



Drug-Free Partnership

UNIONIZED ELECTRICAL INDUSTRY DRUG-FREE PARTNERSHIP

**The Unionized Electrical Industry
Labor and Management Partnership to address the
problems caused by drug and alcohol abuse in the workplace.**

Participants

**Los Angeles County Chapter NECA
IBEW Local 11**

Effective July 1, 2019

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INTRODUCTORY LETTER

To All Participating Employers, Contractor Employees in safety-sensitive positions with access to worksites and Union Members: Drug and alcohol abuse in the workplace costs companies over 100 billion dollars per year. Statistics show that nationwide almost 10% of employees use drugs in the workplace. Drug testing in the workplace is not only cost-effective; it is a successful deterrent to the harmful and sometimes tragic impact of substance abuse.

In March of 2007, the Los Angeles County Chapter of the National Electrical Contractors Association (LA NECA) and IBEW Local 11, formed the Unionized Electrical Industry Drug-Free Partnership.

This partnership has developed the Program in this booklet and agreed to engage the services of ScreenSafe, Inc. to administer the Program. The Program will include a 50% pool for annual testing and also a 10% ongoing pool. This means that all working participants will be tested randomly at least once every two years, and it is possible to be selected at any time from the 10% pool. **The Program became effective on August 1, 2007**

The Unionized Electrical Industry Partnership also formed the Drug-Free Reciprocal Coalition Agreement with IBEW Locals 40 and 952. This is to eliminate the redundant testing of members that travel to other jurisdictions that are part of the Program. If the member is compliant in their home local the member will be compliant in all locals that are participating. At this time the aforementioned NECA Chapters and IBEW Locals are involved with hopes that eventually every NECA Chapter and IBEW Local, with the appropriate random drug testing program, will be participating.

The Program applies to all employers and employees and/or prospective employees represented by the Unionized Electrical Industry Drug-Free Partnership. The Program will include all maintenance, sales, clerical, management, owners and part-time employees working 20 or more hours a week in safety-sensitive positions as well as applicants for any such position in accordance with state law.

The Program calls for substance abuse testing in three circumstances:

1. Systematic computer selected testing
2. Testing for cause, (including post-accident per OSHA requirements)
3. Accelerated testing

In order to guarantee confidentiality, every participating employer is asked to select two Designated Representatives to handle all Program business. Local Unions have Designated Representatives as well for people on Referral. Only these Designated Representatives will be informed about any matters concerning testing.

The systematic computer selection testing process works this way. ScreenSafe, Inc., the plan Administrator that has been selected to administer the Program, faxes/emails a list of employees that have been selected on a random basis to the Designated Representative. The Designated Representative is asked to inform these participants that they must report for testing by the end of the day. Participants will receive an agreed-upon stipend for their time. It will be paid for through the Southern California I.B.E.W.-N.E.C.A. Labor-Management Cooperation Committee (LMCC).

To prove a test was taken, at the time of the testing, the collection site can give the participant a receipt or a chain of custody form to bring back to the Designated Representative either at the workplace or at Referral. The participant is not contacted if the results are negative.

If the test is positive, the Medical Review Officer (MRO), who is contracted by ScreenSafe, Inc, will contact the participant to determine a reason for the positive test. If the final result is positive, the MRO will instruct the participant to contact ScreenSafe, Inc. The MRO will also contact ScreenSafe, Inc. and let the Administrator know the results. ScreenSafe, Inc. will give the participant the phone number for the Employee Assistance Program (EAP) or the Member Assistance Program (MAP) so that an evaluation can be scheduled. ScreenSafe, Inc. also calls the Designated Representative to inform him/her that the participant is unavailable. The participant is removed from work or referral lists until the evaluation by EAP/MAP is completed. Once given notice of a Return to Work release, ScreenSafe, Inc. will let the participant, as well as the Designated Representative, know of the permission to return to work or referral lists.

The Program is designed so that those who test positive for substance abuse will get the help they need. **We consider it a help and educate program not a catch and fire program.** As long as the participant complies with the Program there will be no disciplinary action. If, however, the participant does not comply, disciplinary action, as called for under the Program will be invoked. This action may include termination.

The Program book has been sent to all participants registered with the Program. If more copies are needed, they can be obtained through ScreenSafe, Inc., LA NECA or at Union offices.

We hope this packet of information will help you understand the workings of the Program and the Program procedures. Please read the contents of this packet thoroughly to ensure that you understand the Program completely. If you have any questions, please contact the Program Administrator, ScreenSafe Inc. at (877) 727-3369.

Statement of Purpose

Labor and Management representatives of the Unionized Electrical Industry have formed a partnership to address the problems caused by drug and alcohol abuse. Management and Labor have created the Unionized Electrical Industry Drug-Free Partnership (hereafter "Program") to establish and monitor programs designed to address drug and alcohol abuse problems in the Unionized Electrical Industry. ScreenSafe, Inc. will administer the Program. It is the Programs purpose to provide a vehicle to help establish and maintain a workplace free of the destructive effects caused by the use of drugs and alcohol. The Program activities are not intended to interfere with normal practices of the Union or the Employer. The Program recognizes its responsibility to communicate with and educate participants about the harmful effects of drugs and alcohol in our society and workplace. The Program also recognizes the need to facilitate access to programs of assistance to those persons for whom drugs or alcohol may be causing problems. Finally, while not wishing to violate the rights or invade the privacy of any participant, the Program will detect those participants who are unable or unwilling to conform to the established Program. Participants who are at-will employees of employers associated with the Program will be subject to internal company disciplinary policies.

The Program shall take reasonable measures to safeguard the privacy of participants in the Program, including maintaining the confidentiality of participants who come forward to discuss alcohol or drug abuse affecting them. **Anyone who voluntarily seeks assistance or rehabilitation for alcohol or drug-related problems before being asked to submit to a test shall be granted amnesty. However, seeking assistance is not a defense to discipline for violations of the Program.**

The Program

INTRODUCTION

Persons who use illegal drugs or abuse alcohol or other controlled substances, on or off their jobs, are likely to be less productive, less reliable, absent more frequently and have other work-related problems that can cause increased costs, delays, accidents, injuries, and may damage the health, safety, and well-being of other workers on the job.

The construction industry can control and reduce this problem by taking several specific steps:

- Recognition of the problem;
- Development of a comprehensive program;
- Implementation of a program of education and information;
- Promotion of an assistance program;

- Implementation of fair and respectful drug testing that conforms to federal drug-testing program guidelines;
- Efforts to control and reduce the negative consequences of drug use and alcohol misuse, in the Unionized Electrical Industry, will be done with the utmost confidentiality and respect for the participant.

In order to enhance substance abuse awareness among all those involved, educational seminars and training programs will be offered. The educational seminars will be directed toward the education of all participants about the seriousness of the problem of drug and alcohol abuse in this country and how the use of drugs and alcohol negatively impacts safety, productivity, home life and the competitive ability of the American workforce.

Participants who may serve in supervisory positions will receive specific training intended to assist them in identifying problem situations and/or warning signs of impairment. In addition, these training sessions will clarify their responsibility to document, intervene and follow up with a troubled participant. The training sessions will provide specific guidance on how to comply with the Management responsibilities associated with all aspects of the drug-testing portion of the Program. These sessions will be offered on a scheduled and as-needed basis to meet the training requirements of all employers.

The Program encourages all participants, their spouses or dependents, troubled by drug or alcohol abuse, to seek professional care and treatment. Early recognition and treatment of alcohol and drug abuse provide the greatest opportunity for a successful recovery. Participants will be referred to the Employee Assistance

Program (EAP) or Member Assistance Program (MAP) as a result of a non-compliant test. The content of the discussion with the EAP/MAP will be protected and confidential. A participant who seeks the services of the EAP/MAP on his/her own will not have his/her use of the Program brought to the attention of the Program or any of its subscribing organizations or participants. Participants who use the EAP/MAP as a consequence of a non-compliant test will be subject to the conditions established in the testing portion of the Program.

The EAP/MAP provides confidential assistance to participants, spouses and their dependents that are experiencing substance abuse or an alcohol-related problem in their own life. The EAP/MAP staff has knowledge of the level and types of benefits available to the Program participants. Participants can access the services of the EAP/MAP through a hotline that is staffed twenty-four (24) hours a day, seven (7) days a week, throughout the entire year. Participants calling the EAP/MAP hotline are put in touch with a counselor who will initially conduct a professional assessment by phone. The counselor may meet with them to further assess the nature of the problem in order to provide the best and most

appropriate level of care. Certified and credentialed human service professionals who are sensitive to the needs of the participant staff the EAP/MAP. Participants who take the initiative to contact the EAP/MAP for assistance do so with the assurance that their calls will be treated respectfully and confidentially.

The Program shall amend and interpret the Program as it deems necessary.

PROHIBITIONS AND REQUIREMENTS

Participants 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 employer property (including employer vehicles) is prohibited.
 - a) The term “use” means consuming, possessing, selling, transferring, concealing, distributing or arranging to buy or sell, being under the influence of, or reporting for duty under the influence of alcohol or drugs as set forth in the Program, or having illegal drugs in one’s possession. The possession of alcohol in the participant’s personal vehicle, in and of itself, shall not be a violation of the Program.
 - b) The term “alcohol” means any form of alcohol, including ethanol. The term “drug” means any intoxicating substance, narcotic plant or similar substance identified under the Controlled Substances Act or similar federal or state law. The term “drugs” includes prescribed medications not used in accordance with a valid medical prescription.
 - c) Notwithstanding any other provision in the Program, the use of prescription medications in accordance with a lawful prescription and the use of over-the-counter medications are not violations of the Program. However, marijuana and its active ingredient THC are illegal under federal law and accordingly are included in this definition of a drug, notwithstanding any use that might be permissible under California law.
 - d) The term “working hours” means all the time in which employees are engaged in work duties or subject to the control of the company including scheduled breaks and travel to work or from one workplace to another. Social events attended are not covered under the Program.
 - e) The term “employer property” means all facilities, job sites, vehicles and equipment that are owned, leased, operated or utilized by the employer 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

employer facility if the employee is present on such property for a work-related purpose.

- f) Participants who have drugs or alcohol in their system at or above the cutoff values specified in the Administrative Rules are deemed under the influence.
- g) The term “accelerated testing” means any follow-up testing required by the EAP/ MAP counselor.

- 2. In order to enforce the Program, participants shall be required to submit to drug and/or alcohol testing in accordance with the Program. Except as otherwise provided in the Program, no participant will be tested for alcohol unless there exists a reasonable suspicion that the person is under the influence of alcohol, or the participant is involved in an OSHA recordable on-the-job accident. Testing for these two reasons will only be done by evidential breath testing device (breathalyzer) except that if a breathalyzer cannot be given due to physical incapacitation a blood test may be substituted.
- 3. Any participant who is convicted of a drug or alcohol crime occurring in the workplace or while on employer assignment and who is employed by a Program affiliated employer must report this information to the designated representative no later than five (5) days after such conviction. Failure to do so shall be deemed a violation of the Program.
- 4. Participants subject to the Program continue to have access to the usual protections covered by collective bargaining agreements. If a participant is aggrieved by any action taken under the Program and his/her complaint cannot be resolved by the Program, the complaint may if the participant or Union requests be referred as a grievance under the grievance and arbitration provisions of the participant’s collective bargaining agreement. In the event the matter is referred to arbitration, the provisions of the Program shall bind the arbitrator substantively.

TESTING

All participants of the Program will be tested at least once, but not limited to one occasion, during each 24-month period. Testing will be done through a randomized computer selection program.

Testing will take place on a regular basis as determined by the Program. Participants selected for random testing will be instructed to report to a participating collection site by the end of the business day after work hours. The participant will be paid the agreed stipend from the Program for testing on their own time. If the participant is currently registered as unemployed, he/she will receive the agreed stipend from the Program. The employer may provide the participant with the names of collection site locations, or the participant may search for a location on the ScreenSafe website, or use the online registration website

provided in Attachment I & II. The participant will receive a chain-of-custody form and authorization to test at the collection site. Whenever a participant is directed to submit to a test, the participant should contact the collection site to verify the site's hours of operation. Copies of the form letters notifying participants of his/her selection for a random test appear as ATTACHMENTS I, II & III in this booklet. (The designated representative must fax/email Attachment II "Participant to Test Notification" back to the Administrator at ScreenSafe, Inc.).

Participants may also be tested if there is "reasonable suspicion" that a participant's work performance or on-the-job behavior is affected in any way by drugs or alcohol. (See ATTACHMENTS XVIII, XIX, XX, XXI.)

To implement an appropriate program, the Program has adopted six (6) safeguards that reflect the standards established by the U.S. Department of Health and Human Services (DHHS) and the National Institute of Drug Abuse (NIDA). These safeguards are as follows:

1. The integrity of collected urine specimens will be ensured by the utilization of one collection procedure at all sites. Samples will be collected in accordance with federal standards that provide for a continuous chain of custody and which recognize privacy concerns regarding the participants being tested.
2. Carefully selected accredited labs, that have also obtained and retained DHHS certification, will conduct the testing.
3. All drug tests that screen positive will be confirmed by gas chromatography/mass spectrometry (GC/MS).
4. A Medical Review Officer (MRO) will review all drug test positives prior to the verification of positive test results. The MRO is a physician with specialized training and expertise in substance abuse and drug testing. The MRO will review presumptive positive test results to ensure that proper procedure, protocol, and reporting is done. The MRO will attempt to interview the person with a presumptive positive test result by telephone to assess whether any legitimate explanation exists for the presumptive positive drug test. The MRO will make at least two documented attempts to telephone participants with presumptive positive drug test results to notify them of those results. The MRO will also notify participants that they have three working days from the date they are notified of their results to make and support any explanations or rebuttal they have for such results and that they have five working days from the date they are so notified to request and make satisfactory arrangements to pay for a retest, as outlined in #5 below. If the MRO is unable to contact a participant with presumptive positive test results after at least two documented attempts over a 24-hour period, the MRO will notify the Administrator of ScreenSafe, Inc. that the participant has an administrative

positive. If, after the interview, no legitimate explanation exists for the administrative positive drug test, the MRO will inform the Administrator of ScreenSafe, Inc. that the participant has a positive test.

5. Urine samples will be separated into two containers at the time the sample is collected. One portion of the original urine sample shall be kept secure and chemically stable and made available for verification of laboratory testing results. Diluted, adulterated or substitute specimens will be considered invalid. The Program uses the U.S. Department of Health and Human Services guidelines to determine when specimens are adulterated, diluted or substituted. Participants submitting such specimens will be required to immediately submit to another test and shall be removed from active duty and not eligible for referral or rehire until the participant is evaluated by the EAP/MAP and has complied with the specified treatment or education program. All drug test positive samples will be retained at the testing laboratory for one year. The retained urine samples will be available during this time should the results of that test be disputed or should arbitration or litigation arise out of the actions taken because of the test results.
6. Employees who have confirmed medical conditions that do not permit them to provide a valid urine specimen (for example, employees on diuretics, employees required due to medication or other conditions regularly to consume large amounts of fluids, employees undergoing dialysis) will be permitted to satisfy the testing requirements through alternative means of testing such as blood, hair or saliva testing. These arrangements will require medical documentation and will be considered on a case-by-case basis by the Administrator of ScreenSafe, Inc. Participants whose medical condition requires alternative testing procedures must contact the Administrator of the Program upon learning of the medical condition so that the request for alternative procedures may be evaluated in advance of any notification to be tested.

As a further protection to the six (6) listed safeguards and the representation described above, the Program reserves the right to contract the services of a toxicologist or other appropriate independent professional to audit the collection facilities and the drug-testing laboratory as deemed necessary. The purpose of this audit shall be to ensure that guidelines developed to protect the participant's rights, the interest of the Program, and all those affiliated with the Program are rigorously adhered to and to ensure that those procedures used to conduct drug testing continue to meet or exceed the standards of performance established by federal guidelines.

CONSEQUENCES

1. Participants who test positive or are deemed non-compliant shall be required to comply with the following:

- a) Upon a first non-compliant incident, the participant will be referred to the EAP/MAP for an evaluation. **The participant must initiate and comply with recommendations for education or treatment as established by the EAP/MAP.** All levels of care will include accelerated testing (See attachments IV & V) and require a return to work release to be eligible for employment/referral. Participants will be eligible to return to work prior to program completion unless the participant's condition requires a more intensive level of care. If a more intensive level of care is required the participant may not be eligible to return to work until the completion of the treatment program. The EAP/MAP will evaluate the participant's progress and may return the participant to work when the participant is deemed to be able to work safely. All participants referred for education and/or treatment must remain compliant with the specified education and/or treatment until the completion of the program. If a participant is non-compliant, ScreenSafe will be notified and the participant will be removed from service. If the participant chooses not to sign a release authorizing the EAP/MAP to communicate with ScreenSafe, Inc., utilize the EAP/MAP or follow the EAP/MAPs specified treatment or education program, he/she will be required to wait for thirty (30) days from the date of initial contact with the MRO before being allowed to test again. During this thirty (30) day waiting period, the participant cannot be worked by the contractor and is ineligible for referral until a negative specimen is provided.
- b) Upon a second non-compliant incident within a two-year period from the preceding (first) non-compliance, the participant will be referred to the EAP/MAP for an evaluation. **The participant will be suspended from employment/referral for 30 days and must complete the specified treatment or education program and obtain a return to work release to be eligible for employment/referral.** The participant will be required to sign a "1st Letter of Understanding". In addition, the participant will be placed in the accelerated testing program for one year following his/her return to work. (See ATTACHMENTS VI, VII & XIII).
- c) Upon a third non-compliant incident within a two-year period from the preceding (second) non-compliance, the participant will be referred to the EAP/MAP for an evaluation. **The participant will be terminated from employment and suspended from employment/referral for 180 days. The participant must complete the specified treatment or education program and obtain a return to work release to be eligible for employment/referral.** The participant will be required to sign a "2nd Letter of Understanding". (See ATTACHMENTS VIII, IX & XIV).
- d) Upon a fourth non-compliant incident as well as all subsequent non-compliant incidents within a two-year period from the preceding (third) non-compliance the participant will be referred to the EAP/MAP for an evaluation. **The participant**

will be terminated from employment and suspended from employment/referral for 1 year. The participant must complete the specified treatment or education program and obtain a return to work release to be eligible for employment/referral. The participant will be required to sign a “3rd Letter of Understanding”. (See ATTACHMENTS X, XI & XV).

- e) The two-year period described (in a through e) above is a rolling two-year period, which commences on the date of the most recent non-compliant incident.
2. As outlined herein, a first non-compliant incident shall not be the sole basis for termination. However, participants who are in non-compliance with the Program will be removed from active duty and not be eligible for employment/referral until the EAP/MAP evaluates the participant and the participant has initiated or completed the specified treatment or education program. For purposes of this provision, “non-compliance” shall be determined by the Administrator and shall mean:
- a) Failing to take a test as scheduled.
 - b) Failing to keep a scheduled appointment with the EAP/MAP.
 - c) Failing to participate in and/or complete the specified treatment or education program.
 - d) Substituting another substance or specimen for their urine specimen (including their own previously excreted urine).
 - e) Providing a diluted specimen for a second time without a valid medical explanation.
 - f) Providing a urine specimen that shows the presence of an adulterant.
 - g) Testing positive.
3. A participant who complies with the EAP/MAP specified treatment or education program may return to work or be referred from the “out of work list” once a return to work release has been obtained from the ScreenSafe, Inc.. (See ATTACHMENTS XVI & XVII).
4. The discipline of bargaining unit participants for Program violations addressed or not expressly addressed in this Program shall be in accordance with the Collective Bargaining Agreement. The grievance procedure shall be made available to all collective bargaining participants. Non-collective bargaining participants shall be subject to internal company discipline procedures.

5. Nothing in the Program shall be construed to authorize any action that is unlawful under federal or state law.

REASONABLE SUSPICION TESTING AND POST-ACCIDENT TESTING

The “reasonable suspicion” standard is applicable to, but is not limited to, any OSHA reportable on-the-job accident, particularly where there is a fatality, serious bodily injury or significant property damage.

Reasonable suspicion testing or testing based on abnormal or unusual behavior or other circumstances sufficient to lead a reasonable person to suspect that a participant is using, under the influence of, or in possession of an intoxicant shall be established by an immediate supervisor who has been trained to investigate reasonable suspicion circumstances and should be confirmed by one other supervisor whenever feasible. The supervisor or employer representative shall document, in writing, the incident and the reasonable cause basis for such testing. The documentation shall specifically detail the actions of the participant, the location, date, time, length of observation, any witnesses, and be signed by the supervisor or employer representative who witnessed the incident with copies available to the employee and the designated representative. The supervisor or employer representative may contact ScreenSafe, Inc. and/or EAP/MAP at any time for assistance during this process. (See ATTACHMENTS XVIII, XIX, XX & XXI).

Participants who are union members subject to the Program continue to have access to the usual protections provided as part of their union representation/membership. If a participant is aggrieved by any action taken under the Program and his/her complaint cannot be resolved by the Program, it may be referred to as a grievance under the grievance and arbitration provisions of the participant’s collective bargaining agreement. In the event the matter is referred to arbitration, the provisions of the Program shall bind the arbitrator substantively.

Refusal to take the reasonable suspicion test or failure to comply with all necessary elements of the Program shall be deemed a violation of the Program and may result in the participant being disciplined up to and including discharge by the Program affiliated employer. Participants who, as a result of testing for reasonable suspicion, lose time from work while awaiting the test results, and who are found to be negative or below the established levels of prohibited substances in their specimens, shall be reimbursed at their applicable rate of pay (including fringe benefits) for lost time from work by the participant’s respective employer.

Any participant who disputes positive results shall have the right to have his/her initial sample independently re-tested by a DHHS certified laboratory of his/her choice, at his/her own expense, within five working days of when he/she was notified of the test results. A

portion of the initial sample shall be forwarded under the chain of custody directly by the Program testing laboratory to the laboratory selected by the participant. Evaluation of the re-tested sample must be performed by a qualified MRO approved by the Program. If the second lab report test reveals negative results, then both tests will be considered negative. [Under these circumstances, the Administrator and/or any Agency will reimburse the participant for compensation lost during the period of his/her removal and will reimburse the participant for the cost of the second test. (See ATTACHMENT XXII)].

A participant whose positive test results are confirmed will be referred to the EAP/MAP by the MRO. The participant shall attend all appointments with the EAP/MAP counselor and comply with the specified treatment or education program.

TRAVELING CRAFTSPERSON AND TEMPORARY ASSIGNMENT

There may be times when certain jobs require the recruitment of traveling craftsperson. It is the position of the Program that all traveling craftsperson are subject to both initial and random testing. This provision will also apply to those individuals working under portability. In order to avoid situations wherein a craftsperson will be forced to have uncompensated days while waiting for the results of the initial urine drug screen to be reported unless specified otherwise by the customer, the traveling craftsperson will be allowed to report to work immediately after providing a urine specimen for testing. The traveling craftsperson understands and accepts that should his/her urine test positive for any prohibited substance, their employment within the jurisdiction will be summarily terminated without obligation or further compensation. termination shall also be subject to the participant's rights under the participant's collective bargaining agreement. The traveling craftsperson understands that after a positive test result he/she will be out of the jurisdiction for 30 days and he/she must have a negative drug screen in order to be allowed back into the jurisdiction for work. Such termination shall also be subject to the participant's collective bargaining agreement.

Participants working under portability that are anticipated to last five (5) days or less, within 60 calendar days are subject to the Program, but may, at the discretion of the Program, be exempt from the Program. It is up to the contractor to contact the Metro Dispatch for approval to be exempt from testing. If the assignment subsequently exceeds five (5) days, or if the participant accumulates more than five (5) days of employment within 60 calendar days, the participant shall be subject to the Program. Participants will be allowed to remain at work after five (5) days if they provide a urine sample for testing within 24 hours of the end of the fifth days' work. Should the test be reported as positive, a violation of the Program shall have occurred and the participant shall be subject to discipline up to and including termination by the Program affiliated employer, subject to the participant's rights under the jurisdiction's collective bargaining agreement.

In accordance with the Program, a traveling craftsperson or participant working under portability will not receive a stipend for taking the initial drug screen, however, if the craftsperson or portability participant is tested through the random program, they will receive the agreed-upon stipend.

ADMINISTRATIVE RULES

GUIDELINES FOR SPECIMEN COLLECTION SITES

The collection process will follow to the extent and in the manner provided in DHHS guidelines.

1. The participant is required to provide picture identification (employer identification card, driver's license, etc.) to the attendant at the collection site. If the testing is for reasonable suspicion or accident and picture identification is not available, then the employer supervisor or representative shall identify the participant. (See ATTACHMENT I).
2. Participants who want a hard copy of their drug test shall send a request and a certified check or money order for \$15.00 to ScreenSafe, 2364 Essington Rd. Suite 128, Joliet, IL 60435, Attn: Compliance. The request shall include their name, a copy of their identification card, the last four digits of their social security number and mailing address.
3. If the drug test is for reasonable suspicion purposes and not random, the employer supervisor or representative is required to and shall accompany and transport the participant to the specimen collection location. A union representative or steward may also accompany the participant along with the employer supervisor or representative. Upon arrival at the collection facility the following procedures apply for drug testing:
 - a) The participant should be escorted to a collection room and shall be required to provide an unadulterated urine specimen in the collection bottle provided.
 - b) The specimen bottle shall be filled to a minimum of 60 ml.
 - c) The specimen bottle is to be returned to the medical technician who will witness, initial and date the integrity seals placed on the specimen.
 - d) The medical technician shall verify the proper spelling of the participant's name as recorded on the log sheet.
 - e) The medical technician shall verify that the participant's identification number has been properly recorded.

- f) The medical technician shall verify that the identification number placed on the specimen bottle is the same as that recorded on the log sheet and the chain-of-custody form.
4. The following procedures apply for hair testing; hair testing may be performed after a participant misses three (3) consecutive random test notifications (sick, vacation, unemployed, etc.) or for accelerated testing.
- a) The participant should be escorted to a collection room and shall be required to provide an unadulterated hair specimen that will be taken by the collector.
 - b) The collector should obtain a 100-milligrams sample of hair (90-120 strands) cut at the scalp.
 - c) The collector secures the hair sample in foil and seals it in an envelope.
 - d) The collector completes the chain-of-custody form with the member.
 - e) The collector then seals the specimen and the chain-of-custody form in the overnight shipping envelope while witnessed by the participant.
5. The following procedures apply for alcohol testing. Alcohol testing will not be done on a random basis but may be done for reasonable suspicion, accidents, and accelerated testing (at the counselor's discretion).
- a) Alcohol testing shall be conducted in a location that affords visual and aural privacy to the individual being tested.
 - b) The participant is required to provide picture identification when arriving at the test site. The Breath Alcohol Tester (BAT) shall then explain the testing procedure to the participant. If picture identification is not available, then the employer supervisor or representative shall identify the participant.
 - c) The BAT must supervise only one participant's use of the Evidential Breath Testing device (EBT) at a time. The BAT is to witness the test while it is in progress.
 - d) An individually sealed mouthpiece shall be opened in view of the participant and attached to the EBT.
 - e) The BAT shall instruct the participant to blow forcefully into the mouthpiece for at least (six) 6 seconds or until the EBT indicates that an adequate amount of breath has been obtained.
 - f) If the result is 0.02 or greater, a confirmation test must be performed as provided.

- g) The confirmation test shall be conducted within 20 minutes of the completion of the screening test.
 - h) A new mouthpiece must be opened and used for the confirmation test.
 - i) In the event that the screening and confirmation test results are not identical, the confirmation test result is deemed to be the final result upon which any action under operating administration rules shall be based.
6. If the test is for reasonable suspicion purposes and not random after the appropriate specimens have been collected, the employer supervisor or representative shall remain with the participant during testing, and upon completion of testing will then provide transportation to take the participant home or to another safe place. In no instance should the participant be allowed to operate a motor vehicle. All reasonable effort, short of force, should be used to convince the participant that he/she should be provided transportation home or to another safe place, including contact with family members, taxi service, etc. If it appears that the participant will attempt to operate a motor vehicle, and all reasonable attempts short of force have failed to dissuade the participant, the proper authorities should be called and advised of the situation.
7. Immediately after returning to the work location, the employer supervisor or representative should complete all documentation and prepare a report of all of the events that occurred from the initial observation of reasonable suspicion through the testing process and the disposition of the participant. This report should be sent to the designated representative directly following the incident or in any event on the same day. (See ATTACHMENT, XX).

DRUG TESTING CUT-OFF LEVELS

These levels may be modified by the Program to remain consistent with the Department of Health and Human Services guidelines or customary practices in the testing industry.

The Program will be directed at the detection of the following drugs at these established levels for urine testing:

<u>DRUG GROUP</u>	<u>DRUG OR METABOLITE DETECTED</u>	<u>INITIAL TEST LEVEL NG/ML</u>	<u>GC/MS Confirmation</u>
AMPHETAMINE	Amphetamine Methamphetamine	1000 NG/ML 1000 NG/ML	500 NG/ML 500 NG/ML
COCAINE	Benzoylcegomine	300 NG/ML	150 NG/ML
MARIJUANA	Delta 9 THC, 9 COOH	50 NG/ML	15 NG/ML
OPIATE	Codeine Morphine	2000 NG/ML 2000 NG/ML	2000 NG/ML 2000 NG/ML
PHENCYCLIDINE	PCP	25 NG/ML	25 NG/ML
BARBITURATES	Diverse	300 NG/ML	200 NG/ML
BENZODIAZEPINE	Oxazepam	300 NG/ML	200 NG/ML
METHADONE	Methadone	300 NG/ML	200 NG/ML
METHAQUALONE	Methaqualone	300 NG/ML	200 NG/ML
PROPOXYPHENE	Propoxyphene	300 NG/ML	200 NG/ML

The Program will be directed at the detection of the following drugs at these established levels for hair testing:

<u>DRUG GROUP</u>	<u>DRUG OR METABOLITE DETECTED</u>	<u>INITIAL TEST LEVEL NG/ML</u>	<u>GC/MS Confirmation</u>
AMPHETAMINE	Amphetamine	500 PG/MG	300 PG/MG
	Methamphetamine	500 PG/MG	301 PG/ML
COCAINE	Benzoylcegonine	500 PG/MG	500 PG/MG
MARIJUANA	Delta 9 THC, 9 COOH	1 PG/MG	0.5 PG/MG
OPIATE	Codeine	200 PG/MG	200 PG/MG
	Morphine	200 PG/MG	200 PG/MG
PHENCYCLIDINE	PCP	300 PG/MG	300 PG/MG

An alcohol test for post-accident, for cause, or accelerated will be done by Breathalyzer testing and will be a reported positive at a concentration of .02 or higher.

Note: Participants subject to DOT testing will be included in a separate randomized pool in accordance with current DOT Standards.

Random Selection Process

Participants will be selected randomly from the 50% pool. The names of selected participants will not be returned to the pool so that every two years all participants will have been tested at least once. At the same time, all participants will be part of a second pool in which 10% of the participants will be selected for testing each year. Participants in the 10% pool can be selected for testing at any time even if they have been previously selected from the 50% or 10% pool. **Effective July 1, 2019 participants who miss three (3) consecutive random test notifications (vacation, sick, unemployed, etc.), or are testing for an accelerated test will be subject to hair sample testing in lieu of urine testing.**

Protocol for a Positive Test

1. Upon verifying that a drug test is a legitimate “positive,” the MRO will direct the participant to contact ScreenSafe, Inc. The toll-free number will be given to the participant. ScreenSafe, Inc. will communicate to the participant that a recommendation for the return to work must be given by the EAP/MAP. If the participant chooses not to utilize the EAP/MAP or not to follow the EAP/MAPs recommendation, he/she will be required to wait for thirty (30) days from the date of initial contact with the MRO before being allowed to test again. During this thirty-day waiting period, the participant must be terminated by the employer and cannot register for Out of Work or be referred until he/she has waited out the 30 days and tested negative by the Program. (See ATTACHMENT, V).
2. The MRO will notify ScreenSafe, Inc. of the names of all positive drug tests. ScreenSafe, Inc. will, in turn, notify the EAP/MAP of these names to verify compliance.
3. Upon making the phone call to the EAP/MAP, the participant will be set up for an evaluation appointment. During the evaluation, the EAP/MAP counselor will request that the participant sign a release authorizing EAP/MAP communication with ScreenSafe, Inc. regarding contact and cooperation. If the participant chooses not to sign the release, utilize the EAP/MAP or follow the EAP/MAP’s recommendation(s), he/she will be required to wait for thirty (30) days from the date of initial contact with the MRO before being allowed to test again. **During this thirty-day waiting period, the participant must be terminated by the contractor and is ineligible to register to be referred.**

Once the participant agrees to the EAP/MAP program he must complete it or be considered non-compliant and no longer has the option to wait out 30 days.

4. Once the EAP/MAP counselor feels the participant is ready to return to work, the counselor will determine a drug-testing regimen, the first test of such regimen being used as one factor in the return to work criteria.

5. The MRO will be brought back into the process with the occurrence of a subsequent “non-compliance” test.

Electrical Industry Drug-Free Program

All apprentices and all individuals seeking to accept an offer of apprenticeship after August 1, 2007, shall be subject to the following provisions:

TESTING

As a condition of accepting an offer of apprenticeship, all individuals shall pass a pre-employment drug test (the type of test to be determined by the JATC). If the applicant fails to comply with the Program or the test results return as positive the offer of apprenticeship shall be rescinded.

CONSEQUENCES

Upon a positive test or non-compliance with the Program, the participant shall be referred to the JATC. Disciplinary action may include, but is not limited to the following:

- a) Referral to EAP/MAP for evaluation and compliance with EAP/MAP recommendations;
- b) Suspension from work and/or school;
- c) Cancellation of the apprenticeship or training program.

PROTOCOL FOR A POSITIVE TEST

Upon verifying that a drug test is positive the MRO will notify ScreenSafe, Inc. ScreenSafe, Inc. will direct the participant to contact the JATC within 24 hours (excluding weekends and holidays). The thirty (30) day waiting period for re-testing is not available to any apprentice. In the event that any apprentice chooses not to contact the JATC within the allotted time period, a recommendation will be made for the cancellation of the apprenticeship or training program.

Drug-Free Reciprocal Coalition Agreement

The procedural rules apply to eligibility for employment of covered members as defined in the Electrical Industry Drug-Free Partnership Program (i.e. all members that are part of the collective bargaining agreement).

If a member is not compliant in their home local the member will not be eligible for employment in any jurisdiction that is part of the Drug-Free Reciprocal Coalition Program until the member has satisfied his/her home local’s Drug-Free Program. Currently, the following Electrical Contractor Associations and IBEW Locals are participating. In the future, we will expand and continuously add new chapters and locals to the Drug-Free Reciprocal Coalition Agreement.

Los Angeles County Chapter NECA	IBEW Local # 11
Los Angeles County Chapter NECA	IBEW Local # 40
Los Angeles County Chapter NECA	IBEW Local # 952

**BIG CHANGES TO THE POLICY PLEASE READ!**

Company: Fax:

Phone: Date: Time:

Primary Contact: From: ScreenSafe, Inc.

For info, call: (877) 727-3369 ScreenSafe Fax: (815) 600-8783

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

- The designated representative must write the time and date of notification next to the Employee's name and return to ScreenSafe, via Fax, Email, or through the Portal.
- Once you notify and confirm a participant needs to test
 - o The participant must complete the test by the END OF THE DAY (unless the hours of their shift interfere with completing the test in accordance with the policy)
 - o If the employees shift conflicts with the same day testing process the contractor must inform ScreenSafe.
 - o The employer will not allow the employee to leave early or test while on company time.
- Employees will be mailed the agreed-upon stipend for their time.
- Remind employees that they are required to bring picture identification with them to the testing facility.
- At the collection site, they should identify themselves as part of the ScreenSafe testing pool.
- In the event any of the listed employees no longer work for you, are sick, on vacation, out of town, or refuse to comply with this testing request, please note the information on the attached form.

IMPORTANT! WE HAVE A NEW WAY YOU MAY REGISTER

- Registering can save some time; however, you must have an email address.
- The registration barcode can be sent via email or a text message link.
- You must present the barcode to the collection facility.
- Go to the following website and follow the prompts. <https://escreengo.com>
- **YOU MUST USE SCHEDULING CODE 752SSI**
OR CONTINUE TO TEST AS YOU ALWAYS HAVE
- **Use the website www.screensafeinc.com to find a location.**
- **Remember to be at the collection site at least one (1) hour before closing.**
- At a LABCORP collection site
 - o State you are testing for ScreenSafe
 - o Give the account number: IBEW-237197

Appointments are not necessary, walk-ins are welcome. Many collection sites take appointments first. If you choose to make an appointment the test still must be completed in the allotted timeframe!



Please Notify Employees using their social security number *SSN* is not mandatory.
A participant may use the last 4 digits of SSN, card number, driver's license number, etc.

RANDOM TESTING FOR SCREENSAFE, INC.

This form must be submitted VIA THE PORTAL, FAXED, or E-MAILED back to ScreenSafe BY
THE END OF THE BUSINESS DAY

Fax: 815-600-8783 E-Mail: contractormeg@screensafeinc.com

If you have any questions, please call: 877 727-3369

Contractor:

Designated Rep:

Phone:

Fax:

SSN	Name	Shift Issue	Date Notified	Explanation	Return to work Date

- Please Enter Y if there is a shift issue with a participant and explain it in the Explanation section.
- In the Explanation section please select from the following codes and provide a Return to Work Date, unless the Employee has been terminated: V = Vacation, S = Sick T = Terminated (No longer with the company), D = Disability
- Please update information for all status changes for office staff to ScreenSafe. Information needed: Name, address, phone number and last four of SSN/employee ID number

IMPORTANT! WE HAVE A NEW WAY YOU MAY REGISTER

- Registering can save some time; however, you must have an email address.
- The registration barcode can be sent via email or a text message link.
- You must present the barcode to the collection facility.
- Go to the following website and follow the prompts. <https://escreengo.com>
- YOU MUST USE SCHEDULING CODE 752SSI
OR CONTINUE TO TEST AS YOU ALWAYS HAVE
- Use the website www.screensafeinc.com to find a location.
- Remember to be at the collection site at least one (1) hour before closing.
- At a LABCORP collection site
 - o State you are testing for ScreenSafe
 - o Give the account number: IBEW-237197

Appointments are not necessary, walk-ins are welcome. Many collection sites take appointments first. If you choose to make an appointment the test still must be completed in the allotted timeframe.

0406186511

ePass DRUG TESTING CUSTODY AND CONTROL FORM

Alere

1111 Newton St., Gretna, LA 70053
450 Southlake Blvd., Richmond, VA 23236
Phone: 800.433.3823 | Fax: 504.361.8298



Specimen ID E8109162

STEP 1: TO BE COMPLETED by Employer/Client Representative

Date Sent: / /

Time Sent: : : AM PM

A. Employer/Client Name, Address, Phone, & Fax:

SCREENSAFE INC.
2364 ESSINGTON ROAD
JOLIET, IL 60436
815-676-2200 815-676-2210

E1341752
SUB ACCOUNT:

B. MRO Name, Address, Phone, & Fax:

DR. PHILIP LOPEZ
3501 SW 165TH AVENUE
MIAMI, FL 33029
954-592-3680 954-450-7495

C. Name/ID:

PRINT ALL IN CAPS for Donor Name (Last Name, First Name MI); leave space between names/ID/Auxiliary Data.

D. Donor SSN or Other ID No.:

E. Daytime Phone No.:

F. Evening Phone No.:

G. Reason for Test: ☐ Pre-Employment ☐ Post Accident ☐ Reasonable Suspicion ☐ Promotion ☐ Periodic ☐ Random ☐ Other

H. Panel: Select a test panel from the list below. If you do not indicate a panel, the dominant panel on file for the client facility listed above will be used.
☐ 1: 4089 ☐ 2: ☐ 3: ☐ 4: ☐ 5: ☐ Other: (write in panel number)

100R EXPRA
POTENTIAL

* Important Information *

- At the clinic, donor MUST present photo ID (driver's license, passport, military ID).
- Failure to comply with testing requirements may result in ineligibility and/or disciplinary action.
- Please review your company policy for additional requirements or restrictions.

STEP 2: TO BE COMPLETED by Donor

Donor Certification and Consent: I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; that the container used was sealed with tamper-evident tape in my presence; and that the information provided on this form corresponding with the label affixed to the specimen container is correct. I hereby authorize the collector and testing service or laboratory (specifically including, but not limited to eScreen, Inc. and Alere Toxicology) to release the results of the test to the Employer/Client or their Designee.

X

Signature of Donor

Date (Mo/Dy/Yr)

STEP 3: TO BE COMPLETED by Collector and Donor - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: TO BE COMPLETED by Collector - Within 4 minutes, read temperature of specimen.

Refusal to Test (forward CCF to lab)

Specimen Type:

Within range? ☐ Yes 90°-100°F / 32°-38°C ☐ No ☐ Below 90°F / 32°C ☐ Above 100°F / 38°C☐ Negative ☐ Send to Lab

Remarks:

Collection Site Name & Address:

Collector Phone No.:

(Enter here if not printed below)

() -

Collection Site ID

/ /
Date Collected (Mo./Day/Yr.)

Time Collected: : : AM PM

Collector Certification: I certify that the specimen identified on this form was given to me by the donor named at the top of this form and that it was collected, sealed, and prepared for transport to the laboratory.

X

Signature of Collector

Collector Name:

(First Name MI Last Name)

STEP 5: TO BE COMPLETED by Lab

RECEIVED AT LAB:

Signature of Accessioner PRINT Accessioner Name (First MI Last)

Date (Mo/Dy/Yr)

Primary Specimen Seal Intact?

☐ Yes ☐ No, Enter Remark

Specimen(s) Released to:

TEMPORARY STORAGE

LAB NUMBER

Remarks:

1111 Newton St., Gretna, LA 70053
450 Southlake Blvd., Richmond, VA 23236
Phone: 800.433.3823 | Fax: 504.361.8298

1111 Newton St., Gretna, LA 70053
450 Southlake Blvd., Richmond, VA 23236
Phone: 800.433.3823 | Fax: 504.361.8298

A



B

(SPLIT)



1111 Newton St., Gretna, LA 70053
450 Southlake Blvd., Richmond, VA 23236
Phone: 800.433.3823 | Fax: 504.361.8298

1111 Newton St., Gretna, LA 70053
450 Southlake Blvd., Richmond, VA 23236
Phone: 800.433.3823 | Fax: 504.361.8298

COPY 1 - LABORATORY



Date

Dear (Designated Representative),

This letter is a follow-up to our phone call to inform you that (employee), an employee of (company), the Last 4 digits of Social Security #/Union Card # is currently unavailable.

Please inform (employee) that an evaluation needs to be scheduled with the Employee/Member's Assistance Program (EAP/MAP), (EAP/MAP name and phone number) in order to get back into compliance and to contact ScreenSafe. (employee) will be able to return to work once ScreenSafe receives approval from the EAP/MAP. Once you inform the employee that he/she is unavailable, he/she should not be allowed to continue working. ScreenSafe will contact you and fax/email a copy of the "Release to Work".

If there are any questions or you need further assistance, please contact ScreenSafe at 877-727-3369

Sincerely,

The Compliance Department



Date

First and Last Name

Last 4 digits of Social Security #/Union Card #

This is to inform you that you are non-compliant under the Program.

This is to further inform you of the steps or actions you are required to take at this time.

You are required to contact the Employee/Member's Assistance Program, (EAP/MAP) (EAP/MAP name and phone number) to schedule an evaluation. The EAP/MAP will conduct an evaluation. If you do not attend your scheduled appointment and cooperate fully, you will be in violation of the Program and subject to the terms of the Program.

Please remember that you **cannot** return to work until your evaluation process is complete and you have been **PROVIDED A RETURN TO WORK RELEASE BY THE EAP/MAP**.

If the EAP/MAP decides any treatment is needed, this further treatment will not be provided by the Program but will be between you and your health plan provider.

THE SERVICES OF THE EAP/MAP WILL BE PROVIDED AT NO CHARGE.

Once you have seen the EAP/MAP, if it is determined you can be released to work, ScreenSafe, Inc. will send a release to work notice to your employer as well as to the Union office.

For your information, the Program states a person who is non-compliant may not be referred from the Referral List unless they have a "Return to Work Statement" or have waited out 30 days and have tested negative. Therefore, if you choose to not comply with the Program, you will not be able to be referred from the "out of work list" until you have been released to work by ScreenSafe, Inc.

IF AT ANY TIME YOU FAIL TO COMPLY WITH THE PROGRAM, YOU MAY BE SUBJECT TO REMOVAL FROM EMPLOYMENT and/or REFERRAL ELIGIBILITY.

If you would like to have your sample re-tested by a lab of your choice and at your expense, please contact the Program Administrator within five working days of when you are notified of your test results at the below-listed number.

If you would like a copy of your results, please contact ScreenSafe, Inc.



(Date)

(Designated Rep.)

(Company)

(Address)

Dear (Designated Representative),

In reviewing our files, it has come to our attention that (employee's name) is non-compliant for the second time in a two-year period. As per the Program, your employee shall be terminated and is not eligible for re-hire until he/she has successfully completed the requirements of the Employee/Member's Assistance Program (EAP/MAP).

Please inform (employee) that an evaluation needs to be scheduled with the Employee/Member's Assistance Program, (EAP/MAP) (EAP/MAP name and phone number) in order to get back into compliance. Once you inform the employee that he/she is unavailable he/she should not be allowed to continue working until he/she has seen the EAP/MAP, has signed a **"1st Letter of Understanding"** and has been released to work. ScreenSafe, Inc. will contact you once they receive the return to work approval from the EAP/MAP.

If there are any questions or you need further assistance, please contact me at (877) 727-3369.

Sincerely,

The Compliance Department



DATE

(Participant)

(Last 4 digits of Social Security #/Union Card #)

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

This is to further inform you what steps or actions you are required to take at this time.

You are required to contact the Employee/Member's Assistance Program (EAP/MAP), (EAP/MAP name and phone number) to schedule an evaluation. The EAP/MAP will conduct an evaluation. If you do not attend your scheduled appointment and cooperate fully, you will be in violation of the Program and subject to the terms of the Program.

Please remember that you cannot return to work **until you have signed a "1st Letter of Understanding" with the Program**, the evaluations process is complete and the EAP/MAP has released you to work.

If the Employee/Member's Assistance Program decides any treatment is needed this further treatment will not be provided by the Program but will be between you and your health plan provider.

THE SERVICES OF THE EAP/MAP WILL BE PROVIDED AT NO CHARGE.

Once you have seen the Employee/Member's Assistance Program, if it is determined you are able to be released to work and your 30-day suspension is complete, ScreenSafe, Inc. will send a release to work notice to your employer as well as to the Union office.

For your information, the Program states a person who is non-compliant may not be referred from the Referral List unless they have a "Return to Work Statement." Therefore, if you choose to not comply with the Program, you will not be able to be referred from the Out of Work List until you have seen the Employee/Member's Assistance Program and have been released to work.

IF AT ANY TIME YOU FAIL TO COMPLY WITH THE PROGRAM, YOU MAY BE SUBJECT TO REMOVAL FROM EMPLOYMENT and/or REFERRAL ELIGIBILITY.

If you would like to have your sample re-tested by a lab of your choice and at your expense, please contact the Program Administrator within five working days of when you are notified of your test results at the below-listed number.

If you would like a copy of your results, please contact ScreenSafe, Inc.



Date

Company

Attn: Designated Representative

Address

RE: Employee's Last 4 Digits of Social Security #/Union Card #

In reviewing our files, it has come to our attention that (employee's name) is non-compliant for the third time in a two-year period. As per the Program, your employee shall be terminated and is not eligible for re-hire until he/she has successfully completed the requirements of the Employee/Member's Assistance Program (EAP/MAP).

Once the Program has received the proper documentation, the employee will be eligible to return to work, through the established referral procedure(s), after signing a "2nd Letter of Understanding" with a (union and/or employer) representative.

If you have any questions, please contact me.

Sincerely,

The Compliance Department



DATE

(Participant)

(Last 4 digits of Social Security #/Union Card #)

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

This is to further inform you what steps or actions you are required to take at this time.

The employer is required to terminate your employment and you are required to contact the Employee/Member's Assistance Program (EAP/MAP), (EAP/MAP name and phone number) to schedule an evaluation. If you do not attend your scheduled appointment and cooperate fully, you will be in violation of the Program and subject to the terms of the Program.

Please remember that you cannot return to work **until you have signed a "2nd Letter of Understanding" with the Program,** the evaluation process is complete and the EAP/MAP has released you to work.

If the EAP/MAP decides any treatment is needed this further treatment will not be provided by the Program but will be between you and your health plan provider.

THE SERVICES OF THE EAP/MAP WILL BE PROVIDED AT NO CHARGE.

Once you have seen the EAP/MAP, if it is determined you can be released to work and your 180-day suspension is complete, ScreenSafe, Inc. will send a release to work notice to the Union office. For your information, the Program states a person who is non-compliant may not be referred from the Referral List unless they have a "Return to Work Statement." Therefore, if you choose to not comply with the Program, you will not be able to be referred from the Out of Work List until you have seen the Employee/Member's Assistance Program and have been released to work.

IF AT ANY TIME YOU FAIL TO COMPLY WITH THE PROGRAM, YOU MAY BE SUBJECT TO REMOVAL FROM EMPLOYMENT and/or REFERRAL ELIGIBILITY.

If you would like to have your sample re-tested by a lab of your choice and at your expense, please contact the Program Administrator within five working days of when you are notified of your test results at the below-listed number.

If you would like a copy of your results, please contact ScreenSafe, Inc.



Date

Company

Attn: Designated Representative

Address

RE: Employee's Last 4 Digits of Social Security #/Union Card #

In reviewing our files, it has come to our attention that (employee's name) is non-compliant for the fourth time in a two-year period. As per the Program, your employee shall be terminated and is not eligible for re-hire until he/she has successfully completed the requirements of the Employee/Member's Assistance Program (EAP/MAP).

Once the Program has received the proper documentation, the employee will be eligible to return to work, through the established referral procedure(s), after signing a "3rd Letter of Understanding" with a (union and/or employer) representative.

If you have any questions, please contact me.

Sincerely,

The Compliance Department



DATE

(Participant)
(Last 4 digits of Social Security #/Union Card #)

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

This is to further inform you what steps or actions you are required to take at this time.

The employer is required to terminate your employment and you are required to contact the Employee/Member's Assistance Program (EAP/MAP), (EAP/MAP name and phone number) to schedule an evaluation. If you do not attend your scheduled appointment and cooperate fully, you will be in violation of the Program and subject to the terms of the Program.

Please remember that you cannot return to work **until you have signed a "3rd Letter of Understanding" with the Program,** the evaluation process is complete and the EAP/MAP has released you to work.

If the EAP/MAP decides any treatment is needed this further treatment will not be provided by the Program but will be between you and your health plan provider.

THE SERVICES OF THE EAP/MAP WILL BE PROVIDED AT NO CHARGE.

Once you have seen the EAP/MAP, if it is determined you can be released to work and your 1-year suspension is complete, ScreenSafe, Inc. will send a release to work notice to the Union office.

For your information, the Program states a person who is non-compliant may not be referred from the Referral List unless they have a "Return to Work Statement." Therefore, if you choose to not comply with the Program, you will not be able to be referred from the Out of Work List until you have seen the Employee/Member's Assistance Program and have been released to work.

IF AT ANY TIME YOU FAIL TO COMPLY WITH THE PROGRAM, YOU MAY BE SUBJECT TO REMOVAL FROM EMPLOYMENT and/or REFERRAL ELIGIBILITY.

If you would like to have your sample re-tested by a lab of your choice and at your expense, please contact the Program Administrator within five working days of when you are notified of your test results at the below-listed number.

If you would like a copy of your results, please contact ScreenSafe, Inc.



CONFIDENTIAL

TO: (Referral)

FROM: ScreenSafe Inc.

DATE:

RE: Employee Status

The following members are unavailable for Referral:

Name	Last Four Digits Social Security #/ Union Card #

They are currently not in compliance with the Program. The member must contact the Administrator of the Program to initiate action intended to restore compliance. If this member should come to the Referral Hall, please inform them that they cannot make use of the Referral List until they have satisfied the requirements set forth in the Program.

We will contact you as soon as this member is again eligible to make use of the referral system.

**1st LETTER OF UNDERSTANDING**

I, (employee's name), am not in compliance with the Program.

I acknowledge and agree that in order to remain eligible for employment in the electrical industry I must enter into this 1st Letter of Understanding. By signing this Agreement, I accept and agree to the following terms and conditions, which will govern my continued eligibility for employment:

1. I will follow all requirements and recommendations by the professionals who have evaluated me. This includes at a minimum, the following:
 - a. Strict compliance with all treatment recommendations
 - b. Complete abstention from all controlled substances, including alcohol, except in accordance with written authorization of a licensed physician who has been advised in advance of my treatment for substance abuse and has reviewed any prescription in advance with my substance abuse counselor, and
 - c. Regular attendance at required or recommended aftercare programs.
2. I authorize the Administrator and the Employee/Member's Assistance Program (EAP/MAP) to communicate with each other concerning all treatment and aftercare program requirements, my non-compliance or compliance with those requirements and to confer with them about my progress. I agree to sign and not revoke any medical release consent forms to allow those information exchanges.
3. For a period of one year from the date of my return to work. I agree to submit to testing to detect the presence or use of drugs and/or alcohol on at least a monthly basis.
4. I understand and agree that this agreement does not guarantee me any employment or compensation for any period of time, nor does it provide me any benefit over and above the Program or Collective Bargaining Agreement.
5. I understand and agree that I have been non-compliant for the second time within the past 2 years and I will not be eligible for re-employment in the electrical industry until I have satisfactorily completed a substance abuse treatment program, my 30-day suspension from work and/or referral has been completed and I am otherwise found to be in compliance with the Program by the Administrator.

Dated this ____ day of ____, 20??.

Witnessed this ____ day of ____ 20??.

By: _____
Program Representative

By: _____
Employee/Member

By: _____
Contractor Representative/Union Representative



2nd LETTER OF UNDERSTANDING

I, (employee's name), am not in compliance with the Program.

I acknowledge and agree that in order to remain eligible for employment in the electrical industry I must enter into this 2nd Letter of Understanding. By signing this Agreement, I accept and agree to the following terms and conditions, which will govern my continued eligibility for employment:

1. I will follow all requirements and recommendations by the professionals who have evaluated me. This includes at a minimum, the following:
 - a. Strict compliance with all treatment recommendations
 - b. Complete abstention from all controlled substances, including alcohol, except in accordance with written authorization of a licensed physician who has been advised in advance of my treatment for substance abuse and has reviewed any prescription in advance with my substance abuse counselor, and
 - c. Regular attendance at required or recommended aftercare programs.
2. I authorize the Administrator and the Employee/Member's Assistance Program (EAP/MAP) to communicate with each other concerning all treatment and aftercare program requirements, my non-compliance or compliance with those requirements and to confer with them about my progress. I agree to sign and not revoke any medical release consent forms to allow those information exchanges.
3. For a period of one year from the date of my return to work. I agree to submit to testing to detect the presence or use of drugs and/or alcohol on at least a monthly basis.
4. I understand and agree that this agreement does not guarantee me any employment or compensation for any period of time, nor does it provide me any benefit over and above the Program or Collective Bargaining Agreement.
5. I understand and agree that I have been non-compliant for the third time within the past 2 years and I will not be eligible for re-employment in the electrical industry until I have satisfactorily completed a substance abuse treatment program, my 180-day suspension from work and/or referral has been completed and I am otherwise found to be in compliance with the Program by the Administrator.

Dated this ____ day of ____, 20??.

Witnessed this ____ day of ____ 20??.

By: _____
Program Representative

By: _____
Employee/Member

By: _____
Contractor Representative/Union Representative

**3rd LETTER OF UNDERSTANDING**

I, (employee's name), am not in compliance with the Program.

I acknowledge and agree that in order to remain eligible for employment in the electrical industry I must enter into this 3rd Letter of Understanding. By signing this Agreement, I accept and agree to the following terms and conditions, which will govern my continued eligibility for employment:

1. I will follow all requirements and recommendations by the professionals who have evaluated me. This includes at a minimum, the following:
 - a. Strict compliance with all treatment recommendations
 - b. Complete abstention from all controlled substances, including alcohol, except in accordance with written authorization of a licensed physician who has been advised in advance of my treatment for substance abuse and has reviewed any prescription in advance with my substance abuse counselor, and
 - c. Regular attendance at required or recommended aftercare programs.
2. I authorize the Administrator and the Employee/Member's Assistance Program (EAP/MAP) to communicate with each other concerning all treatment and aftercare program requirements, my non-compliance or compliance with those requirements and to confer with them about my progress. I agree to sign and not revoke any medical release consent forms to allow those information exchanges.
3. For a period of one year from the date of my return to work. I agree to submit to testing to detect the presence or use of drugs and/or alcohol on at least a monthly basis.
4. I understand and agree that this agreement does not guarantee me any employment or compensation for any period of time, nor does it provide me any benefit over and above the Program or Collective Bargaining Agreement.
5. I understand and agree that I have been non-compliant for more than three times within the past 2 years and I will not be eligible for re-employment in the electrical industry until I have satisfactorily completed a substance abuse treatment program, my 1-year suspension from work and/or referral has been completed and I am otherwise found to be in compliance with the Program by the Administrator.

Dated this ____ day of ____, 20??.

Witnessed this ____ day of ____ 20??.

By: _____
Program Representative

By: _____
Employee/Member

By: _____
Contractor Representative/Union Representative



Return to Work Release

Participant Name:

Last 4 digits of Social Security #/Union Card #:

Company:

Designated Representative:

Date:

The above participant has satisfied the requirements of the Program and is available for work.



CONFIDENTIAL

TO:

FROM: ScreenSafe Inc.

DATE:

RE: Employee Status

This is to inform you that the following members are available for Referral:

Name	Last 4 digits of Social Security #/ Union Card #

Guidelines for Reasonable Suspicion Testing

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

- There is a reasonable suspicion that someone is under the influence of an alcoholic beverage or an illegal substance.

- There has been an on the job recordable incident as defined by OSHA

1) Do not assume that observed impairment means that the individual is under the influence of an illegal or controlled substance.

2) DO NOT diagnose the employee's behavior. You are not a doctor or counselor.

3) Do assess impaired performance/actions, not the reasons behind them.

4) Do use the attached evaluation form to help assess the employee's impairment.

5) The employee's immediate supervisor and, if possible, a union representative should observe the person and that person should complete the evaluation form.

6) An independent party should also observe and review the evaluation form and sign.

7) If a third observation is made, use an additional reasonable suspicion evaluation form.

8) Be as discreet as feasible. Remove the employee from the workplace and escort the person to your office or another private area.

9) Inform the individual that under the terms of the Unionized Electrical Industry Drug-Free Partnership Program, he/she may be required to test.

10) If after the interview, you believe a test is warranted, inform the individual they are being required to test.

11) Take the individual to the nearest designated collection site.

12) After testing, take the individual home or to a family member responsible for the individual. The results will be reported to the Administrator at ScreenSafe and to the designated representative within 24 to 48 hours.

**AUTHORIZATION FOR CONSENT TO DRUG AND ALCOHOL ANALYSIS
AND AUTHORIZATION FOR RELEASE OF RESULTS
FOR “REASONABLE SUSPICION TESTING”**

I understand that I am now subject to drug and/or alcohol testing under the Program. I have previously received a copy of the Program and an explanation of my rights and duties under it. I am knowingly:

- agreeing to provide unaltered urine, breath or saliva specimens and to cooperate in an approved collection site’s normal procedure;
- authorizing the collection site to test my breath or saliva specimens for their alcohol concentration and to disclose my alcohol test results to the Administrator at ScreenSafe, Inc., the Employee/Member’s Assistance Program, and the Medical Review Officer;
- authorizing the collection site to send my urine specimen to the Programs drug testing laboratory;
- authorizing the Programs laboratory to analyze my urine specimen for adulteration, dilution, and substitution, and for evidence, I use amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, methaqualone, opiates, PCP, propoxyphene;
- authorizing the lab to disclose my test results (and related information) to the Programs Medical Review Officer; and
- authorizing the Medical Review Officer to disclose my test results (and related information) and cooperation or non-cooperation in testing and medical review to the Employee/Member’s Assistance Program and the Administrator at ScreenSafe, Inc.

Witness

Your Signature

Date

Social Security Number/Union Card Number

Time

Telephone Number

Address

City, State & Zip Code

Please bring this form to the collection site. After it is signed, the Employer’s designated representative must fax this form back to the Administrator at the number listed below.

Reasonable Suspicion Evaluation Form

Incident/Behavior/Performance Report

Use this form to record any incidents, workplace performance or workplace behavior problems.

Name of observed employee:

Date _____ Job Site:

Name of Supervisor:

Check all those indicators or cues observed in the workplace.

Primary Indicators

Behavior

slurred speech	yes	no
confused speech	yes	no
staggering	yes	no
poor coordination	yes	no
tremors/shakes	yes	no

Appearance

glassy eyes	yes	no
blank stare	yes	no
bloodshot eyes	yes	no
flushed face	yes	no
alcohol smell	yes	no
marijuana smell	yes	no
altered appearance	yes	no

Secondary Indicators

Mood

sudden mood changes	yes	no
isolating	yes	no
extreme nervousness	yes	no
belligerent	yes	no
aggressive	yes	no
unusually quiet	yes	no
unusually talkative	yes	no

Vigilance/Performance

confused	yes	no
disoriented	yes	no
drowsiness	yes	no
sleeping	yes	no
hearing things	yes	no
seeing things	yes	no
blackouts	yes	no



Reasonable Suspicion Evaluation Form

Describe the incident in detail.

If additional space is needed, please use another page.

Please list all witnesses to the behavior or incident.

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

Remarks:

Signature of Supervisor _____ date: _____

Signature of Supervisor _____ date: _____

Signature of Employee _____ date: _____

Signature of Union Representative _____ date: _____

**Do's and Don'ts for Dealing
WITH SUSPECTED SUBSTANCE ABUSE**

DO

- Do Focus on job performance ONLY.
- Do Remain consistent in applying your company's policy.
- Do Support what you say with objective observations of behavior.
- Do Stay consistent in your use of job standards and job expectations.
- Do Act in a calm, objective manner.
- Do Keep any conversation or action taken with an employee as private as possible.
- Do Discuss an employee's suspected problems only on a need to know basis.

DON'T

- Don't Ignore troubled employees and hope that the problem will go away.
- Don't Try to diagnose the problem.
- Don't Play counselor.
- Don't Moralize.
- Don't Be misled by an employee's sympathy-evoking tactics.
- Don't Cover up for an employee.
- Don't Allow exceptions for one employee and deny exceptions to another.
- Don't Publicly confront or take disciplinary action against an employee suspected of substance abuse.
- Don't Lose your temper, get emotional, or use generalizations when confronting an employee



Retest of Original Specimen

When a person tests positive under the Program, he/she has the right to request a confirmation of the original specimen. If this is what you chose to do, please follow these guidelines.

- Call the Program Administrator at (877) 727-3369 and request a retest of your original specimen within five days of this notice.

You are required to pay for the test in advance. Please send a certified check or money order, made out to ScreenSafe, Inc. in the amount of \$200.00 to 2364 Essington Rd. Suite 128, Joliet IL 60435. The request should include your name and a copy of your driver's license or state identification card. If the result of the retest is negative, you will be refunded the amount of the check and the cost of the mailing.

Copies of the results of the retest will be sent to the Program, the Program Administrator and to you.

Employee Assistance Program (EAP)/ Members Assistance Program (MAP)

**To access your benefits, please call:
(877) 22-LABOR (52267)**

We can help with:

Alcohol/Drug Abuse

Emotional Distress

Marriage/Family Issues

Debt/Anger/Job Stress

Child/Aging Adult Care

[illegible]

[illegible]