use – The consumption of any beverage, mixture or preparation, including any medication containing alcohol.

Breath Alcohol Technician (BAT) – An individual who instructs and assists individuals in the alcohol testing process and operates an EBT.

Canceled Test – A drug or alcohol test that has a problem identified that cannot or has not been corrected. A canceled test is neither a positive nor a negative test.

Chain-of-Custody (refer to Custody and Control Form)

Collection site – A place designated by the employer where individuals present themselves for the purpose of providing a urine specimen for a drug test.

Collector – A person who instructs and assists individuals at a collection site and who receives and makes an initial inspection of the urine specimen provided by those individuals, and who initiates and completes the CCF.

Confirmation (or confirmatory) Test – In drug testing, a second analytical procedure to identify and quantify the presence of a specific drug or metabolite. In alcohol testing, a second test following a screening test with a result of 0.02 or higher that provides quantitative data of alcohol concentration.

Custody and Control Form (CCF) – Procedures to account for the integrity of each urine or blood specimen by tracking its handling and storage from point of specimen collection to final disposition of the specimen. With respect to drug testing, these procedures shall require that an appropriate drug testing custody form (CCF) be used from time of collection to receipt by the laboratory and that upon receipt by the laboratory, an appropriate laboratory chain of custody form account(s) for the sample within the laboratory.

Dilute specimen – A specimen with creatinine and specific gravity values that are lower than expected for human urine.

Donor – An employee or job applicant who provides a specimen for drug and alcohol testing.

EBT (or Evidential Breath Testing Device) – A device approved by the National Highway Traffic Safety Administration (NTSA) for the evidential testing of breath at the 0.02 and 0.04 alcohol concentrations.

Initial drug test – Refer to screening test.

Invalid drug test – The result of a drug test for a urine specimen that contains an unidentified adulterant or an unidentified interfering substance, has abnormal physical characteristics, or has an endogenous substance at an abnormal concentration that prevents a laboratory from completing or obtaining a valid drug test result.

Mandatory Guidelines – The term used to refer to the Mandatory Guidelines for Federal Workplace Drug Testing Programs initially published in the Federal Register on April 11, 1988, and revised on June 9, 1994, to establish the scientific and technical guidelines for Federal drug testing programs.

Medical Review Officer (MRO) – A licensed physician who is responsible for receiving and reviewing laboratory results generated by an employer's drug testing program; and evaluating medical explanations for drug test results.

Screening Test (or initial test) – The test used to differentiate a negative specimen from one that requires further testing for drugs or drug metabolites. In alcohol testing, an analytic procedure to determine whether an employee may have a prohibited concentration of alcohol in a breath specimen.

Specimen – In drug testing, urine that has been provided by a donor for a drug test. The entire sample is contained in a single specimen bottle.

Specimen Bottle – The bottle that, after being labeled and sealed in accordance with procedures in 49 CFR Part 40, is used to transmit a urine sample to the laboratory.

Substance Abuse Professional (SAP) – A person who evaluates individuals who have violated drug and alcohol program rules and make recommendations concerning evaluation, treatment, follow-up testing and after-care. A **SAP** must be a licensed physician; licensed or certified psychologist; social worker; or certified employee assistance professional (EAP); or a drug and alcohol counselor certified by the National Association of Alcohol and Drug Abuse Counselors Certification Commission (NAADAC) or the International Certification Reciprocity Consortium (ICRC).

Substituted specimen – A specimen with creatinine and specific gravity values that are so diminished that they are not consistent with human urine.

Appendix 2: Drug and Alcohol Panel, and Cutoff Concentrations for Initial and Confirmation Tests

Type of Drug or Metabolite	Initial test [EMIT](ng/mL)	Confirmation test [GC/MS](ng/mL)
Amphetamines:	300	
Amphetamine		300
Methamphetamine		300
Barbiturates	300	100
Benzodiazepines	300	100
Cocaine metabolites	300	150
Opiates:	2000	
Morphine		2000
Codeine		2000
6-acetylmorphine (6-AM) - only when the specimen contains morphine at a concentration greater than or equal to 2000 ng/mL		
Marijuana metabolites	20	10
Phencyclidine (PCP)	25	25
Methadone	300	100
Propoxyphene	300	200
Alcohol	.02% (alcohol screening device ASD or EBT)	.04% (evidential breath testing device EBT)
<p>A confirmed alcohol concentration of 0.04 or higher is a positive test. The employee must be immediately removed from owner sites, prohibited from performing his/her duties, and is subject to return-to-work (rehabilitation) provisions of the ASAPCC Policy (Section 6.0 and Appendix 3).</p> <p>A confirmed alcohol concentration of 0.02 or higher, but lower than 0.04 [0.02-0.039] will result in the employee being immediately removed from owner sites and prohibited from performing his/her duties for a minimum of 8 hours or until a subsequent test (pre-access drug and alcohol test) is negative for drugs and documents an alcohol concentration of less than 0.02.</p> <p>**The employer must arrange for the employee's safe transportation home if his/her alcohol concentration is 0.02 or higher.</p>		

Appendix 3: ASAPCC RETURN-TO-DUTY PROVISIONS

Designated Employer Representative (DER) Responsibilities in Return-to-Duty Procedures:

- Step 1. As DER, it is your responsibility to be familiar with each step of the Return-to-Duty Process.
- Step 2. Duplicates of the Return-to-Duty packages provided to your company are in this section of the ASAPCC Policy. A complete package shall be given to an Applicant/Employee who receives notification of a verified positive test result or refusal to test.

Return-To-Duty Process of the ASAPCC Drug and Alcohol Policy:

Compliance with the ASAPCC Policy is a condition of entry onto participating owner sites. Any individual who fails a test or is otherwise classified as ‘Inactive’ as a result of a ‘Refusal to Test’ (Section 7.1) is not eligible for entry onto owner sites.

Each owner will have the option of instituting a separate policy for the re-entry of contractor employees with a prior ‘Inactive’ status who have completed rehabilitation requirements and have a current ‘Active’ status.

Procedures for return-to-duty

To regain status as an ‘Active’ member of the ASAPCC, an individual must:

- A) Have been designated ‘Inactive’ for no less than the minimum exclusion period specified for the type of test;
AND
- B-1) Have been evaluated face-to-face by a Substance Abuse Professional (SAP) and followed the SAP’s recommendations for drug and/or alcohol misuse assistance or participation in a rehabilitation program;
- B-2) Have successfully completed the required education or treatment, as determined by the SAP;
- B-3) Have signed a return-to-duty agreement approved by the MRO that may include recommendations for additional treatment, aftercare, or support group services even after return to duty;
- B-4) Have tested negative on the return-to-duty test (for an employee) or pre-enrollment test (for an applicant);
- B-5) Be subject to unannounced follow-up testing for a period of up to five (5) cumulative ‘Active’ status years; and to all other tests provided for in the ASAPCC policy;
- B-6) Not have failed a drug test or ‘refused to test’ after returning to duty, and complied with all aftercare recommendations.

Employees who self-identify for the first time as substance abusers (Section 7.5) shall be designated ‘Inactive-Pending’. These individuals may regain ‘Active’ status by completing provisions B-1 through B-6 of the return-to-duty procedures.

Payment for rehabilitation will be at the employee’s own expense, unless his/her employer’s drug policy specifies otherwise (Section 16).

RETURN-TO-DUTY/REHABILITATION PROVISIONS SUMMARY

Type of Test or Breach of Policy	Minimum Exclusion Period	Rehabilitation Program	Return-to-Duty	Follow-up
Pre-Employment	6 months	<ol style="list-style-type: none"> 1. Completed a face-to-face evaluation by a Substance Abuse Professional (SAP) and followed the SAP’s recommendations for misuse assistance or participation in an approved rehabilitation program 2. Determined by the SAP to have successfully completed required education or treatment. 3. Signed a Return-to-Duty Agreement approved by the MRO which may contain recommendations for additional treatment, aftercare, or support group services even after return to duty. 4. Tested negative on a Return-to-Duty Test (employee) or Pre-Enrollment Test (applicant) 5. Agreed to unannounced follow-up testing for a period of up to five cumulative ‘Active’ status years. 6. Not failed any test or ‘refused to test’ after returning to duty and complied with all aftercare recommendations. 		
Pre-Access	0			
Random	0			
Reasonable Suspicion/ For Cause	0			
Post-Accident	0			
Wall to Wall	0			
Return-to-Duty	Three (3) years			
Follow-up	Three (3) years			
Failure to comply with return-to-duty requirements including any subsequent positive test or refusal to test	Three (3) years			
Self-identification (May be exercised only once)	No exclusion period and status shall be ‘Inactive-Pending’ not ‘Inactive’			

Procedures for Returning to Work

◆ **Selecting a Rehabilitation Provider:**

- It is the responsibility of the employee to have the rehabilitation provider contact ASAP Drug Solutions, Inc. prior to initiation of and for coordination of the rehabilitation plan.
- The rehabilitation program must be acceptable to ASAP for the employee to re-qualify for ‘Active’ status in the ASAPCC.
- The employee is responsible for all costs associated with rehabilitation.

◆ **Completion of Rehabilitation**

When the rehabilitation provider has determined that the employee has completed rehabilitation and is ready to return to the workplace:

- The rehabilitation provider will provide the assessment evaluation to the SAP.
- The SAP will provide a report to ASAP with recommendations for additional treatment, aftercare, or support group services, and the follow-up testing program.
- The ASAP MRO will review the report, and provide a return-to-duty agreement detailing the recommendations for aftercare as indicated, and the follow-up testing schedule.
- The employee indicates acceptance of the terms of the return-to-duty agreement by his/her signature, and is eligible to take a return-to-duty test.
- The employee must test negative on the return-to-duty test to be designated ‘Active’ in ASAPCC.

If you have any questions concerning this process, please call the Return-to-Duty Coordinator at ASAP Drug Solutions.

Appendix 4a: Summary – Protocol for Urine Collection (Drug Testing)

SINGLE SPECIMEN URINE DRUG SCREEN COLLECTION (49 CFR Part 40 – April 16, 1999)

1. Donor identity is to be verified by photo identification (federal, state, local government, driver's license or identification issued by the requesting employer), positive identification by an authorized employer representative or verification by the DER.
2. Drug collection procedure is to be explained to the donor.
3. The donor is directed to remove outer-clothing (e.g., jacket, coat, hat, etc.), to empty and display contents of pockets, and to leave personal belongings (purse, briefcase, etc.) in a secure place outside of the bathroom facility. Donor retains his/her wallet.
4. The collector ensures that bluing agent is in the toilet, and there is no water access. The donor is instructed not to flush the toilet until the specimen is delivered to the collector.
5. The donor is asked to wash his/her hands with no excess water or other adulterants, and to dry them. (Liquid soap is permitted.)
6. The donor is to select an individually sealed collection container, break the seal, and provide a specimen of at least 30 ml. to be handed to the collector. The collector is to wait outside the restroom door until the donor exits.
7. When the donor hands the urine specimen to the collector, the urine specimen is to remain in full sight of BOTH the donor and collector until completely sealed in a tamper-proof specimen bag.
8. In the presence of the donor, the collector checks the specimen for color and odor, signs of contamination, quality, and temperature. Temperature is to be taken within 4 minutes of the collection and documented on the Custody and Control Form (CCF).
9. At least 30 mL. of the urine is poured from the collection cup into the specimen bottle by the collector in the presence and full view of the donor. The collector then places a lid on the specimen bottle and tightens it securely.
10. The collector removes the tamper-evident seal from the CCF, places it securely over the lid/cap and down the sides, and then dates the seal. The collector verifies with the donor that the number printed on the seal corresponds to that on the CCF.
11. The donor initials the tamper-evident seal/label, and signs the certification statement on the CCF. At this time, the donor may wash his/her hands.
12. The collector completes the CCF.
13. The sealed and labeled specimen bottle and CCF are placed in the appropriate pouches of a laboratory specimen bag which is then sealed and placed in a shipping container that is securely kept until pick-up by the courier service (within 24 hours).
14. Copy 2 of the CCF is faxed to the MRO and Copy 4 to ASAP Drug Solutions, Inc. immediately after collection (and not later than 24 hours).

Appendix 4b: Protocol for Alcohol Testing

Protocol for alcohol testing – adopted from Department of Transportation (DOT) procedures (49 CFR Part 40, Subpart L).

- A) Initial screening tests should be performed using evidential breath testing devices (EBT) or alcohol screening devices (ASD) listed without asterisks (*) on the National Highway Traffic Safety Administration Standards (NHTSA) conforming products list. Confirmation tests must be administered by evidential breath testing devices (EBT) listed without an asterisk (*) on the NHTSA conforming products list.
- B) If the initial screening test is 0.02 or higher, a second confirmation test must be performed. A confirmation test result of 0.04 or higher is a positive test.
- C) Before the confirmation test, a waiting period of at least fifteen (15) minutes must be observed. (The purpose of the waiting period is to ensure that the presence of mouth alcohol does not lead to an artificially high test result.)
- D) The waiting period between the screening and confirmatory test must not exceed thirty (30) minutes. If more than 30 minutes have passed since the screening test result was obtained, confirmation test procedures should continue with documentation of the time elapsed and the reason for the delay in confirmatory testing.
- E) The EBT must be calibrated according to the protocol as recommended by the manufacturer. Written calibration records are to be maintained by the collection site owner and will be subject to audit by ASAP Drug Solutions, Inc.
- F) The individual (STT or BAT) administering the test must be trained in accordance with DOT standards. Records of such training will be subject to audit by ASAP Drug Solutions, Inc.
- G) Procedures after performing the alcohol test:
 - i) If the screening test result is an alcohol concentration of less than 0.02, the STT or BAT must transmit the ‘negative’ test result to the DER, and may at the same time to ASAP Drug Solutions, Inc., in a confidential manner.
 - ii) If the screening test result is an alcohol concentration of 0.02 or higher, the STT or BAT must direct the employee to take a confirmation test performed by a BAT.
 - a) If the confirmed result is lower than 0.02, the test is negative.
 - b) If the confirmed result is 0.02 or higher, the results must be immediately transmitted to the DER by telephone followed by transmission in writing, or secure fax. ASAP Drug Solutions, Inc. will be notified by faxed transmission of the alcohol testing form.
 - c) An alcohol concentration of 0.02 or higher, but lower than 0.04, requires the employee’s immediate removal from owner sites for a minimum of 8 hours or until a subsequent test yields a result of less than 0.02. Arrangements should be made by the contractor company supervisor for the employee’s safe transportation home.
 - d) A result of 0.04 alcohol concentration or higher is a positive test and requires the employee’s immediate removal from owner sites. The employee is subject to the return-to-duty (rehabilitation) provisions of the ASAPCC Policy (Section 6.0 and Appendix 3). Arrangements should be made by the contractor company supervisor for the employee’s safe transportation home.

Appendix 5: Steps for Conducting Reasonable Suspicion/For Cause Evaluations and Testing

If an employee appears intoxicated or under the influence of drugs or alcohol, take the following steps:

- 1) Remove the employee from the work assignment. Treat injuries first.
- 2) Secure management witness, if possible. If bargaining unit is represented, a steward may be notified.
- 3) Observe behavior and look for physical and mental signs of drug abuse.
- 4) Ask the employee for an explanation of the behavior/signs.
- 5) Determine if there is the possibility of a medical crisis. When in doubt, call a medic or ambulance. (Medication reactions and physical illness may mimic signs of impairment and intoxication.).
- 6) If there are facts, physical signs, symptoms, and a pattern of behavior that would lead a trained supervisor to reasonably suspect that the condition may be caused by a prohibited substance, request a SUBSTANCE TEST. The next level supervisor should authorize the test.
- 7) Accompany the employee to the drug test collection site. Continue to observe the employee, making sure that he/she is not experiencing any other reactions. Do not let the employee drive home.
- 8) DOCUMENT your observations as soon as possible. Be objective, factual and specific. Have a witness collaborate findings, if possible.
- 9) Treat the incident discretely and confidentially. Information should be given only on a need-to-know basis. Implement the program uniformly.



A: EMPLOYEE 'REASONABLE SUSPICION/FOR CAUSE' DOCUMENTATION FORM (Confidential)

In making a determination for reasonable cause testing, a supervisor is responsible for documenting behavior or performance indicators suggestive of drug use or alcohol misuse. The supervisor should use this checklist as documentation prior to the referral.

Employee: _____ SS#: _____ - _____ - _____ Date: _____
Last First Middle Initial
Company: _____ Tel.: (_____) _____ - _____ Time: _____ am/pm
Supervisor # 1: _____ Supervisor # 2/Witness: _____ Location: _____

This form is intended to assist a supervisor in referring a person for drug and/or alcohol testing. Place a check mark on the squares that apply to the employee's physical characteristics and/or behavior. Briefly describe specifically what the employee said or did if such information will add clarity to this report. Leave blank those factors that do not apply to the employee's condition.

- Yes No **Absenteeism:**
 - Repeated unscheduled or unauthorized absences (# in past 12 months _____)
 - Excessive sick/authorized leave, especially for colds, etc. (# in past 12 months _____)
- Yes No **Tardiness/ 'absenteeism' at work:**
 - Excessive tardiness especially on Monday morning.
 - Frequently leaving work early. (# of times a month _____)
 - Frequent unexplained disappearances from the work area.
 - Increased time spent in office with door closed
- Yes No **Job performance issues – Lower efficiency or quality of work; difficulty in performing tasks:**
 - Memory problems, poor recall of instructions or details, mistakes made, etc.
 - Decreased quantity or quality of work – jobs taking more time or procrastination.
 - Alternate periods of high and low productivity, inconsistent work patterns.
- Yes No **Accidents:**
 - Repeated incidents from failure to take safety precautions/frequent near misses. (# in past 12 months _____)
 - Documented higher accident/incident rate than other employees.
- Yes No **Interpersonal work relationships:**
 - Significant change in relations with co-workers, supervisors, withdrawn from co-workers or supervisor.
 - Wide mood swings or inappropriate displays of emotion.
- Yes No **Personal matters:**
 - Changes in or unusual personal appearance (dress, hygiene)
 - Changes in or unusual topics of conversation

BEHAVIOR:

Mental State: Euphoric **Speech:** Thick **Balance/Gait:** Unsteady **Other:** _____
 Drowsy Slurred Falling _____
 Inattentive Loud Staggering _____
 Withdrawn Fast Deliberate _____
 Uncooperative Hesitant Reaching for support _____
 Mood swings Slow _____
 Confrontational _____
 Lethargic _____

SIGNS:

Appearance: Disheveled **Eyes:** Blood shot eyes **Other:** _____
 Flushed Tiny pupils _____
 Excessive perspiration Watery _____
Odor: Alcohol Enlarged pupils _____
 Chemical Eyeballs jerk back/forth (Nystagmus) _____

Additional comments: _____

Supervisor #1 (Print Name) _____ Supervisor #1 (Signature) _____ Date _____ Time (a.m./p.m.) _____
Supervisor #2/Witness (Print Name) _____ Supervisor #2/Witness (Signature) _____ Date _____ Time (a.m./p.m.) _____

Note: Complete this form within 24 hours when a person is suspected of drug use by appearance or conduct **while on duty.

Appendix 6: Drug Abuse and Alcohol Misuse Information Helplines

(List of resources for help with alcohol and substance abuse problems – updated 09/01/2003)

Alcoholics Anonymous (AA) or visit the web at http://www.alcoholics-anonymous.org	(562) 989-7697
Al Anon Information Line or visit the web at http://www.al-anon.org/	(800) 356-9996
American Council for Drug Education or visit the web at http://www.acde.org	(800) 488-DRUG [3784]
Cocaine Anonymous National Referral Line or visit the web at http://www.ca.org/	(800) 347-8998
Drug-Free Workplace Helpline or visit the web at http://www.drugfreeworkplace.gov	(800) 967-5752
Drug Help Services of the American Council or visit the web at http://www.drughelp.org	(800) 662-HELP [662-4357]
Families Anonymous or visit the web at http://www.familiesanonymous.org http://www.tabw.org	(800) 736-9805 (310) 815-8010
Marijuana World Services or visit the web at http://www.marijuana-anonymous.org	(800) 766-6779
National Clearinghouse for Alcohol and Drug Information or visit the web at http://www.health.org/	(800) 729-6686
National Council on Alcoholism & Drug Dependency or visit the web at http://www.ncadd.org/	(562) 426-8262
Substance Abuse Information and Treatment Hotline or visit the web at http://findtreatment.samhsa.gov/	(800) 662-HELP [662-4357]

Check the yellow pages under ‘Drug Abuse’ for organizations in your area.

Appendix 7: List of ASAPCC Program Contacts including Training Contacts

Consortium/Third Party Administrator C/TPA

ASAP Drug Solutions, Inc.
 1250 Pacific Ave., Long Beach, CA 90813
 Tel. №: (562) 624-2720
 Toll Free №: (877) 877-8758
 Fax №: (562) 624-2724

Harvey Jass	Director of Corporate Development
Carmen Flores, R.N.	Operations Manager
Cynthia Perez, C-SAPA	Director of Client Services & Marketing, and Supervisor Drug/Alcohol Trainer
Joelle Edmunds, C-SAPA	Client Services & Marketing Manager, DER Trainer, and Program Administration
Sheila Reyes-Guzman	Program Administration
Sean Desmond	Northern California Operations Manager

Designated Employer Representative (DER)

(Refer to Contractor Company)

Medical Review Officers

c/o ASAP Drug Solutions, Inc.

C. Brian Tang, M.D.,	Medical Review Officer (MRO)
Helen Tang, M.D.	Medical Review Officer (MRO)
Long Beach Medical Clinic MRO Staff	

Laboratory – Only DHHS Certified Laboratories

Collection Site(s) – Refer to www.asapdrugsolutions.com

- 1) **ASAP Sites:**
 Long Beach Medical Clinic – 24 hours, 365 days
 1250 Pacific Avenue, Long Beach, CA 90813
 Tel. №: (562) 437-0831

- 2) **Third Party Collection Sites**

SUBSTANCE ABUSE PROFESSIONAL (SAP)

Certified Substance Abuse Professionals

Appendix 8: Drug and Alcohol Health and Safety Facts

What is Substance Abuse?

Substance abuse is:

- a) chronic, repeated use of alcohol or drugs, associated with intoxication, inability to reduce consumption, and impairment in social or occupational functioning;
- b) use of a drug for other than medical reasons (e.g. mood altering effect);
- c) use of a drug in a way other than prescribed (e.g. taking pain medications more frequently or in higher doses to obtain faster/greater relief).

Drug Abuse – Costs and Safety Facts

- a) Substance abuse is estimated to be responsible for
 - More than half a million non-fatal injuries a year.
 - 40% of work-related fatalities and work-related injuries
 - Use of three to eight times as many sick days
 - Estimated employer costs in accident/injuries, absenteeism, medical claims, job turnover, theft, and lost productivity of \$36 to \$60 billion (US dollars) per year.

GENERAL HEALTH EFFECTS AND SIGNS & SYMPTOMS OF DRUG INTOXICATION:

A state of intoxication from use of drugs generally results in impaired learning, concentration, and motor coordination.

STIMULANTS:

➤ **Amphetamines (amphetamine/methamphetamine)**

Amphetamines are central nervous system stimulants that speed up the mind and body. Sleep patterns are disrupted. High doses may lead to a condition resembling schizophrenia with hallucinations, irrational thoughts and paranoia. With greater use, there is impairment of mental functions. Intoxication can lead to constriction of blood vessels resulting in strokes and heart attacks.

- *Physical effects* --Increased heart rate & blood pressure, increased respiration, perspiration & body temperature, palpitations and irregular heart rhythms, loss of consciousness or convulsions/seizures.
- *Behavioral effects*—Euphoria, hyper-excitability, inability to concentrate, restlessness, and aggressiveness.

➤ **Cocaine**

Cocaine is a very addictive drug with powerful stimulant effects that are similar to amphetamines, with a more rapid onset of intense euphoria ('high') followed by acute depression ('the crash'). Cocaine use results in more hospitalizations than any other illicit drug. A stroke or heart attack in persons in their twenties would probably be due to cocaine.

DEPRESSANTS:

- **Depressants/Sedatives** (Alcohol, Benzodiazepines, Barbiturates)
- Benzodiazepines are prescribed for stress, anxiety, panic disorders, and muscle spasms
- Barbiturates are prescribed for headaches and seizures
 - *Behavioral effects*--Confusion, memory impairment, insomnia, tremors, slurred speech, drowsiness, inattentiveness, fatigue, lethargy, poor coordination, or staggering gait.

MARIJUANA:

Marijuana is the most frequently used drug in the United States. It is a powerful mood altering drug. Signs and symptoms of use include chronic fatigue, lack of motivation, loss of concentration and short-term memory, slowed speech, red and watery eyes. Marijuana contains more carcinogens than cigarette smoke. Chronic smoking causes decrease in lung function and damage to the lungs.

OPIATES:

- **Opiates/Narcotics--Heroin, Morphine, Codeine, Methadone, Propoxyphene**
These drugs are used for pain relief. Needle users have a high risk of HIV and hepatitis.
 - *Physical effects*--Constricted pupils, drowsiness, nausea, vomiting, slowed speech, poor coordination, slow breathing rate, blood spots, track marks & puncture sites on skin.
 - *Behavioral effects*—Mood changes, confusion, depression, or apathy, or stupor.

Phencyclidine (PCP):

- PCP can have a depressant, stimulant and hallucinogenic effect.
 - *Physical effects*-- muscle rigidity, nystagmus (fine, rapid movement) in the eyes, rapid or irregular heart rate, elevated blood pressure, poor coordination.
 - *Behavioral effects*--Extreme mood swings (calmness to suspicion, anger, terror), confusion or agitation, violent actions.

WHAT IS ALCOHOL MISUSE?

Alcohol misuse is:

- Continued use despite knowledge of alcohol causing actual psychological or physical harm to the user
- Recurrent use in situations in which alcohol is physically hazardous

Alcohol Misuse- Costs and Safety Facts:

Accidents/Deaths

- 50% of the 44,000 deaths on American highways each year.
- 60% of fatalities on weekend nights.
- 33% of all homicides and deaths from boating and aviation accidents.

Increased Medical Costs

- Up to 40% of general medical hospital admissions [It is the second most deadly abused drug (next to smoking)]
- 20% of the nation's total expenditure for medical care

Crime

- 50% of arrests on criminal charges

ALCOHOL – RECOGNIZING THE DRINKER

Signs of the drinker are:

- Smell of alcohol on the breath
- Slurred speech
- Slow reaction time
- Poor coordination
- Staggering or loss of balance
- Flushed face
- Disheveled appearance

However, these recognizable signs may not be accurate indicators of intoxication:

- Can be unreliable in those with high/low tolerance for alcohol.
- Medical conditions may cause symptoms of being under the influence of alcohol, e.g., diabetics in 'crisis'.

CHRONIC EFFECTS OF ALCOHOL

Chronic abuse of alcohol affects almost every organ system:

- **Brain:** Impaired memory and ability to process information, seizures, brain degeneration
- **Nervous System:** Peripheral nerve degeneration (pain, weakness and loss of position sense)
- **Heart:** Enlarged heart that does not contract normally (cardiomyopathy).
- **Liver disease and failure**
- **Gastrointestinal Tract:** Gastritis, ulcers with bleeding, malabsorption of nutrients, pancreatitis, varicose veins of the esophagus
- **Muscle disorders (myopathy)**
- **Immune system:** Decreased ability to fight infection
- **Pregnant women:** Fetal alcohol syndrome (poor physical and mental development of the fetus)

Appendix 9: Summary of ASAPCC Drug and Alcohol Policy

ASAPCC POLICY REQUIREMENTS (DRUG & ALCOHOL= TEST)	Section of the Policy	Special Instructions for designated employer representative (DER) ASAPCC DER must have a secure fax line & should have e-mail	Consequences of 1 st positive drug or alcohol test (inactive status) (Alcohol positive = 0.04 or higher)
PRE-EMPLOYMENT/ PRE-ENROLLMENT	5.1	Fax 'New Employee Activation' (NEA) Form to ASAP. Employee to report to collection site for urine collection (drug screen) and breath alcohol test. Negative test = 'Active' status and eligible to work. If employee has tested negative but 'Consent & Authorization' Form has not been submitted by DER, employee will need to re-submit to another test after 14 days.	6 month 'Inactive' status, substance abuse professional (SAP) evaluation and completion of rehabilitation (rehab.).
PRE-ACCESS (Inactive Re-Test status)	5.3	'Inactive Re-Test' status. Employee must take a d/a test; and must report for testing immediately after being directed to do so by employer. Negative test = 'Active' status and eligible to work.	Substance abuse professional evaluation and completion of rehabilitation
POST-ACCIDENT/INCIDENT	5.6	If employee cannot have d/a test performed within 32 hours, DER must provide ASAP with written explanation. Employee must refrain from alcohol consumption for 8 hrs. following accident or until alcohol test can be performed, whichever is sooner. 'Active' status pending results. Access may be restricted at owner sites.	SAP evaluation and completion of rehab.
RANDOM	50%, 5.2	DER has seven (7) days to complete random(s); employee must report for testing immediately after being directed to do so. If employee does not report within reasonable time, DER must submit 'Refusal to Test' form. If random is not completed within seven (7) days, employee status changes to 'Inactive Re-Test'.	SAP evaluation and completion of rehab.
REASONABLE SUSPICION/ FOR-CAUSE	5.4	Employee must be accompanied to collection site; and must be removed from owner sites until negative test result is reported. 'Inactive Pending' status pending results. Supervisor/s to document reasons for testing. (See Section 5.5 & Appendix 5.)	SAP evaluation and completion of rehab.
WALL TO WALL (OWNER INITIATED)	5.5	Employee's status remains 'Active'. Access may be restricted by the requesting owner.	SAP evaluation and completion of rehab.
RETURN-TO-DUTY	5.7	Observed collection. Employee eligible to test only after successful completion of rehabilitation (Section 6.0).	3 year 'Inactive' status, SAP evaluation and completion of rehab.
FOLLOW-UP	5.8	Observed collection. Unannounced testing after return-to-duty for a period of up to 5 years. Employee remains in Company random pool.	3 year 'Inactive' status, SAP evaluation and completion of rehab.
SELF-IDENTIFICATION	7.5	Self-ID can be exercised only once without being counted toward a "positive" test. Status will be 'Inactive-Pending' until SAP/rehabilitation is completed. Second and subsequent self-identification – consequences as for a 'positive' test.	SAP evaluation and completion of rehab.
ALCOHOL concentration 0.04 OR HIGHER	3.7	Positive test. Employee shall be immediately removed from owner sites, prohibited from performing safety-sensitive duties and subject to rehabilitation procedures (Section 3.7, 6.0 and Appendix 3).	Depends on 'test-type' taken
ALCOHOL concentration 0.02 – 0.039	3.7	Employee shall be immediately removed from owner sites and prohibited from performing safety-sensitive duties for a minimum of 8 hours ('Inactive-Retest' status) or a subsequent pre-access test (drug and alcohol) documents negative test results (alcohol concentration less than 0.02).	

- 'Inactive' status may include: Positive D/A Test, refusal to test, and failure to comply with collection procedures and/or adulterating/substituting a specimen (Section 7.1).
- Two (2) or more positive tests = 3 year 'Inactive' status and must be evaluated by SAP and complete approved rehabilitation program (Section 6.0).
- If any employee does not work for a company, DER must 'Deactivate' the employee from company roster to avoid selection of these employees for random testing and non-compliance.
- SUPERVISOR TRAINING** (13.2) REQUIRED BY ASAPCC POLICY for Reasonable Suspicion/For Cause Testing (60 minutes). Contact: Cynthia Perez, C-SAPA
- DER TRAINING** (13.1) Review procedures of ASAPCC drug/alcohol testing program. Contact: Joelle Edmunds, C-SAPA
- EMPLOYEE EDUCATION** (13.3) [See education materials - Appendices 6, 7, 8 and 9.] Employee to receive a copy or summary of ASAPCC Policy - review with employee
- USE OF SPOUSE/ANY OTHER PERSON'S MEDICATION IS PROHIBITED USE.** Federal law prohibits the transfer of any controlled substance prescription to any person other than the patient for whom it was prescribed.

Appendix 10: ‘Refusal to Test’ Form

I. POLICY

Current employees and applicants who refuse to test for any reason at any time, shall be designated ‘inactive’ and be ineligible for entry onto participating owner sites.

Any of the following shall constitute a ‘refusal to test’:

- a. Failure to report for testing within a reasonable time after notification, as determined by the DER after being directed to do so. For a random test, the employee must report immediately to the test site;
- b. Failure to remain at the testing site until the testing process is complete;
- c. Failure to provide a specimen for any test required under this policy;
- d. Failure to permit a directly observed or monitored collection, if required;
- e. Failure or declining to take a second test when directed by the DER or collector;
- f. Failure to provide a sufficient amount of urine or breath specimen when directed, unless it has been determined, through a medical evaluation, that there was an adequate medical explanation for the failure;
- g. Failure to undergo medical examination or evaluation, for the inability to provide an adequate urine or breath specimen or a claim of a legitimate medical explanation in a validity testing situation, as directed by the MRO or medical examiner in the verification process;
- h. Failure to cooperate with any part of the testing process (e.g., refusing to empty pockets when directed, or disrupting the collection process);
- i. If the MRO verifies that the test specimen has been adulterated or substituted;
- j. Failure to provide a legitimate reason for not reporting for follow-up testing or missing three (3) consecutive follow-up tests without prior authorization from the MRO;

II. RESPONSIBILITIES

It is the DER’s/collector’s responsibility to have the employee who refuses to test read the above statement and sign below. The DER/collector must also circle the appropriate reason above and witness signature. ***Fax immediately to ASAP Drug Solutions, Inc. at (562) 624-2724 or call (562)624-2720.***

Additional comments as to what occurred:

III. SIGNATURE AND WITNESS

COMPANY NAME

ACCOUNT NUMBER

DONOR NAME (Please Print)

DONOR SIGNATURE

Social Security №

DATE

PLEASE CHECK HERE IF DONOR REFUSED TO SIGN _____

COLLECTOR SIGNATURE

NAME (Print)

DATE

OR

EMPLOYER REPRESENTATIVE SIGNATURE

NAME (Print)

DATE