

**TABLE OF CONTENTS**  
**UPDATED AUGUST 1, 2016**

**GENERAL**

Historical review of the Program ..... 1  
 Introductory Letter ..... 2  
 List of Participating NECA Chapters, IBEW Local Unions & Providers ..... 4

**POLICY** ..... 5

**ADMINISTRATIVE RULES** ..... 15

**EMPLOYER ITEMS**

Fax Cover ..... 21  
 Drug-Free Policy Receipt ..... 22  
 Guidelines for reasonable suspicion TesTinG ..... 23  
 Reasonable Suspicion Evaluation Form ..... 24  
 Do's and Don'ts for Dealing with Suspected Substance Abuse..... 25  
 Form to Designate Representatives..... 26  
 Certificate of Compliance ..... 27  
 Noncompliance Letter ..... 28  
 IBEW Last Chance Agreement ..... 29

**FORM LETTERS**

1<sup>st</sup> Time Dilute Employer Letter ..... 30  
 1<sup>st</sup> Time Dilute Employee Letter ..... 31  
 2<sup>nd</sup> Time Dilute Letter ..... 32  
 1<sup>st</sup> & 2<sup>nd</sup> Positive Employer Letter ..... 33  
 1<sup>st</sup> & 2<sup>nd</sup> Positive Employee Letter..... 34  
 3<sup>rd</sup> Positive Employer Letter ..... 35  
 3<sup>rd</sup> Positive Employee Letter ..... 36  
 4<sup>th</sup> Positive Employer Letter ..... 37  
 4<sup>th</sup> Positive Employee Letter..... 38  
 5<sup>th</sup> Positive Employer Letter ..... 39  
 5<sup>th</sup> Positive Employee Letter..... 40  
 Prescription Form for Drug-Free Workplace Testing Program ..... 41  
 Authorization For Release of Protected Health Information..... 42  
 Initial Assessment Return to Work Release ..... 44



## 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 since its inception has tested over 60,000 individuals who work in the above mentioned locals. These individuals include all bargaining as well as non- bargaining employees of participating employers. We are proud to report a positive rate of .7% which is far below the national average of 7%.

The Program had a contract with Serenity Lane to evaluate individuals who tested positive and to arrange the proper treatment. Effective January 1, 1998 the Program retained Providence Employee Assistance Program (EAP) to coordinate all evaluations and treatment programs. Of those individuals who enter treatment programs, 78% successfully complete the program and return to work in the participating locals. Effective March 1, 2005 the Program retained an additional EAP for the Puget Sound region.

The Program has also retained the services of Dr. Kirby Griffin, M.D., Medical Review Officer, (MRO) effective January 1, 1998. Dr. Griffin will review all positive test results.

Since the inception of the Program, Legacy Laboratory Services has provided the testing of all the specimens. Legacy 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 three circumstances:

1. Pre-employment
2. Systematic random computer selected testing
3. Testing for cause (including post-accident)

The systematic computer selected testing process will work in this way. A&I Benefit Plan Administrators, which has been selected to administer this Program, will fax a list of employees to you selected on a random basis. You will then need to inform these employees that they must report for testing within 24 hours.

Upon satisfactory completion of the 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 as well as a \$50 health maintenance check (unless test time is treated as time worked).

To prove that the employee has completed the test, he/she must give you a copy of the yellow or pink receipt which he/she 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 A&I Benefit Plan Administrators. If an employee tests positive, you will be informed in writing.

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

*Introductory Letter*  
*Page 2*

Please provide all employees, bargaining and non-bargaining, with a copy of the Policy and Administrative Rules. Copies can be obtained by contacting the Program Administrator. 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 contact Dr. Kirby Griffin, M.D., 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 his/her 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. The employer has the right to test any employee if his or her card is over six months old.

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.

The Program is now capable of providing to employers, at their request, a report indicating how many individuals have tested and tested positive for a given period of time.

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**

10700 Meridian Ave N, Ste 401  
Seattle, 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**

#### **Legacy Laboratory Services**

1225 NE 2nd Ave  
Portland, OR 97232  
503-413-5295 - phone  
503-413-4621 - fax

#### **Cascade Centers Inc. Employee Assistance Plan**

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

#### **A&I Benefit Plan Administrators**

1220 SW Morrison Ste 300  
Portland, OR 97232  
503-224-0048 - phone  
800-547-4457  
503-228-0149 - fax

#### **Dr. Kirby Griffin, MD (Medical Review Officer)**

Portland, OR 97223  
503-977-3225 - phone  
877-977-3225  
503-244-6790 - fax

#### **Lyle & Associates**

20102 Cedar Valley Rd, Ste 203  
Lynnwood, WA 98036  
206-522-5378 - phone  
800-539-1895  
206-527-3375 - fax

## POLICY

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.

## POLICY

- 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. However, marijuana and its active ingredient THC are illegal drugs under federal law and, in addition, their use presents serious safety risks, and accordingly they are included in this definition as a prohibited drug notwithstanding any use that might be otherwise permissible under Oregon, Washington or Idaho law.
- 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.

## POLICY

- 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 current and valid identification card (that is, a valid card that is not more than one year old). The Company may, at its option, also require a test if the identification card is more than six months old. 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 A&I Benefit Plan Administrators and is in addition to other types of testing identified in this Policy. All employees shall be systematically tested up to two times per calendar year and will be given an approved identification card and, if they were tested at a time other than paid work time, shall receive a \$50 health maintenance benefit check, provided their test results are negative. If a participant’s name is drawn while he/she is unemployed, on vacation, or working out of the jurisdiction, he/she 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 \$50 check. Employees who lose or mislay their \$50 health maintenance benefit check will be provided a replacement check provided they make a request within six months of issuance.

## POLICY

- 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
- ci. 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
- cii. 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.)
- ciii. 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 \$50 health maintenance benefit check. However, time spent testing will be treated as time worked.

## POLICY

- 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, and in any event at a minimum frequency of four times per year for two years, 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 sample, 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 sample 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.

## POLICY

**Adulterated samples.** 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, regularly to consume large amounts of fluid, 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, dilution, an invalid or adulteration, the employee shall immediately be suspended from work and ineligible for dispatch for a period of two weeks. 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, he/ she shall be suspended and ineligible for dispatch for an additional week as a penalty for the refusal to submit to the 24-hour test. Thereafter, every 24 hour delay (or substantial portion thereof) in submitting to a test shall result in an additional penalty of a one week suspension from work or dispatch.
- 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 complete any recommended rehabilitation or education program following the EAP's recommendation.

## POLICY

- 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 his/her 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 his/her 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. In addition, the employee will be placed in the accelerated testing program for one year following his/her return to work. The employee shall be terminated from employment and, *if the dispatch procedure provides, is ineligible for dispatch until he/she has satisfactorily completed the assigned treatment or other program*. 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 deemed permanently out of compliance with the Electrical Industry Drug Free Workplace Program and shall have no further right to petition for eligibility.

## POLICY

- 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 his/her first year of probationary status who has a positive test, shall be terminated and is not eligible for rehire until he/she has completed a recommended rehabilitation or education program prescribed by the Program's Employee Assistance Program, at his/her own expense. He/she 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, tool boxes, 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 he/she has 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 (except those in the Puget Sound and Inland Empire jurisdiction) can obtain assistance by calling in the Portland area 503-639-3009, or outside of the Portland area at 800-433-2320. Covered employees in the Puget Sound and Inland Empire jurisdiction can contact the Administrator's office for referral to the appropriate Employee Assistance Program.
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.
9. As outlined herein, a first or second positive result shall not be the sole basis for termination.

## POLICY

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. 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.
  12. When an employee (other than a probationary first year employee) has been terminated as a result of the Policy, his/her 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.
  13. 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.
  14. 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.
  15. 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 his/her local union.



## POLICY

- b. If the employee has been determined to be in non-compliance, or has been terminated from a job, he/she 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, he/she may appeal to the Hiring Hall Appeals Committee.
16. 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.
17. 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

- Administration:** Participating NECA Chapters of the National Electrical Contractors Association  
Participating IBEW Local Unions of the International Brotherhood of Electrical Workers  
**MRO:** Parragon Medical Review Officer  
**EAP:** Cascade Centers Inc. for Local 48, 659, 280, 73, 112, and 932  
**Lyle & Associates** for Local 46  
**Administrator:** A&I Benefit Plan Administrators
- 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).
- 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.
- 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 and systematic computer generated basis, and drug and alcohol testing for reasonable suspicion, post-accident and follow up.
- Systematic computer generated testing:** The computer drug testing selection procedure shall be administered by A&I Benefit Plan Administrators. All employees shall be systematically tested up to two times per calendar year. After testing, and provided the results are negative, the employee shall be issued a drug-free identification card and a \$50 health maintenance benefit check (unless testing time is treated as work time by the employer).

The employer shall provide employees reasonable notice, within eight hours of receiving notice from the Administrator, that they have been selected to be tested and the date by which the test is to be completed. 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 he/she is unemployed, on vacation, or working out of the jurisdiction, he/she 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 or if the verification card is more than one year old. The employer has the right to request an employee to retest if the card is more than six months old but less than one year old. An employer has the option to withdraw a conditional offer of employment to an applicant who has tested positive.

Following the test, the employee will return to 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 \$50 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.

## ADMINISTRATIVE RULES

6. **Sample Collection:** Urine samples will be separated into two containers at the time the sample is collected. One portion of the original urine sample shall be kept secure and chemically stable and made available for verification of laboratory testing results. 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 24 hours of providing the specimen. Failure to do so shall constitute a waiver of any challenge to the collection procedures.
7. **Testing Protocol:** Testing will be carried out as follows: Testing will be done by Legacy Laboratory Services/Metrolab, which is a SAMHSA Certified facility.

The initial screening will be done through Enzyme Multiplied Immunoassay Technique (EMIT), 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 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	Screen Cut-off	Confirmation Cut-off
Amphetamines	500 ng/mL	250 ng/mL
Benzodiazepines	200 ng/mL	200 ng/mL
Cocaine	150 ng/mL	100 ng/mL
Marijuana (THC)	50 ng/mL	15 ng/mL
Methadone	300 ng/mL	200 ng/mL
Opiates		
• Codeine/Morphine	300 ng/mL	2,000 ng/mL
• Hydrocodone, Hydromorphone, Oxycodone	300 ng/mL	150 ng/mL
Acetylmorphine (Heroin)	10 ng/mL	10 ng/mL
Oxycodone	100 ng/mL	50 ng/mL

An alcohol test for post-accident or for cause will be done by breathalyzer testing and will be a reported positive at a concentration of .04 or higher.

A positive drug test result shall mean test levels, on both the screening 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.

## ADMINISTRATIVE RULES

8. **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:
- 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
  - 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:

- Not able to verify a prescription; or
- The Employee has not contacted the MRO within 24 hours of being notified of a Non-negative Result, or
- 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.

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 his/her employer of a positive test result is not eligible to return to work until the employee has submitted to his/her 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.

## ADMINISTRATIVE RULES

**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.

9. **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.
10. **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.
11. **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 work day, 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.
12. **Retesting:** Any employee testing positive shall have the right to have the secured portion of his/her urine sample independently examined by a laboratory of his/her choice at his/her expense. The laboratory selected shall meet the same certification as required under this Policy. Any request for the other portion of the sample 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.
13. **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/A&I Benefit Plan Administrators representatives. Upon request, the testing facility and/or A&I Benefit Plan Administrators shall make available to employees and applicants the laboratory reports concerning his/her test results. The employer will be responsible to keep a locked file cabinet with results and information from A&I Benefit Plan Administrators. The designated representatives shall be the only persons designated by the employer to be responsible for receiving information from A&I Benefit Plan Administrators, 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.

## ADMINISTRATIVE RULES

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.

14. **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 he/she 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, he/she 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, he/she shall be deemed permanently out of compliance and shall have no further right to petition for eligibility.

15. **Completion of Rehabilitation:** 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.
16. **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 himself/herself of training or education opportunities shall not be a defense to disciplinary actions.



## ADMINISTRATIVE RULES

17. **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 03/2011*



**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.

<b>To:</b>	<b>From:</b>	The Drug-Free Client Services Representative
<b>Fax Number:</b>	<b>Company:</b>	A&I Benefit Plan Administrators 1220 SW Morrison, Suite 300 Portland OR 97205-2222
<b>Date:</b>	<b>For Info Call:</b>	503-224-0048
<b>Time:</b>	<b>Fax Number:</b>	503-228-0149
<b>Subject:</b> Drug Testing Employee Selections		

The attached employees have been selected for drug testing. You must notify these employees within eight hours of receipt of this fax that they have been selected. Once you notify each employee he/she will have 24 hours to complete his/her 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.

For your convenience, we have attached a list of testing facilities located in your general area. Please make a copy for each employee so he/she can select the site most convenient for him/her.

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

### 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

## 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, not 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, he/she may be required to test.
  10. If, after the interview, you believe a test is warranted, inform the individual he/she is 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 A&I Benefit Plan Administrators 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 his/her 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
  - Runny nose
  - Watery eyes
  - Blank stare
  - Vomiting
  - Trembling or shaking hands
  - Flushed or red complexion
  - Problems-stagger, stumble, trip, sway
  - Dilated or constricted pupils
  - Perspiring
- What is heard:**
  - Coughing
  - Rapid speech
  - Slurred speech
  - Sniffing
  - Exaggerated pronunciation
  - Voice volume too loud or too soft
  - Abusive language-record statements
  - Meaning of phrases not understandable
- What is smelled:**
  - Alcohol like odor or breath
  - Other (please describe) \_\_\_\_\_
  - Burnt rope odor on clothes or breath

**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: _____

## DO'S 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 A&I Benefit Plan Administrators in regards 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 in the envelope provided or fax back to  
503-228-0149, attention: Drug-Free Client Services**



## 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 he/she may contact the Employee Assistance Program at \_\_\_\_\_ too discuss their treatment options. He/she 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 programs 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 \_\_\_\_\_



## 1<sup>ST</sup> 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 he/she has 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 two-week 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

## 1<sup>ST</sup> 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 a two-week 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.



## 2<sup>ND</sup> 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 sample has also come back invalid due to specific gravity, which means the sample was too diluted; and the lab cannot test it. Per the Policy, please inform your employee that they will be required to contact Dr. Kirby Griffin, M.D., 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 for two weeks. In addition, where local dispatch rules allow, he/she is ineligible for dispatch during the suspension time.

**Your employee is also required to provide a valid specimen within 24 hours of this notice.** Every 24-hour delay in submitting to a test shall result in an additional penalty of a one-week suspension from work or dispatch. Your employee must be in compliance with the Program and have served the disciplinary penalty before he/she 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



### 1<sup>ST</sup> & 2<sup>ND</sup> 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 his/her test was positive and make sure the notification is given to the employee in privacy at a reasonable break in the work day, 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 he/she is expected to contact Dr. Kirby Griffin, MD., 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 he/she has contacted the MRO, he/she will need to contact \_\_\_\_\_ Employee Assistance Program to schedule an evaluation, also by date given here at \_\_\_\_\_. **He/she will be able to return to work once he/she has written approval from the evaluator.** Once you inform your employee that he/she has tested positive, he/she should not be allowed to continue working until he/she has seen the evaluator and has been released to work. The employee will need to give a copy of his/her release to work to you.

Also, please inform your employee he/she has the right to have the urine sample independently examined by an approved laboratory of his/her choice, at his/her 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 his/her 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



## 1<sup>ST</sup> & 2<sup>ND</sup> POSITIVE EMPLOYEE LETTER

*This is to inform \_\_\_\_\_, an employee of \_\_\_\_\_ that he/she has tested positive under the ELECTRICAL INDUSTRY DRUG-FREE WORKPLACE PROGRAM.*

*This is to further inform \_\_\_\_\_ what steps or action he/she is required to take at this time.*

You are required to contact Dr. Kirby Griffin, M.D., 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 he/she determines 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 sample 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 Legacy 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



### 3<sup>RD</sup> 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 work day, 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 he/she is expected to contact Dr. Kirby Griffin, M.D., 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 he/she has tested positive, he/she should not be allowed to continue working until he/she has 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 his/her release to work to you.

Also, please inform your employee that he/she has the right to have the urine sample independently examined by an approved laboratory of his/her choice, at his/her 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 his/her 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



### 3<sup>RD</sup> POSITIVE EMPLOYEE LETTER

This is to inform \_\_\_\_\_, an employee of \_\_\_\_\_, that he/she has 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 he/she is required to take at this time. You are required to contact Dr. Kirby Griffin, M.D., 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, 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 he/she determines 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 sample 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 Legacy 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.



### 4<sup>TH</sup> 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 he/she has successfully completed an approved rehabilitation program. Your employee can enroll in a treatment program by contacting \_\_\_\_\_ 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



## 4<sup>TH</sup> POSITIVE EMPLOYEE LETTER

Date

This is to inform \_\_\_\_\_, an employee of \_\_\_\_\_, that he/she has 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



## 5<sup>TH</sup> POSITIVE EMPLOYER LETTER

Date

Employer

Attn: Designated Rep

Address

Address

Re: Employee's Name

Dear Designated Representative:

This letter is to inform you that \_\_\_\_\_, 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, he/she is no longer eligible to work for or be dispatched to any participating employer.

He/She may petition the Labor-Management Committee to restore eligibility after twenty-four months. If your employee needs information on that process he/she may contact me directly.

Please inform your employee that they are expected to contact Dr. Kirby Griffin, M.D. 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



## 5<sup>TH</sup> POSITIVE EMPLOYEE LETTER

Date

This is to inform \_\_\_\_\_, an employee of \_\_\_\_\_, that he/she has 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 twenty-four 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 sample 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 Legacy 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.

<b>Mail:</b> Client Services Drug-Free Workplace Program 1220 SW Morrison, Suite 300 Portland, OR 97205	<b>Fax:</b> 503-228-0149 Attn: Drug-Free Workplace
---	--

**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  
1220 SW Morrison St., Suite 300  
Portland, OR 97205

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

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. A&I Benefit Plan Administrators, Harrison Electrical Workers Drug-Free Workplace Program, phone: 800-547-4457 or fax: 503-228-0149
3. Paragon MRO and A&I Benefit Plan Administrators 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 A&I Benefit Plan Administrators at 1220 SW Morrison Street, Suite 300, Portland, OR 97205, 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 his/her 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 A&I Benefit Plan Administrators, 1220 SW Morrison, Suite 300, Portland, OR 97205. If you have any questions please contact this representative at 503-224-0048 ext 1684.