DRUG-FREE WORKPLACE POLICY

NECA IBEW
LEADING THE ELECTRICAL INDUSTRY

Oregon Columbia Chapter NECA • Oregon Pacific-Cascade NECA
Inland Empire Chapter NECA • Puget Sound Chapter NECA
IBEW Local 48 • IBEW Local 659 • IBEW Local 280 • IBEW Local 73
IBEW Local 112 • IBEW Local 932 • IBEW Local 46

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HISTORICAL REVIEW OF THE PROGRAM

The Electrical Industry Drug-Free Workplace Program was adopted by the Oregon Columbia Chapter NECA and IBEW Local 48 on September 10, 1990. Since then, it has become a standard of excellence in the industry.

The Electrical Industry Drug-Free Workplace Program was adopted by the Oregon Pacific- Cascade Chapter NECA and IBEW Local 659 on January 1, 1995, and IBEW Local 280 on January 1, 1996, and IBEW Local 932 on January 1, 1999.

The Electrical Industry Drug-Free Workplace Program was adopted by the Washington Inland Empire Chapter NECA and IBEW Local 73 on January 1, 1998, and IBEW Local 112 on January 1, 1999.

The Electrical Industry Drug-Free Workplace Program was adopted by the Washington Puget Sound Chapter NECA and IBEW Local 46 on March 1, 2005.

The Program includes approximately 14,000 electricians and employees, and 400 electrical contractors. The Program contracts with Canopy to evaluate individuals who test positive and to arrange the proper treatment, if required.

The Program has also retained the services of a Medical Review Officer (MRO) effective January 1, 1998. The MRO reviews all positive test results.

Labcorp Laboratory Services provides the testing of all the specimens. Labcorp Laboratory Services is a SAMHSA (Substance Abuse & Mental Health Services Administration) certified lab.

INTRODUCTORY LETTER

TO: All Participating Employers and Local Unions

The Policy applies to all company employers including employers represented by the Oregon Columbia Chapter NECA, Oregon Pacific-Cascade Chapter NECA, the Washington Inland Empire Chapter NECA, and the Washington Puget Sound Chapter NECA, employees represented by IBEW Locals 48, 659, 280, 932, 112, 73, and 46. These employees include all maintenance, sales, clerical, management, owners and part-time employees working 20 or more hours a week, as well as applicants for any such position.

The Policy calls for substance abuse testing in four circumstances:

1. Pre-employment (marijuana test results omitted in Washington state per RCW 49.44.240)
2. Systematic random computer selected testing
3. Reasonable suspicion
4. Post-accident

Upon satisfactory completion of a test on a valid specimen, that is if the employee's test results are negative indicating no substance found, the employee will be issued an identification card. For negative pre-employment or random tests, a $100 health maintenance check will also be issued. Reasonable suspicion and post-accident tests completed are treated as time worked.

To prove that the employee has completed the test, they must give you a copy of the yellow or pink receipt which they will receive from the lab at the time of the urinalysis. If the test results are negative, that is no substance found, you will not be contacted by BeneSys, Inc. If an employee tests positive, you will be informed in writing, typically via email.

In order for all test results to be kept as confidential as possible, you will need to select two Designated Representatives to handle all confidential matters involving this Program. Only these Designated Representatives will be informed if a person tests positive.

If you are a new employer to this Program, you will find enclosed in this packet a "Designated Representative" form which you will need to fill out indicating the names of the people whom you have appointed to handle this information; also, we have included in this packet a "Certificate of Compliance" form stating that your company has adopted this Policy. Please complete this form as well and return it in the enclosed envelope.

This program is designed so that those who test positive for substance abuse will get the treatment they need, and employers and co-workers will be protected from the effects of workplace substance abuse. As long as these employees comply with the Program, there will be no disciplinary action. If, however, they do not comply, they will be subject to disciplinary action as called for under this Policy. This action may include termination.

INTRODUCTORY LETTER

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Please provide all employees, bargaining and non-bargaining, with a copy of the Policy and Administrative Rules. Copies can be obtained online at **www.HarrisonBenefits.org** on the DFWP Document page. Please have them sign the "Acknowledgment Form" stating they have been provided a copy of both documents. Please remind employees subject to DOT requirements that this program does not replace those requirements.

Employees who test positive will be required to call the Medical Review Officer (MRO) for the Program for a phone interview. Once they have contacted the MRO, they will then need to contact the Employee Assistance Program to schedule an evaluation. These employees will not be allowed to return to work until they have seen the evaluator and have been given a "return to work release" from the evaluator. Any employee who tests positive will need to give their employer a copy of this release. Also, any new employees who are currently in treatment will need to give a copy of this release to their new employer when changing jobs.

To ensure this Program operates as designed, all employers need to ask all new employees, collective bargaining and management, to show their Electrical Industry Drug-Free Workplace Identification Card, and any employees not having their card yet, will need to be sent for drug testing before hiring. Employees may also need to comply with certain job-specific drug testing requirements, if applicable.

We hope this packet of information will help you understand the workings of the Program and its Policy procedures. Please read thoroughly the contents of this packet to ensure that you, as an employer, understand the Program completely. If you have any questions, please contact me or the Drug-Free Client Services Representative for this Program.

Sincerely,

Lee Centrone
Administrator

Enclosures

LIST OF PARTICIPATING NECA CHAPTERS, IBEW LOCAL UNIONS & PROVIDERS

NECA CHAPTERS

Oregon Columbia Chapter NECA
601 NE Everett
Portland, OR 97232
503-233-5787 - phone
503-235-4308 - fax

Oregon Pacific-Cascade NECA
1040 Gateway Loop
Ste A
Springfield, OR 97477
541-736-1443 - phone
541-736-1449 - fax

Inland Empire Chapter NECA
1715 N Atlantic Street
Spokane, WA 99205
509-328-9670 - phone
509-328-4709 - fax

Puget Sound Chapter NECA
16001 Aurora Ave N
Shoreline, WA 98133
206-284-2150 - phone
206-284-2159 - fax

IBEW LOCAL UNIONS

IBEW Local 48
15937 NE Airport Way
Portland, OR 97230
503-256-4848 - phone
503-251-9952 - fax

IBEW Local 659
4480 Rogue Valley Hwy
Ste 3
Central Point, OR 97502
541-664-0800 - phone
541-772-3520 - fax

IBEW Local 280
PO Box 404
Tangent, OR 97389
541-812-1771 - phone
541-812-1766 - fax

IBEW Local 73
N 1616 Washington St
Spokane, WA 99205
509-326-2182 - phone
509-325-6344 - fax

IBEW Local 112
2637 W Albany
Kennewick, WA 99336
509-735-0512 - phone
509-735-0514 - fax

IBEW Local 932
3427 Ash St
North Bend, OR 97459
541-756-3907 - phone
541-756-5612 - fax

IBEW Local 46
19802 62nd Ave S
Kent, WA 98032
253-395-6500 - phone
253-872-7059 - fax

PROVIDERS

Labcorp Employer Services Inc.
6992 Columbia Gateway Dr.
Suite 100
Columbia, MD 21046

Canopy
Employee Assistance Plan
7180 SW Fir Loop
Suite 1A
Portland, OR, 97223-8023
503-639-3009 - phone
800-433-2320
503-620-3453 - fax

BeneSys, Inc.
5331 S Macadam Ave #258
PMB #116
Portland, OR 97239
503-224-0048 x1684 - phone
800-547-4457
503-228-0149 - fax
dfwp@benesys.com
www.harrisonbenefits.org

Paragon MRO GSS PC
Medical Review Officer
503-977-3225 - phone
877-977-3225
503-244-6790 - fax

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This Substance Abuse Policy is issued by (Company Name)_____(hereinafter referred to as "the Company" or "the Employer") to put in place the Electrical Industry Drug-Free Workplace Program. This Policy applies to all work performed by the Company in the States of Oregon, Washington and Idaho. The Company recognizes that the nature of the electrical industry and the need for employees to be responsible and alert in performing their duties requires that all employees be in a condition to perform their job safely and effectively, free from any impairment caused by alcohol or drugs. This Policy applies to all employees of the Company, including maintenance, sales, clerical, management, owners, part- time (20 hours per month or more), as well as all applicants for any such position, or any apprentice or journeyman while in attendance at any industry training class or program.

The Company, and participating Chapters of the National Electrical Contractors Association (NECA) and participating local unions of the International Brotherhood of Electrical Workers (IBEW), are firmly committed to eliminating the problems associated with employee alcohol and drug abuse.

The Company also recognizes the need to avoid unnecessary intrusion into employees' private lives and to assure employee privacy and confidentiality to the greatest extent possible, consistent with the objectives of this Policy and the Electrical Industry Drug- Free Workplace Program. In addition, the Company acknowledges that some cases of substance abuse must also be dealt with as illnesses requiring medical treatment, not only as personnel problems.

Finally, the International Brotherhood of Electrical Workers (IBEW), and the National Electrical Contractors Association (NECA), and the Company believe that the goals of this alcohol and drug policy should include education, prevention and rehabilitation.

To achieve these objectives, all Company employees must adhere to each of the following rules and regulations:

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

    a. The term "use" means consuming, possessing, selling, transferring, concealing, distributing or arranging to buy or sell, being under the influence, or reporting for duty under the influence of alcohol or drugs to any degree, or having illegal drugs, drug paraphernalia, or substances or devices to interfere with collection or drug testing in one's possession.

    b. The term "adulterant" means any substance detected in a urine specimen which either (i) does not occur naturally in human urine or (ii) occurs naturally in human urine but not at the levels or concentrations detected in the specimen and includes any substance intended to be placed in a specimen by an individual subject to testing under this Policy.

    c. The term "employee" shall include maintenance, sales, clerical, management, part-time (20 hours per month or more), as well as all applicants for any such position, and any apprentice or journeyman and all other employees while in attendance at any industry training class or program regardless of that individual's actual employment status.

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d. The term “refusal to test” means any conduct by an employee that interferes with the testing process such as refusal or failure to appear at the collection site; refusing or failing to complete documentation properly and accurately; refusing to provide valid identification or signatures or initials where required; disruptive, belligerent or offensive conduct at the collection or test site; late arrival at the collection or test site, leaving the collection site when advised that a specimen must be re-collected (such as, for example, when the original specimen is out of temperature range) or having substances or devices to interfere with collection or testing on one’s person when appearing for a collection of test, even if such substances or devices are not used and even if no adulterant is introduced into the specimen. Any tampering with the specimen or presentation of an adulterated or substituted specimen shall be deemed a Refusal to Test.

e. The term “alcohol” means any form of alcohol including ethanol. The term “drug” means any intoxicating substance, narcotic plant or similar substance identified under the Controlled Substances Act or similar state law. This also includes legal drugs when obtained or used not in accordance with a lawful and current medical prescription.

f. Notwithstanding any other provision in this Policy, use of prescription and non-prescription medication is not a violation of this Policy if that medication is taken in accordance with a lawful prescription or standard dosage recommendation. For purposes of this Policy, a prescription is not current if it is more than twelve months old or has expired by its own terms. A THC positive test result will be reported as a positive only if the employee is working or assigned to work at a job site where the general contractor or customer requires THC testing. THC will not be included on the panel for random drug tests. In accordance with RCW 49.44.240, THC test results will not be reported for pre-employment screening in Washington state.

g. For purposes of this Policy only, the term “working hours” means all the time in which employees are engaged in working duties or subject to the control of the Company, and also includes meal periods, scheduled breaks and travel to work or from one workplace to another. Social events attended voluntarily are not considered to be covered under this Policy.

h. The term “company property” means all facilities, job sites, vehicles and equipment that are owned, leased, operated or utilized by the Company or its employees for work- related purposes, including parking areas and driveways, as well as lockers, toolboxes or other storage areas used by the employees. It also includes other public or private property, facilities, vehicles and equipment located away from the Company facility if the employee is present on such property for a work-related purpose. Industry education and training shall be considered a work-related purpose.

i. The term “under the influence” includes having drugs or alcohol in one’s system at or above the cutoff values specified in the Administrative Rules.

j. The term “accelerated testing” includes any follow-up testing recommended by the evaluator.

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k. The term “substituted specimen” means any specimen which is not human urine, or which is human urine but does not belong to the individual submitting the specimen, or is human urine belonging to the individual submitting the specimen but which was excreted at an earlier time.

2. In order to enforce this Policy, employees shall be required to submit to drug and/ or alcohol testing in accordance with this Policy. Testing in the Program includes pre-employment, systematic computer-generated selection, reasonable suspicion, post-accident and follow up. Except as otherwise provided in this Policy, no person will be tested for alcohol unless there exists a reasonable suspicion that the person is under the influence of alcohol or is involved in a work related accident as defined in paragraph 2.d. Testing for alcohol for these two reasons will only be done by evidential breath testing device (breathalyzer).

   a. All applicants for employment will be required to submit to testing under this Policy after a conditional offer of employment has been made, unless the applicant has a valid identification card. The Company may also test in accordance with job-specific testing requirements, if applicable. Notwithstanding anything else in this Policy, an applicant’s refusal to submit to a test or a confirmed positive, shall be grounds at the Company’s option for withdrawing a conditional offer of employment, even if the applicant has already begun working for the Company. If the Company elects not to withdraw the conditional offer of employment and to continue employment, the applicant shall be required to comply with the requirements set out in paragraph 3 of this Policy as a condition of continuing employment. If the Company elects to withdraw the conditional offer of employment, the applicant must return to compliance with the program in order to be eligible for dispatch to other employment. Applicants for apprenticeship in their first year who fail pre-employment testing are not eligible for employment unless they complete an approved rehabilitation or education program at their own expense and then reapply.

   b. Systematic computer-generated employee drug testing program shall be administered by BeneSys, Inc. and is in addition to other types of testing identified in this Policy. Employees shall be systematically tested using random selection software. They will be given an approved identification card and, if they were tested at a time other than paid work time, shall receive a $100 health maintenance benefit check, provided their test results are negative. If a participant’s name is drawn while they are unemployed, on vacation, or working out of the jurisdiction, they shall be required to take the test within 24 hours of beginning a work assignment. Employees who successfully complete education or rehabilitation shall be returned to the group of employees subject to computer generated selection for testing. Employees tested on paid work time will not be provided the $100 check. Employees who lose or mislay their $100 health maintenance benefit check will be provided a replacement check provided they make a request within six months of issuance.

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c. The term “reasonable suspicion” shall for the purposes of this Policy and section be defined as follows:

Aberrant or unusual behavior of a person that:

i. is observed by the person’s immediate supervisor or others and confirmed by the observation of another supervisory employee or managerial employee, (if reasonably available) which observations shall be documented by the observers; and

ii. is the type of behavior that is a recognized and accepted symptom of intoxication or impairment caused by controlled substances or alcohol or addiction to or dependence upon said alcohol or controlled substances; and

iii. is not reasonably explained as resulting from causes other than the use of controlled substances (such as, but not way of limitation, fatigue, lack of sleep, side effects of over-the-counter medications, reactions to noxious fumes or smoke, etc.)

d. The term “post-accident” shall, for the purposes of this Policy and section, be defined as follows:

Employees who have caused, contributed to, or been injured in a work-related accident shall be subject to post accident testing, unless there is no reasonable possibility that drug or alcohol use was a contributing factor to an accident, injury or illness, if as a result of the accident:

i. any employee seeks off-site medical attention; or

ii. there is any property damage that, at the time of the accident, is reasonably believed to exceed $500.

In the event there is a basis for reasonable suspicion testing (other than the happening of an accident), the employee shall be required to submit to a test on a reasonable suspicion basis rather than post-accident.

A drug urine and alcohol Breathalyzer will be performed no later than 24 hours after an employer has knowledge of the accident. However, at no time will testing requirements supersede medical needs such as in the case of an unconscious employee.

Employees who delay reporting accidents or injuries may be subject to discipline under the Company’s separate rules or policies.

When an employee tests post-accident, the employee will not receive the $100 health maintenance benefit check. However, time spent testing will be treated as time worked.

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e. Employees who have returned to work following a rehabilitation or education program recommended by the Program's Employee Assistance Program shall be required to participate in follow-up testing in accordance with the recommendations of the Program's Employee Assistance Program, in addition to other testing under this Policy.

f. ***Specimen collection and testing, general.*** All specimens may be tested for validity, adulteration, or substitution using such tests as the collection site or laboratory personnel have determined to be appropriate. Specimens that fall outside the normal temperature ranges (colder than 90 degrees and warmer than 100 degrees), substituted specimens, adulterated specimens, and very dilute specimens (specific gravity that is less than 1.003 or creatinine less than 20 mg/ dl) will be considered invalid for testing. Any test for controlled substances that may have been conducted on an invalid, adulterated or substituted specimen shall not result in a negative result.

Issues identified during collection. An employee providing a specimen that is determined at the time of collection to be invalid, or a dilute specimen that is otherwise unacceptable for testing, such as a specimen out of normal temperature range, may be asked to remain at the collection site to provide a valid specimen, or to refrain from excessive consumption of fluids and to return to the collection site for a second urine specimen within 24 hours. Any employee being instructed to provide a second specimen on site must remain at the collection site until a new specimen is provided. Any employee being instructed to return must comply with those instructions. If the second specimen is also determined at the time of collection to be invalid, the employee will be referred to the MRO and will not be able to work or return to work until a valid specimen is provided and will be subject to the penalties identified below.

Issues involving the testing laboratory. If an employee provides a specimen that is determined at the time of collection to be invalid and provides a new specimen which is then determined by the laboratory to be invalid, the employee will be referred to the MRO, *may not work or return to work until a valid specimen is provided*, and will be subject to penalties identified below unless the MRO determines the invalidity to have a valid medical explanation. If an employee provides an apparently valid specimen that is determined by the laboratory to be invalid (other than a determination of tampering, adulteration or substitution) the laboratory will notify the MRO and the Administrator. The employee will be referred to the MRO, will be subject to the penalties identified below unless the MRO determines the invalidity to have a valid medical explanation, and may not work or return to work until a valid specimen is provided per the penalties identified below. If the new specimen is determined by the laboratory to be invalid, the employee will be referred to the MRO, *may not work or return to work until a valid specimen is provided*, and will be subject to penalties identified below, unless the MRO determines the invalidity to have a valid medical explanation.

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Adulterated specimen. Specimens that are tested, but are determined to have been adulterated, will also be treated as invalid and the adulterant reported. If a specimen is invalid for testing because it contains an unidentified adulterant, that test will be invalidated, and the employee must provide a new specimen within 24 hours. If the subsequent test is also invalid for any reason, the employee shall be accompanied to the collection site at a time selected by the employer.

Accommodation. Employees who have confirmed medical conditions that do not permit them to provide a valid urine specimen (for example, employees on diuretics, employees required, due to medication or other conditions, to regularly consume large amounts of fluid, or employees undergoing dialysis) will be permitted to satisfy the testing requirements through alternative means of testing, such as blood or oral fluids or saliva testing. These arrangements will require medical documentation and will be considered on a case-by- case basis. Employees whose medical condition requires alternative testing procedures must contact the Administrator upon learning of the medical need, so that the request for alternative procedures may be evaluated in advance of any notification to be tested. An employee who has a confirmed medical condition requiring regular or maintenance medication may notify the administrator; upon proper verification and providing the employee agrees, the administrator will notify the medical review officer so that delays in confirming a negative test result will be kept to a minimum.

Penalties. Employees who refuse to take a test as directed, who provide an invalid or a substituted specimen, who provide a diluted specimen for a second time without valid medical explanation, or whose urine specimen shows the presence of an identified adulterant shall be subject to the following penalties and procedures where local dispatch rules allow:

i. As a penalty for the refusal to test, substitution, second dilution, an invalid or adulteration, the employee shall immediately be suspended from work and ineligible for dispatch until at least such time as a specimen with a negative result has been provided, or such time as a return-to-work release has been provided by the EAP, whichever is sooner. In addition, the employee shall be deemed immediately out of compliance with the Program and must return to compliance before becoming eligible to return to work or for dispatch.

ii. In order to return to compliance, the employee must submit to testing and provide a valid specimen within 24 hours of notice. If the employee does not submit to testing with a valid specimen within 24 hours of notice, they shall remain out of compliance and must follow the provisions below to return to compliance.

iii. An employee who has not returned to compliance within a week following the refusal to test, substitution, dilution, invalid or adulteration must contact the Employee Assistance Program and submit to testing with a valid specimen. In addition, the employee will be required to

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complete any recommended rehabilitation or education program following the EAP's recommendation.

iv. An employee may petition the Labor-Management Committee to reduce a suspension lasting 8 weeks or longer by setting out facts or consideration relevant to rehabilitation, education, or compliance that the employee wishes the Committee to consider.

3. Employees who test positive shall be required to comply with the following:

For purposes of these provisions, the two-year period is to be applied as a rolling two years and any positive test outside the two-year period shall be treated as a new occurrence. For example, a second positive which occurs outside the two-year period from the most recent previous test shall be treated as a first positive test.

a. Upon a first positive test in any two-year period, the employee will be referred for evaluation and must complete whatever treatment or education program is recommended by the evaluator.

b. Upon a second positive test in any two-year period, the employee will be referred for evaluation and must complete whatever treatment or education program is recommended by the evaluator. In addition, the employee will be placed in the accelerated testing program for one year following their return to work. A second positive test outside of the two-year period shall be treated as a first positive test.

c. Upon a third positive test within any two-year period, the employee will be referred for evaluation and must complete whatever treatment or education program is recommended by the evaluator. In addition, the employee will be placed in the accelerated testing program for one year following their return to work. The employee will be required by the employer to sign a "*Last Chance Agreement*."

d. Upon a fourth positive test in any two-year period, the employee will be referred for evaluation and must complete whatever treatment or education program is recommended by the evaluator. The employee shall be terminated from employment and, *if the dispatch procedure provides, is ineligible for dispatch until they have satisfactorily completed the assigned treatment or other program*. In addition, the employee will be placed in the accelerated testing program for one year following their return to work. Upon returning to work or dispatch, the employee will be required by any employer to sign a "*Last Chance Agreement*."

e. Upon a fifth positive test in any two-year period, the employee shall be ineligible to work for any participating employer. However, after twenty-four months, the employee may present a petition to the Labor-Management Committee setting out such facts and considerations that the employee wishes to be considered. If the Labor-Management Committee, in its sole discretion, believes the employee has provided sufficient evidence of rehabilitation, the employee may be returned to eligibility for dispatch to employment with any participating employer.

Upon a positive test at any time thereafter, however, the employee will be

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deemed permanently out of compliance with the Electrical Industry Drug Free Workplace Program and shall have no further right to petition for eligibility.

f. The two-year period described in a through d above is a rolling two-year period that commences on the date of any positive test.

g. An employee (other than a Journeyman) in their first year of probationary status who has a positive test for a substance other than THC, shall be terminated and is not eligible for rehire until they have completed a recommended rehabilitation or education program prescribed by the Program's Employee Assistance Program, at their own expense. They may then reapply.

4. Except where otherwise provided, where the Program's Employee Assistance Program recommends treatment or education, the employee may nevertheless return to work or be referred from the out-of-work list upon submission of a work release from the Employee Assistance Program.

5. An employee's private property (including employee's lunch boxes, toolboxes, back packs, purses and the like) that are brought by the employee onto Company property or used for work-related purposes may be inspected for reasonable cause.

6. All employees must notify management of any criminal conviction for any drug-related offense occurring in the workplace, no later than five (5) days after such conviction.

7. If an employee suspects that they have an alcohol/drug abuse problem, the employee is expected to seek assistance for that problem, either from the Program's Employee Assistance Program, the Union health and welfare trust or another competent source. Those employees who are covered under the Harrison Trust, the Inland Empire Health & Welfare Trust, or the Puget Sound Electrical Workers Health & Welfare Trust are encouraged to seek assistance through the Program's Employee Assistance Program. This Program is a private and confidential service that provides information and referral services to covered individuals and their dependents for drug and alcohol problems. Covered employees can obtain assistance by calling in the Portland area 503-639-3009, or outside of the Portland area at 800-433-2320.

8. The Company shall take reasonable measures to safeguard the privacy of employees in connection with this Policy, including maintaining the confidentiality of employees who come forward to discuss alcohol or drug abuse affecting them. Employees who voluntarily seek assistance or rehabilitation for alcohol or drug related problems shall not be subject to discipline for drug/alcohol related issues as long as they do so before they are selected for testing, or have a positive test, or have drug or alcohol related behavior or performance for which discipline is contemplated, and further provided that they thereafter remain in compliance with this Program. However, seeking assistance is not a defense to discipline for Policy violations that occur after seeking assistance.

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9. As outlined herein, a first or second positive result shall not be the sole basis for termination.

   Employees who are out of compliance with the Electrical Industry Drug-Free Program will be terminated and, if the dispatch procedure provides, are not eligible for dispatch until they bring themselves into compliance. In addition, employees who have had a fifth positive test in any two-year period shall be subject to the procedures set out in Section 3 of this Policy. For purposes of this Policy, “non- compliance” or “out of compliance” shall be determined by the Administrator and shall mean:

   a. Failing to take a test as scheduled (including complying with all applicable procedures);

   b. Failing to keep scheduled appointment with the evaluator;

   c. Failing to participate in and/or complete the assigned treatment or education program; or

   d. Failing or refusing to complete any act required by this Policy.

10. Discipline of bargaining unit members shall be in accordance with the Collective Bargaining Agreement, except where a specific penalty is provided in this Policy. The grievance procedure shall be made available to all collective bargaining personnel. Non-collective bargaining personnel shall be subject to internal company discipline procedures.

11. Discipline of non-bargaining unit employees shall be in accordance with Company policy. Any non-bargaining unit employee who applies for benefits and is ruled ineligible by the Trustees, the Administrative Agent, or their designee, who believe they did not receive a full amount of benefits to which they are entitled, or who is otherwise adversely affected by any action of the Trustees, the Administrative Agent, or their designee shall have the right to request the Trustees to conduct a review of the matter provided the claimant makes such a request, in writing, with 180 days of the denial of benefits. The written appeal shall be made by personally delivering, faxing, mailing or emailing the appeal to the Administrative Agent, BeneSys, Inc. The Trustees will review only appeals for benefits and will not review appeals for Company disciplinary matters.

12. Nothing in this Policy is intended, nor shall it be construed, to authorize or require any action that is unlawful under federal or state law.

13. When an employee (other than a probationary first year employee) has been terminated as a result of the Policy, their identification card shall become immediately invalid. In such cases, the employee can obtain a new valid identification card as follows: If the termination occurred because of refusal to test, the employee must submit to the testing process. If the termination occurred because of failure to complete a rehabilitation or education program, the employee must complete the program. If the termination occurred as a result of other non-compliance, the employee must return to compliance with the program.

14. Any amendments to this Policy shall be approved by the Oregon Columbia Chapter NECA and IBEW Local 48 Joint Labor Management Committee following review by participating IBEW local unions and NECA chapters.

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15. This Electrical Industry Drug-Free Workplace Policy as adopted by the Company will be governed under joint labor management committee administrative rules. The parties to the agreement reserve the right to change the administrative rules and/or the Electrical Industry Drug-Free Workplace Policy through the joint labor management process.

16. Employees who believe they are adversely affected by any decision or action taken under the Electrical Industry Program shall have a right to contest the decision or action or appeal either through the procedures established by the Harrison Trust or as follows:

    a. If the decision or action relates to testing, evaluation or treatment procedures, the employee shall first try to resolve the issue informally with the Program's Employee Assistance Program. If it is not resolved informally, the employee may file a grievance through their local union.
    b. If the employee has been determined to be in non-compliance, or has been terminated from a job, they should first appeal to the Administrator. Collective bargaining employees may elect to file a grievance through the local union.
    c. If the employee is not eligible for dispatch as a result of any decision under the Program, they may appeal to the Hiring Hall Appeals Committee.

17. The Program will make training and education material available for employees and supervisors. The lack of training or failure of any individual to avail himself/herself of training or education opportunities shall not be a defense to disciplinary actions.

18. Employees who are covered by federally mandated programs such as those required by the Department of Transportation must comply with separate policies. This Policy is not a substitute for those required policies. However, where the requirements are equivalent, compliance with a testing obligation under a government program will be accepted by the Administrator as compliance with the equivalent requirement imposed by this Policy. Where requirements are not equivalent, the employee will be required to comply with both policies.

Provisions in italics are dependent upon the dispatch rules.

Participating NECA Chapters

Oregon Columbia Chapter NECA
Oregon Pacific-Cascade Chapter
NECA Inland Empire Chapter
NECA Washington Puget Sound Chapter NECA

Participating Local Unions

IBEW Local 48, 659, 280, 73, 932, 112 and 46

ADMINISTRATIVE RULES

1. **Administration**: Participating NECA Chapters of the National Electrical Contractors Association Participating IBEW Local Unions of the International Brotherhood of Electrical Workers

   MRO: Paragon Medical Review Officer

   EAP: Canopy (Cascade Centers Inc.)

   Administrator: BeneSys, Inc.

2. **Employees covered**: These procedural rules apply to testing of covered employees as defined in the Electrical Industry Drug-Free Workplace Program and Company Policy (i.e. signatory employers (commercial, industrial, residential, material handler, sound and communication, panel shop, and lighting maintenance agreements), their overhead staff, and collective bargaining employees employed in the States of Oregon and Washington).

3. **Substances covered**: These procedural rules apply to testing of substances prohibited by the Electrical Industry Drug-Free Workplace Program and Company Policy: any form of alcohol and/or other intoxicating substance, any substance for which use is prohibited or regulated by federal or state law, including legal drugs obtained or used illegally.

4. **Testing pursuant to Policy:** Pursuant to the Electrical Industry Drug-Free Workplace Program and Company Policy, employees are required to participate in drug testing on a pre-employment, reasonable suspicion, post-accident and accelerated follow up basis. Breathalyzer testing for alcohol is required on a reasonable suspicion and post-accident basis. Additionally, employees will also be required to participate in drug testing on a systematic computer-generated basis.

5. **Notification of Testing Required for THC**: Marijuana (THC) testing positive results will only be reported if the employee is working on a job or assigned to a job in which the general contractor or customer requires it. THC will not be included on the panel for random drug tests. **When requesting a dispatch, it is the employer's responsibility to notify the Local if THC testing is required for that job.** Further, **it is the employer's responsibility to provide written notice to BeneSys, Inc. and the Local Union of each employee working on a job site with the THC testing requirement.** An employer may notify BeneSys, Inc. by:

   - faxing 503-228-0149 ATTN DFWP,
   - emailing at **dfwp@benesys.com**

   A form for this use may be found on page 24. The information requested includes the name, social security number, date of birth, and start date for the THC testing requirement. Attach a copy of the customer or general contractor policy with the testing requirement. If an end date is known, that is requested also. If emailing the information, do so in a secure manner. You may contact the DFWP to ask for a secure email.

   The employer will give written notice to any employee transferring to a job that requires THC testing of the requirement. The employer will also send requirements of said job to the Local and BeneSys, Inc. In accordance with Washington law, positive THC results will not be

ADMINISTRATIVE RULES

reported for pre-employment screening unless the employer can provide written notice that the applicant is seeking one of the following:

- A position that requires a federal background investigation or security clearance;
- A position with a general authority Washington law enforcement agency (dispatchers not included);
- A position with a fire department, fire protection district, or regional fire protection service authority (dispatchers and emergency medical service providers not included);
- A position as a corrections officer with a jail, detention facility, or the department of corrections;
- A position in the airline or aerospace industries; or
- A safety sensitive position for which impairment while working presents a substantial risk of death (safety sensitive positions must be identified by the employer prior to the applicant's application, such as in the job posting).

6. **Systematic computer-generated testing**: The computer drug testing selection procedure shall be administered by BeneSys, Inc. Employees shall be systematically tested. After testing, and provided the results are negative, the employee shall be issued a drug-free identification card and a $100 health maintenance benefit check (unless testing time is treated as work time by the employer). See the applicable Collective Bargaining Agreement to determine how travel time should be paid.

   BeneSys shall provide each employer a list of the selected employees along with an individualized letter which shall be provided to each employee upon request. Within eight business hours of receiving notice from the Administrator, the employer shall make effort to notify employees (verbally or in writing) that they have been selected for testing and the date by which the test is to be completed. In addition, the employer shall advise such employees that an individualized letter is available and can be provided in the employee’s preferred format (either paper or digital copy). The employer shall use its best efforts to ensure that this communication to employees is made confidentially and in a reasonably private location and manner. Employees shall be given no more than 24 hours to present themselves for testing. If a participant’s name is drawn while they are unemployed, on vacation, or working out of the jurisdiction, they shall be required to take the test within 24 hours upon beginning a work assignment.

   All new employees shall be tested if they have no verification card. Employees may also be tested in accordance with job-specific testing requirements, if applicable. An employer has the option to withdraw a conditional offer of employment to an applicant who has tested positive.

   Following the test, the employee may work until notified of the results. In the case of a negative test, the employee will continue to work, receive a verification card, and receive the $100

ADMINISTRATIVE RULES

health maintenance benefit if appropriate. In the case of a positive test, the employee will be subject to the procedures outlined in these rules and in the Policy.

7. **Specimen Collection**: Urine specimen will be separated into two containers at the time the specimen is collected. One portion of the original urine specimen shall be kept secure and chemically stable and made available for verification of laboratory testing results. All specimens may be tested for validity, adulteration, or substitution using such tests as the collection site or laboratory personnel have determined to be appropriate. Substituted, diluted, invalid or adulterated specimens, including specimens for which the adulteration is apparent as a result of testing, or is apparent but cannot be identified, or specimens falling outside the normal temperature range of 90-100 degrees, will be considered invalid. Employees who believe that any collection site has not followed proper collection procedures must notify the Administrator within one business day of providing the specimen. Failure to do so shall constitute a waiver of any challenge to the collection procedures.

8. **Testing Protocol**: Testing will be carried out as follows: Testing will be done by LabCorp/MedTox, which is a SAMHSA Certified facility.

   The initial test will be done through Enzyme Immunoassay Technique (EMIT), or federally approved initial test, and the confirmation through a different form of testing using Mass Spectrometry by Gas or Liquid (GC/MS or LC/MS/MS), or by such other definitive testing methods deemed to be reliable by the testing laboratory.

   The following substances are tested for under this Program but not limited to:

Substance or Class	Initial Cut-off	Confirmatory Cut-off
Amphetamines	500 ng/mL	250 ng/mL
Benzodiazepines	200 ng/mL	100 ng/mL
Cocaine	150 ng/mL	100 ng/mL
Marijuana (THC)*	50 ng/mL	15 ng/mL
Methadone	300 ng/mL	150 ng/mL
Opiates • Codeine/Morphine • Hydrocodone, Hydromorphone, Norhydrocodone	 300 ng/mL 300 ng/mL	 2,000 ng/mL 150 ng/mL
Acetylmorphine (Heroin)	10 ng/mL	10 ng/mL
Oxycodone, Oxymorphone	100 ng/mL	100 ng/mL

***Marijuana (THC) testing results will be reported only if the employee is working or assigned to work at a job site where THC testing is required by the general contractor or customer. THC will otherwise not be included on the panel.**

Instructions for how to report if a job requires marijuana testing can be found on page 15.

ADMINISTRATIVE RULES

The Board of Trustees reserves the right to adjust cutoffs to match industry standards or regulatory changes as appropriate.

An alcohol test for post-accident or for cause will be done by breathalyzer testing and will be a reported positive at a concentration of .04% or higher or at such lower concentrations as regulatory changes might require.

A positive drug test result shall mean test levels, on both the initial test and the confirmatory test, that are recognized as positive by the U.S. Department of Health and Human Services in its Mandatory Guidelines for Federal Workplace Drug Testing, the Department of Transportation or comparable government standard.

9. **Initial Employee Notification and Medical Review Officer (MRO) Review**: The Administrator reviews all positive results. The Administrator checks its database to see if the employee has any Medication Positive records on file. This could include:

   a. The employee listed a medication on the Custody and Control Form;

   b. The lab states on the test result a medication that would cause the positive;

   c. The employee has informed the Administrator of a medication using the Prescription or Release Authorization form;

   d. There are previous results in the last year that were initially positive, and the MRO then determined to be negative; or

   e. The MRO has records of previous Medication Positives.

   If one of these records are found, the Medical Review Officer (a physician trained in substance use and abuse) will be contacted. The MRO will attempt to verify the prescription with the pharmacy. If there is no release on file, the MRO will contact the employee to obtain a release to contact the pharmacy. If the prescription is verified, the MRO will notify the Administrator that the employee has a negative test.

   If the MRO is not able to contact the employee within 24 hours, the MRO will contact the Administrator and the Administrator will use the “non-negative” test procedures to have the employer notify the employee about the test results. The employee should NOT be removed from the job. Once notified, the employee has 24 hours to contact the MRO. If the employee contacts the MRO and the prescription is verified, the MRO will notify the Administrator that the employee has a negative test.

   If the Administrator is:

   a. Not able to verify a prescription; or

   b. The Employee has not contacted the MRO within 24 hours of being notified of a Non- negative Result, or

   c. If the Administrator has no reason to suspect the positive result is due to a prescription medication, then the Administrator will notify the employer of a positive test result or invalid specimen.

ADMINISTRATIVE RULES

The employer will be notified to remove the employee from the job while the procedures for verifying positive tests are being followed.

An employee who has been notified by their employer of a positive test result is not eligible to return to work until the employee has submitted to their employer a “return to work” release issued by the Employee Assistance Program or one of its affiliates, or the employee has fulfilled other requirements for a return to work as specified by the Policy.

10. **Contesting the Test Result**: The employee may contest or explain the result to the employer through the MRO within five working days after receiving written notification of the positive test results. It shall be the employee’s responsibility to contact the MRO upon receiving notice. Failure to contact the MRO within five working days after receiving notification shall constitute a waiver of the right to contest or explain. If an employee contacts the MRO, as provided under these rules, no further disciplinary or other action will be taken by the employer until the MRO has provided a verified result. Any test for controlled substances that may have been conducted on an invalid, adulterated or substituted specimen shall not result in a negative result.
11. **MRO Verification to Administrator**: Unless the employee provides a medically satisfactory objection or explanation, the MRO shall provide the Administrator with a verified positive test result. The final results of the drug test analysis will be sent to the Administrator by the Medical Review Officer marked “Confidential.” They will be opened only by the Administrator or designated personnel.
12. **Employer Notice**: The Administrator, or designated personnel, shall contact the employer through its designated representative with the results of a positive test verified by the MRO.
13. **Employee Notice of Verified Positive**: The employer will notify an employee of a positive test immediately upon notification of the Program by providing the employee the written standard form of information, consequences and options available to the employee. Notification will be given to the employee in privacy at a reasonable break in the workday, such as lunch and/or after work. Neither the results of the test nor the fact of notification shall be communicated to any person who does not have a bona fide need to know. The employee will be given reasonable time to contact the appropriate treatment facilitator, as prescribed by the Program’s Employee Assistance Program, to schedule counseling and shall return to work with written approval from the Program’s Employee Assistance Program.
14. **Retesting**: Any employee testing positive shall have the right to have the secured portion of their urine specimen independently examined by a laboratory of their choice at their expense. The laboratory selected shall meet the same certification as required under this Policy. Any request for the other portion of the specimen to be re-tested must be made within 10 working days of notice of a positive result. An independent examination of the secured portion is not available for the purpose of retesting for an adulterant.

ADMINISTRATIVE RULES

15. **Confidentiality**: All testing results of a positive test will only be made known to the employee, the employer (positive/negative information only), and the treatment facilitator/BeneSys, Inc. representatives. Upon request, the testing facility and/or BeneSys, Inc. shall make available to employees and applicants the laboratory reports concerning their test results. The employer will be responsible to keep a locked file cabinet or otherwise secured location with results and information from BeneSys, Inc. The designated representatives shall be the only persons designated by the employer to be responsible for receiving information from BeneSys, Inc., notifying affected employees, and handling any paperwork related to a positive test. The results of any positive test will not be released to any third party or outside agency unless required by law or with written permission of the employee.

    Notwithstanding anything herein, however, the Administrator or employer or any service provider may release such information to respond to a complaint, grievance, charge, lawsuit, or other proceeding initiated by the employee challenging a test, the results, testing program, administrative rules or disciplinary action.

16. **Last Chance Agreement**: Employees who test positive for a third time and fourth time within a two-year period are required under this Policy to undergo counseling or rehabilitation through the Program's Employee Assistance Program and will be required to execute a "Last Chance Agreement" as a condition of returning to work.

    The Last Chance Agreement will be prepared by the employer in conjunction with the Employee Assistance Program, will require the employee to adhere to all education, treatment and rehabilitation recommendations, and will require the employee to authorize the Program to notify the employer should they not remain in substantial compliance with the recommendations.

    Employees who test positive for a fifth time in any two-year period will be deemed out of compliance. They will be terminated, if employed by a participating employer. The Administrator shall notify the dispatcher that they are ineligible by dispatch to any participating employer.

    After a period of not less than 24 months any such employee may present a petition to the Labor-Management Committee. The employee shall have the burden of establishing sufficient evidence of rehabilitation. Such evidence may include a record of treatment on education, testimonials from knowledgeable persons, a record of sobriety, or any other fact or evidence the employee wishes to consider. The Labor-Management Committee shall consider the evidence presented by the employee within a reasonable time. If, in the opinion of the Committee, the employee has established rehabilitation, they will be returned to eligibility. The opinion of the Labor-Management Committee shall be final and not subject to grievance or appeal.

    If at any time following a return to eligibility such employee tests positive under this program, they shall be deemed permanently out of compliance and shall have no further right to petition for eligibility.

ADMINISTRATIVE RULES

17. **Completion of Rehabilitation**: Employees who successfully complete rehabilitation shall be required to participate in follow-up testing and shall be returned to the group of employees subject to computer generated selection for drug testing and will receive their identification cards.
18. **Training**: The Program recommends that employees and supervisors be given ready access to training materials through the Program's Employee Assistance Program, other recommended provider, written material, references to community resources, or other professions or service providers. No set amount of training or education is required but the Program recommends that employees be encouraged to seek out and obtain the equivalent of one hour of education in each calendar year. The lack of training or failure of any individual to avail themselves of training or education opportunities shall not be a defense to disciplinary actions.
19. **Dispatch:** Employees who are out of compliance with the Program are not eligible for dispatch until they have returned to compliance, where dispatch rules apply.

Revised 06/2026

EMPLOYER ITEMS
FAX COVER

Electrical Industry Drug-Free Workplace Program

CONFIDENTIAL MATERIAL INCLUDED IN THIS FAX

Please Give Directly to Recipient!!

"Confidential" This message is intended only for the use of the individual to whom it is addressed and contains information that is confidential. If the reader of this message is not the intended recipient, or the employee responsible for delivering the message to the intended recipient, you are notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you receive this communication in error, please notify us immediately by telephone and return the original message to us at the address below via the United States Postal Service.

To:	**From:**	The Drug-Free Client Services Representative
Fax Number:	**Company:**	BeneSys, Inc. 5331 S Macadam Ave #258 PMB #116 Portland OR 97239
Date:	**For Info Call:**	503-224-0048 x1684
Time:	**Fax Number:**	503-228-0149
Subject: Drug Testing Employee Selections		

The attached employees have been selected for drug testing. You must notify these employees within eight business hours of receipt of this fax that they have been selected. Once you notify each employee, they will have 24 hours to complete their test.

Please remind your employees that they are required to bring picture identification with them, to the testing facility. They will also need to retain the testing receipt the lab gives them, which will need to be returned to you, the employer, to provide proof that the employee has complied with the testing request.

A list of testing facilities is available on the website at **www.HarrisonBenefits.org** on the DFWP documents page.

In the event any of the listed employees no longer work for you, is on vacation, out of town or refuses to comply with this testing request, please contact the Drug-Free Client Services Representative at 503-224-0048.

Please collect and destroy the identification cards of all selected employees.

DRUG-FREE POLICY RECEIPT

Employee Acknowledgment of Receipt of the Electrical Industry Drug-Free Workplace Policy

I have received a copy of the Electrical Industry Drug-Free Workplace Policy and Administrative Rules.

_____
Signature

_____
Date

_____
Employer

Administered by BeneSys, Inc.
5331 S Macadam Avenue, Suite 258, PMB #116, Portland OR 97239
503-224-0048 800-547-4457 Fax: 503-228-0149

REQUIRED MARIJUANA (THC) TESTING FORM

The following employee(s) are working on a project requiring marijuana (THC) to be included in the testing panel. Please provide proof of the requirement from the customer or general contractor for each project. THC will not be included on the panel for random drug tests. If Washington law applies, THC test results will not be reported for any pre-employment screening unless the employer provides written notice that the position is excepted from RCW 49.44.240.

Employer Name _____

Project (jobsite) Name _____ **Project (jobsite) Local Union** _____

Designated Employer Contact Name _____ **Contact Email Address** _____

Phone Number: _____ **Fax Number** (if applicable) _____

☐ Check box if this is a Hoffman job. All Hoffman jobs require THC testing and additional proof is not required.

Employee Name	SSN	DOB	Job Start Date	Job End or Estimated End Date (if known)

Use additional sheets as necessary or provide this information in Excel format.

Return this completed form to the following email address or fax number at the time the employee is dispatched to assure proper results reporting. **If emailing, please use a secure email service or password protect the form or spreadsheet**. Additionally, provide the form and proof to the Local Union.

Email: dfwp@benesys.com
Fax: 503-228-0149 Attn: Drug Free Client Services

GUIDELINES FOR REASONABLE SUSPICION TESTING

Under the terms of the Electrical Industry Drug-Free Workplace Program, an individual may be tested if one of the following applies:

a. There is a reasonable suspicion that someone is under the influence of an illegal substance.

b. There has been an on-the-job recordable incident.

1. Do not assume that every observed impairment is proof that the individual is under the influence of an illegal or controlled substance.
2. DO NOT diagnose the employee's behavior. You are not a doctor or counselor.
3. Do assess impaired performance/actions, nor reasons behind it.
4. Do use the attached evaluation form to help assess the employee's impairment.
5. The person should be observed by the employee's immediate supervisor and that person should complete the evaluation form.
6. Another supervisor or manager, if available, should also observe and review the evaluation form and sign if this is reasonably feasible.
7. If a third observation is made, use an additional reasonable suspicion evaluation form.
8. Be as discreet as possible. Remove the employee from the workplace and escort the person to your office or another private area.
9. Inform the individual that under the terms of the Electrical Industry Drug-Free Workplace Program, they may be required to test.
10. If, after the interview, you believe a test is warranted, inform the individual they are being required to test.
11. Take the individual to the nearest designated collection site.
12. After testing, take the individual home or to a family member responsible for the individual. Never let the individual drive or travel without a company representative. The results will be reported to the Drug-Free Client Services Representative at BeneSys, Inc. and to the designated representative within 24 to 48 hours.
13. If the results are negative, the individual would receive the health maintenance benefit (unless otherwise paid for the time). If the results are positive, the individual would not receive the health maintenance benefit. The person would then be scheduled for an evaluation appointment with the EAP in their area

REASONABLE SUSPICION EVALUATION FORM

Employer Name: _____ **Observer:** _____

Time: _____ **Date:** _____ **Interview Location:** _____

Commenced: __ **a.m./p.m.** **Stopped:** _____ **a.m./p.m.**

Examination (circle words describing observations**):**

What is seen:	Bloodshot or red eyes	Trembling or shaking hands
	Runny nose	Flushed or red complexion
	Watery eyes	Problems-stagger, stumble, trip, sway
	Blank stare	Dilated or constricted pupils
	Vomiting	Perspiring
What is heard:	Coughing	Exaggerated pronunciation
	Rapid speech	Voice volume too loud or too soft
	Slurred speech	Abusive language-record statements
	Sniffling	Meaning of phrases not understandable
What is smelled:	Alcohol like odor or breath	Burnt rope odor on clothes or breath

Other (please describe)_____

What is said quote/unquote: (Example: "We celebrated my birthday at lunch.")

1.
2.

Other observed behaviors:

1.
2.

Other physical Evidence: (Example: beer bottle)

1.
2.

Describe any other observations:

1.
2.

Interview (to be completed by Supervisor):

Have you been drinking/using drugs? _____yes _____no

If yes, what?_____ Quantity? _____

Are you hurt?_____yes _____no If yes, where/ _____ How much did you sleep last night?___hours

Anything else you want to tell us or feel we should know? _____

_____

Signatures:

Supervisor:_____ Date/Time of observations:_____

Independent Observer:_____ Date/Time of observations:_____

Administered by BeneSys, Inc.
5331 S Macadam Avenue, Suite 258, PMB #116, Portland OR 97239
503-224-0048 800-547-4457 Fax: 503-228-0149

DOS AND DON'TS
FOR DEALING WITH SUSPECTED SUBSTANCE ABUSE

Do Focus on job performance or behavior ONLY.

Do Remain consistent in applying your company's policy.

Do Support what you say with objective observations of behavior.

Do Stay consistent in your use of job standards and job expectations.

Do Act in calm, objective manner.

Do Keep any conversations or action taken with an employee as private as possible.

Do Discuss an employee's suspected problems only on a need-to-know basis.

Don't Ignore troubled employees and hope that the problem will go away.

Don't Try to diagnose the problem.

Don't Play counselor.

Don't Moralize.

Don't Be misled by an employee's sympathy-evoking tactics.

Don't Cover up for an employee.

Don't Allow exceptions for one employee and deny exceptions to another.

Don't Publicly confront or take disciplinary action against an employee suspected of substance abuse.

Don't Lose your temper, get emotional, or use generalizations when confronting an employee.

FORM TO DESIGNATE REPRESENTATIVES

The below named individuals have been selected to act as representatives from our company for the Electrical Industry Drug-Free Workplace Program.

As per the Administrative Rules, we have designated two representatives.

For reasons of confidentiality and privacy only these two individuals will handle all confidential correspondence from BeneSys, Inc. in regard to this program.

Please print legibly.

Company Name: _____

Company Address: _____

_____

Primary Representative's name	Secondary Representative's name
Phone number and extension	Phone number and extension
Fax number	Fax number
Email address	Email address

☐ If you wish to have your weekly random selections emailed instead of faxed, please check this box. **Be sure to include email address in the space provided above.**

Please return this form via fax to 503-228-0149, attention:

Drug-Free Client Services or email to dfwp@benesys.com

CERTIFICATE OF COMPLIANCE

(Company Name)_____, The International Brotherhood of Electrical Workers (IBEW), and the National Electrical Contractors Association (NECA) acknowledge the dangers and costs that alcohol and other chemical abuses create in the electrical industry in terms of safety and productivity. As an industry, we agree to resolve and combat chemical abuse in any form, and every individual in the industry is encouraged to join in this effort to the greatest extent possible.

The employer has decided to and will adopt the Electrical Industry Drug-Free Workplace Policy as its company policy to combat drug and alcohol abuse in the workplace, educate and rehabilitate its employees, and without reservation, follow the Policy as outlined.

_____
Company Representative

_____
Company Name

_____
Date

NONCOMPLIANCE LETTER

Date

Employer
Attn: Designated Rep
Address
Address

Re: Employee's Name Dear Designated Rep:

This letter is to inform you that your employee, _____, is not in compliance with the Electrical Industry Drug-Free Workplace Program Policy.

Under the terms of the Policy, an employee *who refuses to test or does not seek completion of treatment is to be* ***terminated***. If your employee would like to complete their treatment, they may contact the Employee Assistance Program at _____to discuss their treatment options. They will be able to return to work once they are back in compliance with the Program and have provided you with a return-to-work release form.

Please notify or send me documentation if you terminate them.

If you have any questions, you may contact me at extension 1684.

Sincerely,

Drug-Free Client Services Representative

IBEW LAST CHANCE AGREEMENT

I,_____understand that the Administrator of the Electrical Industry Drug-Free Workplace Program has determined that I am not in compliance with the requirements of the Program.

I acknowledge and agree that in order to remain eligible for employment in the electrical industry, I am being offered the opportunity to voluntarily enter into this Last Chance Agreement. By signing this Agreement, I accept and agree to the following terms and conditions, which will govern my continued eligibility for employment:

1. I will follow all requirements and recommendations by the professionals who have evaluated me. This includes at a minimum, the following;
    a. Strict compliance with all treatment programs;
    b. Complete abstention from all mood altering substances, including alcohol, except in accordance with a written authorization of a licensed physician who has been advised in advance of my treatment for substance abuse and has reviewed any prescription in advance with my substance abuse counselor, and
    c. Regular attendance at required or recommended after care programs.
2. I authorize the Administrator to communicate with my counselor, treatment therapist, and/or treating physician and program administrators to allow the Administrator to determine all treatment and after care program requirements, to confirm my compliance with those programs and to confer with them about my progress. I agree to sign any medical release consent forms to allow those information exchanges.
3. For a period of one year from the date of my return to work, I agree to submit to testing to detect the presence or use of drugs or alcohol on at least a monthly basis.
4. I understand and agree that this Agreement does not guarantee me any employment or compensation for any period of time, nor does it provide me any benefit over and above the program or Collective Bargaining Agreement.
5. I understand and agree that if I test positive for unauthorized drugs or alcohol during the next two years, or if I am declared by the Administrator of the Electrical Industry Drug-Free Workplace Program to be in noncompliance with the Program for any reason, that I will be immediately terminated from employment and I will not be eligible for re-employment in the electrical industry until I have satisfactorily completed a substance abuse treatment program and I am otherwise found to be in compliance with the Electrical Industry Drug- Free Workplace Place Program by the Administrator

Signature _____ Dated this _____ day of _____, 20___

Witnessed this _____ day of _____, 20___

By _____ By _____

FORM LETTERS

1ST TIME DILUTE EMPLOYER LETTER

Date

Employer
Attn: Designated Rep
Address
Address

Dear Designated Rep:

This letter is to notify you that your employee, _____, tested dilute on _____, and the specimen is not valid for testing.

Please advise your employee that they have 24 hours to re-test and produce a valid specimen. **Your employee should also be aware that a retest dilute result will result in a suspension.**

Please give the dilute instructions on the attached page to your employee to help prevent another dilute specimen.

Should you have any questions, please contact the Drug-Free Workplace at ext. 1684 at one of the numbers below.

Sincerely,

Drug-Free Client Services Representative

1ST TIME DILUTE EMPLOYEE LETTER

This letter is to notify you that your recent drug test was a dilute specimen and is therefore invalid for testing. You must test within 24 hours of receiving this notice.

Please follow the instructions below to avoid another dilute test. A second dilute specimen will result in suspension from work.

A. If you are taking any medication that might cause a dilute urine, such as water pills, diuretics, high blood pressure medication, contact the Medical Review Officer at 503-977-3225 or 877-977-3225, so the MRO's office can advise you whether or not to stop the medication temporarily before re-testing.

B. The best time to collect the specimen is first thing after you get up in the morning.

C. Do not drink extra fluids the night before going for re-collection.

D. After you get up in the morning, DO NOT drink any coffee, tea, colas at any time before re-collecting.

E. If you can go for re-collection within 3-4 hours after getting up in the morning, DO NOT eat or drink ANYTHING prior to re-collection.

F. If you will be unable to go for re-collection until the afternoon, then you MUST drink NO coffee, tea, colas. You may have a small breakfast and a small lunch but NO EXTRA FLUIDS. A small glass of juice at breakfast and a small glass of water at lunch will be O.K., BUT NO EXTRA FLUIDS.

G. In all cases, you should void and discard the urine 1.5 to 2 hours prior to the collection. That will assure that the urine collected will be the urine that was produced within the last hour or two before the collection and it will be the most concentrated.

Should you have further questions, please contact the Drug-Free Workplace at ext. 1684 at one of the numbers below.

2ND TIME DILUTE LETTER

Date

Employer Attn:
Address
Address

Dear _____:

This letter is to inform you that <<EE_F_Name>> <<EE_L_Name>> has tested for the second time as part of the Electrical Industry Drug-Free Workplace Program. However, the second specimen has also come back invalid due to specific gravity, which means the specimen was too diluted; and the lab cannot test it. Per the Policy, please inform your employee that they will be required to contact the Program's Medical Review Officer (MRO), at 503-977-3225 or 1-877-977-3225 immediately.

When an individual's test results are inconclusive for the second time, that individual is unable to work until they have contacted the MRO and a valid specimen is provided. If the MRO is unable to determine a medical reason for the dilute specimen, your employee is out of compliance with the Program and must be immediately suspended from work. In addition, where local dispatch rules allow, they are ineligible for dispatch during the suspension time.

Your employee is also required to provide a valid specimen within 24 hours of this notice. Your employee must be in compliance with the Program and have served the disciplinary penalty before they may return to work or dispatch. You will be notified immediately once the employee has given a valid specimen.

Please inform your employee to abstain from drinking any fluids 3-4 hours prior to testing.

If you have any questions, please contact me at extension 1684.

Sincerely,

Drug-Free Client Services Representative

1ST & 2ND POSITIVE EMPLOYER LETTER

Date

Employer Attn:
Address
Address

Dear _____:

This letter is to inform you that _____ an employee of _____, has tested positive under the Electric Industry Drug- Free Workplace Program. Under the Administrative Rules, you need to notify your employee that their test was positive and make sure the notification is given to the employee in privacy at a reasonable break in the workday, such as lunch or after work. Neither the results of the test nor the fact of notification should be communicated to any person who does not have a bona fide need to know.

Please inform your employee that they are expected to contact MRO (Medical Review Officer) for the Program at 503-977-3225 or toll free at 1-877-977-3225 to schedule a phone interview by date and time given here. Once they have contacted the MRO, they will need to contact _____ Employee Assistance Program to schedule an evaluation, also by date given here at _____. **They will be able to return to work once they have written approval from the evaluator**. Once you inform your employee that they have tested positive, they should not be allowed to continue working until they have seen the evaluator and have been released to work. The employee will need to give a copy of their release to work to you.

Also, please inform your employee they have the right to have the urine specimen independently examined by an approved laboratory of their choice, at their expense, within 10 days. The laboratory selected must meet the same certification as required under this Policy

Attached is a single page which outlines the steps your employee needs to take in the event the employee wishes the specimen to be re-tested by an approved lab of their choice.

THE EMPLOYEE MUST RECEIVE THIS PAGE.

If there are any questions or you need further assistance, please contact me at the below listed numbers.

Sincerely,

Drug-Free Client Services Representative

1ST & 2ND POSITIVE EMPLOYEE LETTER

This is to inform_____, an employee of_____ that they have tested positive under the ELECTRICAL INDUSTRY DRUG-FREE WORKPLACE PROGRAM.

This is to further inform _____ what steps or action they are required to take at this time.

You are required to contact the MRO (Medical Review Officer) at 503-977-3225 or toll free at 1-877-977-3225 by *date and time* for a phone interview. If the MRO deems your test positive, you will be required to contact _____ Employee Assistance Program at _____ also by *date and time* to schedule for an evaluation. The Employee Assistance Program will set you up for an evaluation at a facility in your area. If you do not attend your scheduled appointment, you will be in violation of the Electrical Industry Drug- Free Workplace Program and subject to the terms of the Policy.

Please remember that you cannot return to work until your evaluation process is complete and you have been released to work from your evaluator or the MRO has deemed your test negative.

If the evaluator decides any treatment is needed this further treatment will not be provided by this program but will be between you and your insurance provider. **PLEASE REMEMBER THAT TREATMENT CANNOT BE PUT OFF UNTIL YOU HAVE GAINED COVERAGE**.

THIS EVALUATION WILL BE OF NO CHARGE TO YOU. If you are a traveler in the area and you have health coverage elsewhere, please inform the treatment facility and the EAP the status of your benefits.

Once you have seen the evaluator, if they determine you can be released to work, they will provide a “Release to Work Statement.” In order to return to work, you must give a copy of this to your employer, or if you are on the Out of Work List, you must give a copy to the dispatcher at Locals 46, 48, 659, 280, 73, 932 or 112.

For your information, the Electrical Industry Drug-Free Workplace Policy, which states a person who tests positive, may not be referred from the Out of Work List unless they have a “Release to Work Statement.” Therefore, if you choose to not comply with this Policy, you will not be able to be referred from the Out of Work List until you have seen an evaluator and have been released to work. Once you complete treatment and the Administrative Office has been notified, you will be issued an identification card.

If at any time you change employers during your treatment, you will need to give your new employer a copy of your “Release to Work Statement.” **IF AT ANYTIME YOU FAIL TO COMPLY WITH THIS POLICY, YOU MAY BE SUBJECT TO TERMINATION**.

If you would like to have your specimen re-tested by a lab of your choice and at your expense, you will be responsible for locating a laboratory that meets the same certification as required under this Policy. Once you locate a certified facility, please contact our office at extension 1684 at the below listed numbers and LabCorp/MedTox will be advised to transport the second half of your specimen to the laboratory you selected. If you would like a copy of your results, please submit your request in writing to THE TRUST OFFICE at **dfwp@benesys.com**.

3RD POSITIVE EMPLOYER LETTER

Date

Employer Attn:
Address
Address

Dear _____:

This letter is to inform you that _____, an employee of

_____ has tested positive for the third time within a two-year period under the Electrical Industry Drug-Free Workplace Program. Under the Administrative Rules, you need to notify your employee that the test was positive and make sure the notification is given to the employee in private at a reasonable break in the workday, such as lunch or after work. Neither the results of the test nor the fact of notification should be communicated to any person who does not have a bona fide need to know.

Please inform your employee that they are expected to contact the MRO (Medical Review Officer) for the Program at 503-977-3225 or toll free at 1-877-977-3225 to schedule a phone interview by *date and time*. Unless the medical review officer confirms that the employee has provided a valid medical explanation, the employee will need to contact _____ Employee Assistance Program to schedule an evaluation, also by *date and time* at _____. Once you have informed your employee that they have tested positive, they should not be allowed to continue working until they have 1) signed a "Last Chance Agreement," provided by the employer, and 2) has seen the evaluator and has been released to work. The employee will need to give a copy of their release to work to you.

Also, please inform your employee that they have the right to have the urine specimen independently examined by an approved laboratory of their choice, at their expense, within 10 days. The laboratory selected must meet the same certification as required under this Policy.

Attached is a single page that outlines the steps your employee needs to take in the event the employee wishes the specimen to be re-tested by an approved lab of their choice.

THE EMPLOYEE MUST RECEIVE THIS PAGE.

If there are any questions or you need further assistance, please contact me at the below listed numbers.

Sincerely,

Drug-Free Client Services Representative

3RD POSITIVE EMPLOYEE LETTER

This is to inform _____, an employee of _____, that they have tested non-negative for the third time within a two-year period under the ELECTRICAL INDUSTRY DRUG-FREE WORKPLACE PROGRAM

This is to further inform _____ what steps or action they are required to take at this time. You are required to contact the MRO (Medical Review Officer) at 503-977-3225 or toll free at 1-877-977-3225 by date and time for a phone interview. Once you have scheduled the phone interview, you will be required to contact _____ Employee Assistance Program at _____ also by date and time to schedule for an evaluation. Providence will set you up for an evaluation at a facility in your area. If you do not attend your scheduled appointment, you will be in violation of the Electrical Industry Drug-Free Workplace Program and subject to the terms of the Policy.

Please remember that you cannot return to work until **1) you have signed a "Last Chance Agreement" provided by your employer, and 2) the evaluation process is complete, and you have been released to work by your evaluator**.

If the evaluator decides any treatment is needed, this further treatment will not be provided by this program but will be between you and your insurance provider. **PLEASE REMEMBER THAT TREATMENT CANNOT BE PUT OFF UNTIL YOU HAVE GAINED COVERAGE**.

Once you have seen the evaluator, if they determine you can be released to work, they will provide a "Release to Work Statement." In order to return to work, you must give a copy of this to your employer, or if you are on the Out of Work List, you must give a copy to the dispatcher at Locals 48, 659, 280, 73, 932 or 112.

For your information, the Electrical Industry Drug-Free Workplace Policy, which states a person who tests positive, may not be referred from the Out of Work List unless they have a "Release to Work Statement." Therefore, if you choose to not comply with this Policy, you will not be able to be referred from the Out of Work List until you have seen an evaluator and have been released to work. Once you complete treatment and the Administrative Office has been notified, you will be issued an identification card.

If at any time you change employers during your treatment, you will need to give your new employer a copy of your "Release to Work Statement." **IF AT ANYTIME YOU FAIL TO COMPLY WITH THIS POLICY, YOU MAY BE SUBJECT TO TERMINATION**.

If you would like to have your specimen re-tested by a lab of your choice and at your expense, you will be responsible for locating a laboratory that meets the same certification as required under this Policy. Once you locate a certified facility, please contact our office at extension 1684 at the below listed numbers and LabCorp/MedTox will be advised to transport the second half of your specimen to the laboratory you selected. If you would like a copy of your results, please submit your request in writing to THE TRUST OFFICE at the address listed below.

4TH POSITIVE EMPLOYER LETTER

Date

Employer
Attn: Designated Rep
Address
Address

Re: Employee's Name

Dear Designated Representative:

In review of our files, it has come to our attention that _____ has tested

positive for a fourth time within a two-year period. In accordance with the Drug-Free Workplace Policy, your employee shall be terminated and is not eligible for re-hire until they have successfully completed an approved rehabilitation program. Your employee can enroll in a treatment program by _____ Employee Assistance Program at _____.

Once your employee has completed the rehabilitation program, and the Program has received the proper documentation, the employee will be eligible to work, but must sign a "Last Chance Agreement" and comply with accelerated test requirements (please see attached).

If you have any questions, please contact me at 503-224-0048.

Sincerely,

Drug-Free Client Services Representative

cc: Participating Local Unions

Attachment

4TH POSITIVE EMPLOYEE LETTER

Date

This is to inform _____ an employee of _____ that they have tested positive for the fourth time within a two-year period under the ELECTRICAL INDUSTRY DRUG-FREE WORKPLACE PROGRAM.

In accordance with the Drug-Free Workplace Policy, you shall be terminated and not eligible for re-hire until you have successfully completed an approved rehabilitation program. You can enroll in a treatment program by contacting _____ Employee Assistance Program at _____.

Once you have completed the rehabilitation program, and the Program has received the proper documentation, you will be eligible to work, but must sign a “Last Chance Agreement” and comply with accelerated test requirements (please see attached).

If you have any questions, please contact me at 503-224-0048.

Sincerely,

Drug-Free Client Services Representative

cc: Participating Local Unions

Attachment

5TH POSITIVE EMPLOYER LETTER

Date

Employer
Attn: Designated Rep
Address
Address

Re: Employee's Name

Dear Designated Representative:

This letter is to inform _____ an employee of _____, has tested positive for the fifth time within a two-year period under the Electrical Industry Drug Free Workplace Program. In accordance with the Drug-Free Workplace Policy, your employee is not in compliance.

Based on the circumstance, they are no longer eligible to work for or be dispatched to any participating employer.

They may petition the Labor-Management Committee to restore eligibility after 24 months. If your employee needs information on that process, they may contact me directly.

Please inform your employee that they are expected to contact the MRO (Medical Review Officer) for the program at 503-977-3225 or toll free at 877-977-3225 to confirm the positive.

Please send me documentation to confirm termination of this employee. If you have any questions, please contact me at 503-224-0048.

Sincerely,

Drug-Free Client Services Representative

cc: Participating Local Unions

Attachment

Administered by BeneSys, Inc.
5331 S Macadam Avenue, Suite 258, PMB #116, Portland OR 97239
503-224-0048 800-547-4457 Fax: 503-228-0149

5TH POSITIVE EMPLOYEE LETTER

Date

This is to inform _____, an employee of _____, that they have tested positive for the fifth time within a two-year period under the ELECTRICAL INDUSTRY DRUG-FREE WORKPLACE PROGRAM. Therefore, you have lost the right to work for or be dispatched to any participating employer. Please call the Program's Medical Review Officer to confirm this positive at 503-977-3225 or toll free at 877-977-3225.

After a period of 24 months, you may petition the Labor-Management Committee to restore you to eligibility. It will be your responsibility to provide evidence of rehabilitation.

If you would like to have your specimen re-tested by a lab of your choice and at your expense, you will be responsible for locating a laboratory that meets the same certification as required under this Policy. Once you locate a certified facility, please contact our office at the below listed numbers and LabCorp/MedTox will be advised to transport the second half of your specimen to the laboratory you selected. If you would like a copy of your results, please submit your request in writing to THE TRUST OFFICE at the address listed below.

If you have any questions, please contact me at 503-224-0048.

Sincerely,

Drug-Free Client Services Representative

cc: Participating Local Unions

Attachment

PRESCRIPTION FORM FOR DRUG-FREE WORKPLACE TESTING PROGRAM

If you are on prescription medication that may cause a positive drug test result, you can elect to provide the administrator information in advance. This is optional and voluntary on your part. If the administrator has this information in advance, it may be able to provide speedier verification of your prescription. You can use this form to provide prescription information. Please note that the administrator may communicate with the medical review officer. If you elect to do so, please fill out this form and the accompanying authorization, and return them to the following via mail or fax.

Mail:	**Fax:**	**Email:**
Client Services Drug-Free Workplace Program 5331 S Macadam Ave #258 PMB #116 Portland, OR 97239	503-228-0149 Attn: Drug-Free Workplace	**dfwp@benesys.com**

Participant Name: _____

ID #: _____

Pharmacy Name: _____

Pharmacy Phone Number: _____

Prescription Name: _____

Prescription Expiration Date: _____

Your Contact Number: _____

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION FOR USE ONLY WITH NON-NEGATIVE TESTS

I authorize the use and disclosure of my protected health information as described below.

My protected health information is individually identifiable health information, including demographic information, collected from me or created or received by a health care provider, a health plan, my employer, or a health care clearinghouse and that relates to: (i) my past, present, or future physical or mental health or condition; (ii) the provision of health care to me; or (iii) the past, present, or future payment for the provision of health care to me.

In order to process your request to release your Protected Health Information, please complete the following information (areas in bold) and return this form to:

Client Services
Harrison Drug-Free Workplace
5331 S Macadam Ave #258,
PMB #116
Portland, OR 97205

Or you can fax the form to: 503-228-0149

Or email to: **dfwp@benesys.com**

Please contact us at 503-224-0048 or 800-547-4457 if you have any questions.

Participant's Name: _____

Name of Group Health Plan: Harrison Electrical Workers Trust Fund ID #: _____

Address: _____

Telephone number: _____

The following individual, organization, or class of persons (e.g., group of individuals within the organization) is authorized to use or disclose my protected health information. (Pharmacy name and phone number, prescription information):

Pharmacy name and phone number: _____

Prescription information: _____

The following individual, organization, or class of persons is authorized to receive my protected health information:

1. Paragon Medical Review Officer, phone: 877-977-3225 or fax: 503-244-6790
2. BeneSys, Inc., Harrison Electrical Workers Drug-Free Workplace Program, phone: 800-547-4457 x1684 or fax: 503-228-0149
3. Paragon MRO and BeneSys, Inc. may also share information.

The protected health information that may be used and disclosed is as follows:

Prescription medication information

My protected health information will be used or disclosed for the following purpose(s):
To verify a prescription when a drug-test result is non-negative.

This authorization expires (not to exceed one year): _____

I understand that if my protected health information is to be received by individuals or organizations that are not health care providers, health care clearinghouses, or health plans covered by federal privacy regulations, my protected health information described above may be re-disclosed and no longer protected by federal privacy regulations.

I understand that I may refuse to sign this authorization.

I understand that I may revoke this authorization at any time by sending a written notification to BeneSys, Inc. at 5331 S Macadam Ave #258, PMB #116 Portland, OR 97239, and this revocation will be effective for future uses and disclosures of protected health information. However, I further understand that this revocation will not be effective for information that the Electrical Industry Drug-Free Workplace already has used or disclosed, relying on this authorization.

Participant Name (Print or Type): _____

Signature:_____**Date:** _____

INITIAL ASSESSMENT RETURN TO WORK RELEASE

- ☐ May return to work but must successfully complete an educational program immediately.
- ☐ May return to work but must successfully complete a recommended outpatient program.
- ☐ MAY NOT return to work until successful completion of a recommended residential treatment program and approval of MRO or other designated specialist is obtained.

RETURN TO WORK PLAN TO INCLUDE

_____ Accelerated Testing Program

_____ Last Chance Agreement

Evaluator Signature _____ Date _____

Employee Signature _____ Date _____

Please Note:

Employee Assistance Plan counselors or affiliates who provide an employee's drug and alcohol assessment make recommendations for the type, frequency and duration of follow-up testing.

The Employee Assistance Plan recommends that the Employer obtain a clean urinalysis from the employee prior to their returning to work. If the urinalysis indicates the presence of THC (marijuana), but the employee displays no evidence of intoxication or impairment, the Program will allow the individual to return to work.

A copy of this form will be forwarded to the Drug-Free Client Services Representative at BeneSys, Inc., 5331 S Macadam Ave #258, PMB #116, Portland, OR 97239. If you have any questions, please contact this representative at 503-224-0048 ext. 1684.

FREQUENTLY ASKED QUESTIONS

Pre-Employment Testing

What if a new employee has lost their card, or does not have it with them?

Call or email BeneSys to verify their card is current and to have a replacement card mailed.

How do my new employees get a Drug-Free ID card?

Once your new employee tests, and the test is negative, BeneSys will send them a valid Drug Free ID card and a check for $100, approximately three weeks from the date of the test.

What if my employee never receives their Drug-Free ID card and $100 check?

Contact BeneSys. BeneSys will confirm the program has received the test result and has the correct address for your employee.

What are some reasons my employee did not receive their Drug-Free ID card and $100 check?

The most common reasons are:

- BeneSys does not have a good address.
- The employee did not include their Social Security Number on the Custody and Control Form and BeneSys is unable to confirm which employee the test was for.

How do I enroll a new non-bargaining unit employee in the program?

1. **Send the individual for pre-employment testing.** Employment offers should be conditional upon testing negative under the Drug-Free Workplace Policy. You may withdraw a conditional employment offer if the potential employee tests positive. Let BeneSys know you sent someone for pre-employment testing by sending BeneSys the Test Report Form.
2. **Give the new non-bargaining employee information about Drug-Free Workplace Policy.**
   Give the employee:
   - The Drug-Free Workplace Policy booklet (found online at **www.HarrisonBenefits.org** on the DFWP documents page; and
   - If the employee is not covered under the Harrison Health & Welfare Trust, send in the form called “A Form to Report New Non-bargaining Employees.”

Do all new employees have to test?

No. It depends on whether the employee has a valid Drug-Free ID card and on your policy for testing.

- If the employee has a valid Drug-Free ID card, the employee doesn’t have to test.
- In all other cases, new employees must test, including management.

Does the employee have to stay off the job until we get the test results?

If the test is for reasonable suspicion, yes. And the employee should be paid for their time while taking the test and until you receive the result.

For pre-employment, random, post-accident and accelerated testing, no, the employee should be returned to the job.

Marijuana (THC)

Can the employer require marijuana (THC) be included in the testing panel due to company policy?

No. The Employer cannot require THC to be included. Washington law prohibits employers from testing for THC in pre-employment screening absent special circumstances.

How does an employer ensure that marijuana (THC) is included with testing results for a jobsite/general contractor?

Use the form found on p**age 24** of the Policy and send it as well as proof of the requirement to the Local Union and BeneSys.

What kind of proof is required in order to prove that Marijuana (THC) testing is required on a jobsite or by a general contractor?

A copy of the contract or agreement specifically stating that THC must be included in the drug testing panel. If you are unsure, please contact the general contractor. Please note that currently all Hoffman jobs require use of the Hoffman Drug Free Workplace Policy.

If the Local Union does not find that the contract or agreement provided is clear, they will contact you and work with you and the NECA office to determine if the requirement is met.

What if my employee will be working at multiple job sites and only some require THC testing?

The employer must notify the employee of any jobsite that will require THC testing at the time they send the employee to that jobsite. Also note that if the call to dispatch is for multiple jobsites, the dispatch will not include a THC testing requirement unless the Local Union has verified that all jobsites require THC testing.

What do I do if my employee is transferring from one jobsite to a new jobsite that requires Marijuana (THC) testing?

The employer is required to inform the employee that they are moving to a jobsite requiring THC testing. If the employee has a valid clean card, the employee does not need to test to move jobsites, unless that jobsite has a specific requirement with regards to timing of last drug test. For example, if the general contractor or customer requires a test within 72 hours.

Further, the employee may decline to go to a job requiring THC testing. If this occurs you should send that employee to a different job not requiring THC testing, or if there are no other jobs available then provide a clean ROF where local labor management rules apply.

As a reminder, ensure the Local and BeneSys have been informed of any jobsite that requires THC testing with the appropriate proof, and the list of employees working at the jobsite.

What if an employee was not notified that the jobsite requires THC testing, and then has a positive THC test?

The employee should notify the employer and BeneSys or the Local Union that they were never notified of the THC testing requirement. The employer should transfer the employee to another job, and if no other job available, then provide a clean ROF where local labor management rules apply.

Alternatively, the employee may also choose to contact the EAP and follow the process to obtain a release to work in order to remain on that jobsite.

What happens if my employees are testing under a general contractor's policy, do they receive a new clean card and the $100 check?

If you have the test results also provided to this program, BeneSys will send the employee a new clean card. If the employee tested on their own time, BeneSys will further send the employee the $100 health maintenance check.

Will random tests include THC on the drug testing panel?

No, THC will not be included on the panel for random drug tests.

Hoffman Jobs

When does an employee fall under the Hoffman policy and when does the employee fall under the Electrical Industry/ IBEW policy?

Currently, on Hoffman job sites, the employee will fall under the Hoffman policy.

How do I find out the results of a drug test administered under the Hoffman policy?

The Hoffman program will notify you (the employer) of the testing results. The employee can complete a disclosure form with Hoffman to have the test result shared with this program to obtain a new clean card. Testing under the Hoffman policy is done on paid time and a $100 check will not be issued.

May Hoffman test immediately without any notice?

Yes. The Hoffman program may test immediately and without notice for a post-accident, reasonable cause for the individual, and site wide testing for reasonable cause such as drugs found on the jobsite.

Does Hoffman include Marijuana (THC) in their testing panel?

Yes. Hoffman does include marijuana in their panel. Under the Hoffman policy, Marijuana is still a prohibited substance. THC testing is required on all Hoffman jobsites.

Reasonable Suspicion

What is reasonable suspicion?

Reasonable suspicion is abnormal or unusual behavior that is:

1. Noticed by the employee's immediate supervisor or others; and
2. Confirmed by another supervisor or manager; and
3. Commonly recognized to be a symptom of intoxication or impairment caused by a controlled substance; and
4. A potential risk to the safety of the workplace.

Does the employee have to stay off the job until we get the test results?

If the test is for reasonable suspicion, yes; in all other situations, no, the employee should be returned to the job.

What if I, or a supervisor, believe someone is using. What do I do?

Follow the steps listed in the **Steps to Take When You Have a Reasonable Suspicion** section on **pages** 25 and 26**.**

What happens if the general contractor requires work to stop and everyone to test?

Call NECA and the local union.

When doing a reasonable suspicion test, must the person take both the drug urine and Breathalyzer test?

Yes.

Does the employee also receive the $100 health maintenance check?

No. The employee is still being paid by the employer. Simply notify BeneSys (you may use the Test Report Form on page 26) of the reason for the test.

What do I do if the employee quits instead of taking a post-accident or reasonable suspicion test?

Notify BeneSys. This constitutes as a refusal to test, and that person is out of compliance with the Policy.

STEPS TO TAKE WHEN YOU HAVE REASONABLE SUSPICION

Step 1 – Remain Objective

- In these situations, it is important that you remain objective. It is not your place to pass judgment on an employee, but rather to provide a safe working environment for all of your employees. Before taking action, remember the following guidelines.
- Do not assume that every observed impairment is proof that the employee is under the influence.
- Do not diagnose the employee's behavior. You are not a doctor or a counselor.
- Assess the impaired performance, not the reasons behind it.
- Evaluate whether your actions are consistent with the Drug-Free Workplace Policy and the Collective Bargaining Agreement.

Step 2 – Evaluate the Employee's Behavior

- The employee's direct supervisor should observe the suspicious behavior.
- Have the employee's direct supervisor complete the Reasonable Suspicion Evaluation Form.
- Have an independent third party observe the behavior, complete a Reasonable Suspicion Evaluation Form (using a separate form than the supervisor) and sign the form.

Step 3 – Discreetly remove the employee from the workplace and escort the employee to your office or another private area.

Step 4 – Interview the Employee. During the interview:

- Be direct and straightforward. You might start by telling the employee that they have been observed by two individuals who believe their behavior and actions have given you reason to suspect that they may not be fit for duty. Inform the employee you have a duty to provide a safe work site, and for their safety and the safety of their co-workers, you want them to submit to a drug test.
- Expect that the employee may deny the accusation or become angry. Do not get caught up with their anger: remain calm and objective. Remain in control. Do not debate the issue or allow an argument. Tell the employee the facts—you believe their behavior is unsafe—and that they are obligated to test. Do not try to diagnose the employee's problem. That is the role of the medical review officer.
- Inform the employee that under the terms of the Electrical Industry's Drug-Free Workplace Program, they are required to test.
- Assure the employee that you will respect their privacy. The results of the test are confidential.

Step 5 – Escort the Employee to the Nearest Designated Collection Site.

Or have the designated representative take them to the nearest testing site. Be sure the site has a Breathalyzer and tell the escort to be sure that the Breathalyzer test is performed. Testing sites that perform Breathalyzer tests have the symbol ♦♦ in the site listing.

Step 6 – After the testing, take the Employee Home or to a Family Member Responsible for **the Employee. Never Let the Employee Drive.**

Step 7 – Notify BeneSys.

Step 8 – Do Not Permit the Employee To Return to Work Until They Have a Release To Work From the EAP or a Negative Test Result.

DOS AND DON'TS FOR DEALING WITH SUSPECTED SUBSTANCE ABUSE	
Do	Focus on job performance ONLY
Do	Remain consistent in applying your company's policy
Do	Support what you say with objective observations of behavior
Do	Stay consistent in your use of job standards and job expectations
Do	Act in a calm, objective manner
Do	Keep any conversations or actions taken with the employee as private as possible
Don't	Ignore problem behavior and hope the employee's problems go away
Don't	Try to diagnose the problem
Don't	Play counselor
Don't	Moralize
Don't	Be misled by the employee's sympathy-evoking tactics
Don't	Publicly confront the employee or take disciplinary action
Don't	Lose your temper, get emotional, or use generalizations when confronting an employee.
Don't	Discuss the employee's suspected problems with others. The list of people who need to know about the suspicion, testing and any subsequent counseling is very short: the employee, the direct supervisor, and the designated representatives.

Post-Accident

What is the definition of an accident?

Employees who have caused, contributed to, or been injured in a work-related accident shall be subject to post accident testing, unless there is no reasonable possibility that drug or alcohol use was a contributing factor to an accident, injury or illness, if as a result of the accident:

- Any employee seeks off-site medical attention; or
- There is any property damage that, at the time of the accident, is reasonably believed to exceed $500.

In the event there is a basis for reasonable suspicion testing (other than the happening of an accident), the employee shall be required to submit to a test on a reasonable suspicion basis rather than post-accident.

A drug urine and alcohol Breathalyzer will be performed no later than 24 hours after an employer has knowledge of the accident. However, at no time will testing requirements supersede medical needs such as in the case of an unconscious employee.

Employees who delay reporting accidents or injuries may be subject to discipline under the Company's separate rules or policies.

When an employee tests post-accident, the employee will not receive the $100 health maintenance benefit check. However, time spent testing will be treated as time worked.

Federal OSHA takes the position that post-accident drug testing is acceptable as long as it is not done for a retaliatory purpose (that is, not done to retaliate for having made an injury claim). The agency wants to see a reasonable belief that drug use contributed to the injury. If drug use could not reasonably have contributed to a particular injury and the employer has no other reasonable basis for requiring a drug test, section 1904.35(b)(1)(iv) prohibits the employer from drug testing employees simply because they report injuries unless the drug test is conducted pursuant to a state workers' compensation law or other state or federal law. There are some helpful FAQs to the regulation at **https://www.osha.gov/laws-regs/interlinking/standards/1904.35/faq.**

What are some questions to ask when evaluating the reasonableness of drug testing a particular employer who has reported a work-related injury?

Factors an employer may consider include:

- Does the employer have a reasonable basis for concluding that drug use could have contributed to the injury (and therefore the result of the drug test could provide insight into why the injury occurred?
- Were other employees involved in the incident that caused the injury and were they also tested or did the employer test only the employee who reported the injury?
- Does the employer have a heightened interest in determining if drug use could have contributed to the injury due to the hazardousness of the work being performed when the injury occurred?

How soon after an accident must the employee test?

As soon as possible, but at least no later than 24 hours after the employer has knowledge of the accident.

How do I make sure a Breathalyzer test is performed after an accident?

You should have your designated representative or the employee's supervisor drive/escort the employee to the testing site. Instruct that person to tell the testing site personnel to do the Breathalyzer test.

Can we have the test done at the hospital where the employee is being treated?

Yes, if you take the employee to a hospital that tests.

What if the accident is after regular business hours?

There are sites available 24 hours a day. Please see the list of sites starting on the website up-to-date hours and locations. Be sure to go to a facility with Breathalyzer.

What do I do if the employee quits instead of taking a post-accident or reasonable suspicion test?

Notify BeneSys. This constitutes a refusal to test, and that person is out of compliance with the Policy.

Does the employee have to stay off the job until we get the test results?

No. Only if a test is for reasonable suspicion should the employee stay off the job until you have the test results. And the employee should be paid their wages for the time to take the test.

Does the employee receive the $100 health maintenance check?

No. The employee is paid for their time by the employer. Simply notify BeneSys (you may use the Test Report Form on page 26) of the reason for the test.

Testing Results

How long does it take to get the results of the test?

BeneSys typically receives the results from LabCorp/MedTox within 24-72 hours depending on the collection site used.

When does someone receive the $100 health maintenance check?

After having a negative result for a pre-employment or random test.

What if I need the test results immediately?

Call BeneSys. BeneSys will contact LabCorp/MedTox for a rush result.

How do I know if an employee refuses to test?

The employee must bring you the Custody and Control Form from the testing site within 24 hours. If the employee does not have a Custody and Control Form from the collection site, you can verify they tested by calling BeneSys.

What if I have an employee who has a “refusal to test”?

Verify the employee did not go test. Contact BeneSys immediately. The employee will be suspended from work. In addition, the employee will be deemed immediately out of compliance with the Program and must return to compliance before becoming eligible to return to work.

To return to compliance, the employee must submit to testing and provide a valid specimen within 24 hours of notice.

ID Card

How long does it take to receive a card?

Expect it to take about three weeks to receive a card once your employee has tested.

What if a card has been lost, or my employee shows up without one?

Simply contact BeneSys to verify the employee has a current card and/or order a replacement.

Positives

What happens if your employee tests positive?

If your employee tests positive:

- You will receive a letter from BeneSys and an Information Sheet to give to the employee. The Information Sheet will tell the employee their options and the consequences of each option.
- The employee is required to contact the Medical Review Officer (MRO) to ensure there are no doubts about the validity of the test.
- The employee is required to contact the EAP for an assessment meeting.
- At the assessment meeting, the counselor will determine if the employee can return to work. If yes, the counselor will issue a Return to Work Release.
- If the employee is not following through with the treatment recommendations, they will be out of compliance, and you will be notified. (The counselor will notify BeneSys, who will notify you.)
- When notified the employee is out of compliance, you must suspend the employee's employment.
- You can reinstate the employee once they have obtained a Return to Work Release from the EAP counselor.

How do I inform the employee they have tested positive?

Take the employee into a private office or workspace during a reasonable break period in the work day, such as lunch or after work. Give the employee the Information Sheet (supplied by BeneSys), which will tell the employee their options available.

What happens if an apprentice tests positive?

If it is a probationary apprentice, then the Training Center is notified. The apprentice is terminated and not eligible for rehire until they have completed a recommended rehabilitation program prescribed by the EAP, at their own expense. Then the apprentice may reapply to the Training Center. In Local 48, the Training Center will not be notified of a THC positive.

Can I terminate an employee who has tested positive?

No, except under select circumstances. You must refer the employee to the Employee Assistance Program.

What if I have a probationary non-bargaining employee test positive?

The employee is subject to employment termination, depending on your company policy.

What happens if an employee tests "positive" due to a prescribed medication?

1. BeneSys reviews all positive results.
2. BeneSys checks its database to see if the employee has any Medication Positive records on file. This could include:
   - The employee listed a medication on the Custody and Control Form
   - The lab states on the test result a medication that would cause the positive
   - The employee has informed the administrator of a medication using the Prescription or Release Authorization Form

- There are previous results in the last year that were initially positive, and the MRO then determined to be negative or

3. The MRO has records of previous Medication Positives. The MRO will attempt to contact the employee to verify the prescription and obtain a release to contact the pharmacy.
   - If the MRO is not able to contact the employee within 24 hours, the MRO will contact BeneSys and BeneSys will use the "non-negative" test procedures to have you notify the employee about the test results. The employee should NOT be removed from the job. Once notified, the employee has 24 hours to contact the MRO. If the employee contacts the MRO and the prescription is verified, you and BeneSys will be notified that the employee has a negative test.
   - If the MRO is not able to verify the prescription, you will be notified to remove the employee from the job while the procedures for verifying positive tests are being followed.

What do I do if informed that an employee has tested positive a third time?

If, within a two-year period of time:

- The employee must be referred for evaluation and complete whatever treatment the evaluator recommends.
- Upon returning to work, the employee must sign a Last Chance Agreement.

What do I do if informed that an employee has tested positive a fourth time?

If within a two-year period of time:

- The employee must be referred for evaluation and complete whatever treatment the evaluator recommends.
- The employee will be placed in an accelerated testing program.
- The employee will be terminated from employment and ineligible for dispatch (where local dispatch rules allow) until they have completed the treatment program.
- The employee must sign a Last Chance Agreement before returning to work.

What do I do if informed that an employee has tested positive a fifth time?

If, within a two-year period of time:

- The employee must be terminated and is no longer eligible to work for or be dispatched to any participating employer.
- The employee may petition the Labor-Management Committee to restore eligibility after twenty-four months.

Dilutes

What do I do if an employee comes back to work after providing a sample that is too diluted to test?

If the sample is too diluted to test, BENESYS will provide you with paperwork. Provide the employee with a copy of the paperwork, so they have the information needed to avoid a second dilute sample. Send the employee back to test within 24 hours.

What happens if an employee has a second diluted sample?

The employee will be referred to the medical review officer to determine if there is a medically valid reason for the

dilution. If there is no valid medical reason for the diluted sample, the MRO will send your employee to retest. BeneSys will notify you that your employee is out of compliance. The employee will be immediately suspended from work and/or ineligible for dispatch (where local dispatch rules allow) until such time that they produce a negative test, or a Return To Work Release has been provided by the EAP, whichever is sooner.

Adulterants

What if the temperature of the sample is outside of normal human range?

The collection site representative will take the employee's temperature orally. If there is a ± 1.8° F difference from the urine specimen, it will be considered invalid for testing. Employees providing out of normal temperature range specimens must stay at the collection site until they provide a new specimen.

What happens if the specimen is adulterated?

You will be notified by BeneSys. Provide the employee with a copy of the notification letter. Direct them to contact the MRO, and then the EAP. Once the MRO confirms the specimen was adulterated, the employee should be suspended and directed to retest immediately to avoid further suspension. The employee must be in compliance with the Program and have a negative test result or a Return To Work Release from the EAP before they may return to work.

What do I, the employer, do if I think the employee should not have a suspension (for adulterated or refusal to test)?

You, the employer, have the ultimate responsibility for the safety of your work site. If you let an out-of-compliance-employee, go back to work and the employee causes an accident, you could be liable. But if you feel there are extenuating circumstances, because of which the employee should not be suspended, then contact your NECA office. The NECA office and Local Union office will work with you and BeneSys to make the determination about whether the suspension should be waived. If suspension is waived, please notify BeneSys in writing, providing the reason for the waiver.

Employer

What do I do if the general contractor has a different requirement (such as a different panel of tests or a newer card) than our Policy requires?

Contact the BeneSys office. You, NECA, and the Local Union will work together to come to a satisfactory conclusion for everyone. Also contact BeneSys so that they may administer any special rules or tasks you need to have accomplished. The employer will also need to provide a list of employees who fall under the alternative testing requirement.

My employee tested today. When can we expect you to have their results?

Test results are commonly received within 24-72 hours after the member tests. You can contact the Drug Free Workplace representative via email at **dfwp@benesys.com**, via phone at 503-224-0048 ext. 1684 or via fax at 503-228-0149 at any time during this timeframe to request verification of results.

I have an employee that is a brand-new hire/is brand new to the union. Can I do anything to expedite them receiving their cards and checks?

In order for us to issue payments for any employee, we need their full Social Security Number ("SSN") and their

physical mailing address – you can send this information to the Drug Free Workplace Representative via email at **dfwp@benesys.com**, via phone at 503-224-0048 ext. 1684 or via fax at 503-228-0149 to assure that your employee gets their payment as soon as possible.

I have a new employee and I need to receive proof of their test once you get results. How do I request that?

Contact the Drug Free Workplace Representative via email at **dfwp@benesys.com**, via phone at 503-224-0048 ext. 1684 or via fax at 503-228-0149 with the member's name, last 4 of their SSN and their DOB and we will forward you final verification of the results once they are received.

How do I obtain my employees' testing history to confirm a negative test and that they are in compliance with the Program?

Please contact the Drug Free Workplace Representative at **dfwp@benesys.com** or 503-224-0048 ext. 1684.

I've been set up on the Employer Portal, what all can I see on there?

The Employer Portal is equipped to allow you to review random notifications only.

I have several employees that have been terminated and I need to make sure they're removed from our personnel roster. What can I do?

Send a list with each terminated employees' first and last name, the last 4 of their SSN# and their termination date to the Drug Free Workplace Representative via email at **dfwp@benesys.com**, or via fax at 503-228-0149 to have all terminated employees removed from your personnel listing.

As the owner of a company and not an employee, am I required to test?

Under the Harrison Electrical Workers Drug Free Workplace Program, all employees including non-bargaining employees, are subject to the same level of testing as bargaining employees.

We've hired new non-bargaining employees that will not have Health & Welfare Hours reported. How do I make sure they're added to our testing pool?

Send the non-bargaining employees' First and Last Name, their Full SSN#, their DOB and their physical mailing address to the Drug Free Workplace Representative via email at **dfwp@benesys.com** or via fax at 503-228-0149 and we will update non-bargaining personnel lists accordingly. If sending this information via email, be SURE to send in an encrypted or other secure manner.

Our primary contact for the Drug Free Workplace has changed. How do I update that with the Drug Free Workplace?

You can obtain a Form to Designate Representatives off our website: **www.harrisonbenefits.org**. Hover over the "Doc" tab and select "Drug Free Workplace" to locate all related forms. You can also contact the Drug Free Workplace Representative via email at **dfwp@benesys.com** or via phone at 503-224-0048 ext. 1684 to request this form be sent to you. Complete the designation form and return it to our office for processing.

Who Should I Contact?

To get a collection site added?

Call BeneSys. Provide the name of the site, contact person at the site, and their phone numbers. 503-224-0048 ext. 1684.

To report collection site problem?

Complete the quality assurance form. Email it to **dfwp@benesys.com** or fax to 503-228-0149 Attn: DFWP.

To order more Policy books?

Call or email BeneSys.

To find out if an employee has a current card?

Call BeneSys.

To get a test result immediately (within 24 hours)?

Call BeneSys.

To report a refusal to test?

Call BeneSys.

To report a problem with anything?

Call or email BeneSys.

For DOT testing?

Call Worksafe Service: 503-391-9363 or 888-391-9363 (toll-free).

NECA IBEW

LEADING THE ELECTRICAL INDUSTRY

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