



**ELECTRICAL
INDUSTRY DRUG-FREE
WORKPLACE
POLICY BOOK**

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Policy Book

Welcome

IBEW/NECA Employer:

The IBEW/NECA Union Trustees are pleased to provide this easy-to-understand “how to” manual to help employers administer their Drug-Free Workplace Program.

We have prepared this guidebook to help employers answer the most common policy questions. Since the Drug-Free Workplace Program involves collectively bargained rules and an ERISA plan, the formal documents (the policy, administrative rules, trust documents, and administration agreement) will control. This guidebook is not intended to provide legal advice.

Should you have questions or comments, please contact:

A&I Benefit Plan Administrators
1220 SW Morrison St., Suite 300
Portland, OR 97205-2222

503-224-0048 (phone)
800-547-4457 (toll free)
503-228-0149 (fax)

The Board of Trustees

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IBEW Local 73
IBEW Local 112
IBEW Local 46
Oregon Columbia Chapter NECA
Oregon Pacific-Cascade NECA
Inland Empire Chapter NECA
Puget Sound Chapter NECA

Who Do I Call For...

- **Getting a collection site added?** Call A&I. Provide the name of the site, contact person at the site, and his/her phone numbers.
- **Reporting a collection site problem?** Complete the quality assurance form. Fax it to A&I.
- **Ordering more policy books?** Call A&I
- **To find out if an employee has a current card?** Call A&I or log-in to the online service at www.harrisonsdfwp.aibpa.com
- **To get a test result immediately (within 24 hours)?** Call A&I
- **To report a refusal to test?** Call A&I
- **To report a problem with anything?** Call A&I
- **DOT Testing?** Call Worksafe Service 503-391-9363 or toll free 888-391-9363

Pre-Employment Testing

Do all new employees have to test?

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

- If the employee has a current and valid Drug-Free ID card that is less than six months old, the employee doesn't have to test.
- If the employee's Drug-Free ID card is older than six months, but less than a year old, you have the option of having the employee test, if that is your company policy for all employees.
- In all other cases, new employees must test, including management.

What if a new employee has lost his/her card, or does not have it with him/her?

Call A&I to verify his/her card is current and to have a replacement card mailed or login to access online at www.harrisondfwp.aibpa.com.

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

Once your new employee tests, and the test is negative, A&I will send him/her a valid Drug Free ID card and a check for \$50, approximately three weeks from the date of the test.

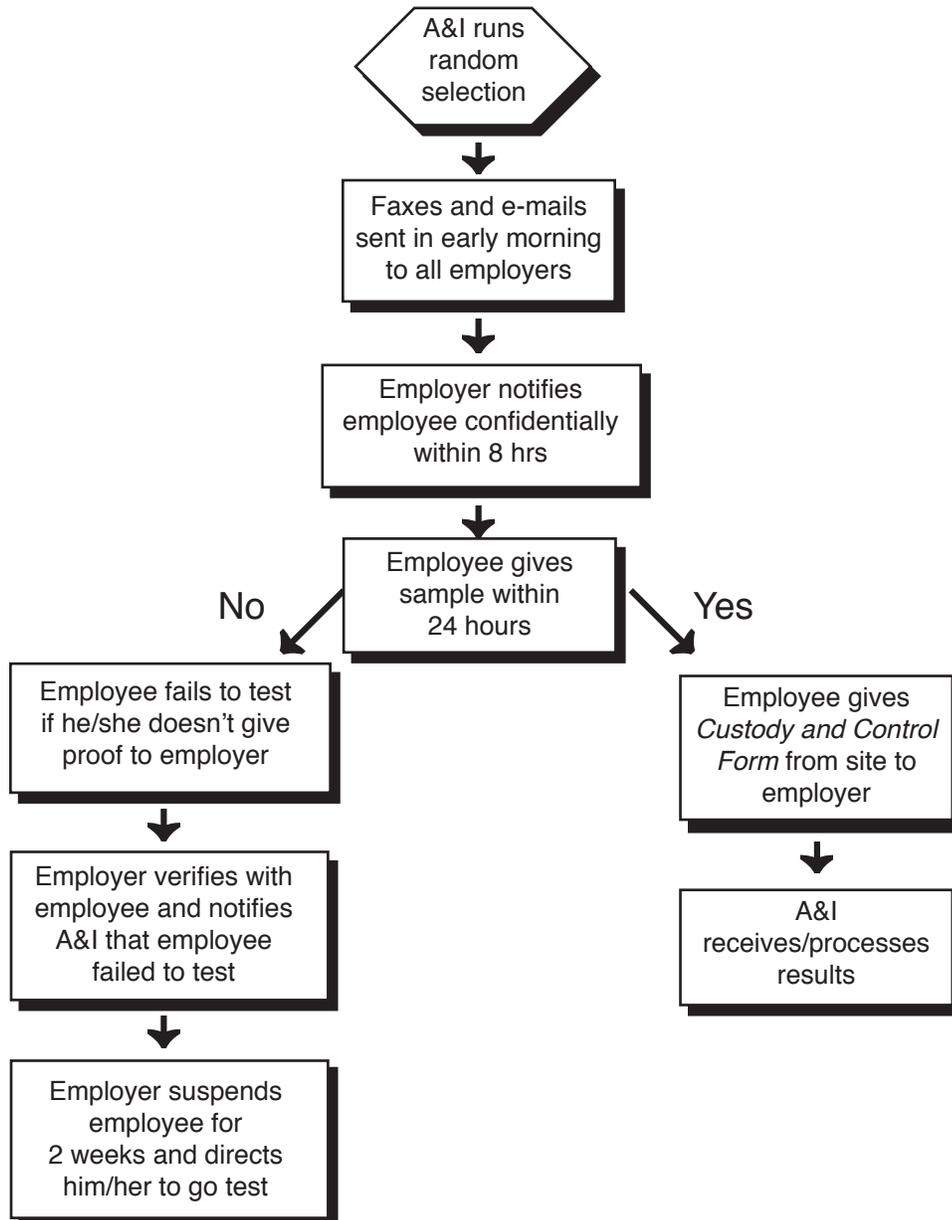
How do I enroll a new non-bargaining unit employee in the program?

1. **Send the individual for pre-employment testing.** Employment offers should be conditional upon testing negative under the Drug-Free Workplace Policy. You may withdraw a conditional employment offer if the potential employee tests positive. Let A&I know you sent someone for pre-employment testing by sending A&I the *Test Report Form*.
2. **Give the new non-bargaining employees information about Drug-Free Workplace Policy.** Give the employee:
 - The Drug-Free Workplace Policy booklet; or
 - The Drug-Free Workplace mini brochure.
 - If the employee is not covered under the Harrison Health & Welfare Trust, send in the form called "*A Form to Report New Non-bargaining Employees*."

Which employees test? All employees, including your IBEW/NECA electricians, Category II non-bargaining employees, maintenance, sales, clerical, management, part-time (20 or more hours per week), journeymen and apprentices.

Random Testing

Random Testing Flow Chart



Random Testing FAQs

How are employees selected for random testing?

The program uses software that selects an employee at least once every rolling 12 months. The software will not select a person more than twice in a calendar year.

How and when am I notified?

By fax or e-mail early in the morning, Monday through Wednesday.

From the time I receive notification, how long do I have to tell an employee he/she has been selected for random testing?

Eight hours.

How do I properly notify my employee he/she has been selected for random testing?

Confidentially. It should be done in person or over the phone, not in front of others. Do not notify them using a radio.

What if the employee no longer works for me?

If he/she no longer works for you, simply notify A&I by fax or e-mail. You may write a note on the random selection fax sent to you and fax that back to A&I.

What if the employee is on vacation?

If he/she is on vacation or otherwise gone, simply wait until the employee returns and notify him/her to go test then.

When selected for random testing, how long does the employee have to get to the testing site?

24 hours from the time you notify the employee.

Whose responsibility is it to track whether an employee has not tested within 24 hours?

Yours. (The employer's) The employee should return his/her *Custody and Control Form* demonstrating that he/she went to test. If you do not receive the *Custody and Control Form* from the employee, verify with the employee and A&I that he/she did not test. If the "refusal to test" is confirmed, suspend the employee for two weeks and direct him/her to test within the next 24 hours to avoid further suspension. Be sure to notify A&I the employee refused to test.

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

If the test is for reasonable suspicion, yes. Otherwise no.

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

Contact the NECA office. You, NECA, and the Local Union will work together to come to a satisfactory conclusion for everyone. Also contact A&I so that they may administer any special rules or tasks you need to have accomplished.

Working on a Hoffman Job FAQs

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

The employee will fall under the Electrical Industry/IBEW policy for pre-employment and random testing. The employee will fall under the Hoffman policy for post-accident and reasonable suspicion testing.

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

The Hoffman program will notify you (the employer) of the testing results. You must complete the *Hoffman Testing Form*, which you can find in the *Forms* section of this guidebook. You (the employer) must notify A&I.

May Hoffman test immediately without any notice?

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

Does Hoffman ban employees from their job sites?

Yes. Hoffman does ban employees from their jobsites for testing positive. For more information in regards to Hoffman's policy on banning employees who test positive, please call A&I.

If my employee fails the Hoffman drug test, who should I inform?

Call A&I.

Reasonable Suspicion

Reasonable Suspicion FAQs

What is reasonable suspicion?

Reasonable suspicion is abnormal or unusual behavior that is:

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

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

If the test is for reasonable suspicion, yes; otherwise no.

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

Follow the steps listed in the *Steps to Take When You Have a Reasonable Suspicion* section on page 9.

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

Call NECA and the local union.

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

Yes.

Does the employee also receive the \$50 health maintenance check?

No. The employee is still being paid by the employer. Simply notify A&I (you may use the *Test Report Form* on page 50) of the reason for the test.

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

Notify A&I. This constitutes a refusal to test and that person is out of compliance with the policy.

Steps to Take When You Have Reasonable Suspicion

Step 1 – Remain objective

In these situations, it is important that you remain objective. It is not your place to pass judgment on an employee, but rather to provide a safe working environment for **all** of your employees. Before taking action, remember the following guidelines.

1. Do not assume that every observed impairment is proof that the employee is under the influence.
2. Do not diagnose the employee's behavior. You are not a doctor or a counselor.
3. Assess the impaired performance, not the reasons behind it.
4. Evaluate whether your actions are consistent with the Drug-Free Workplace Policy and the Collective Bargaining Agreement.

Step 2 – Evaluate the Employee's Behavior

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

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

Step 4 – Interview the Employee

During the interview:

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

Step 5 – Escort the employee to the nearest designated collection site.

Or have the designated representative take him/her to the nearest testing site. (The addresses and maps of sites start on page 19.) Be sure the site has a Breathalyzer and tell the escort to be sure that the Breathalyzer test is performed. Testing sites that perform Breathalyzer tests have the symbol ♦♦ in the site listing.

Step 6 – After the testing, take the employee home or to a family member responsible for the employee. Never let the employee drive.

Step 7 – Notify A&I.

Step 8 – Do not permit the employee to return to work until he/she has a *Release to Work* from the EAP or a negative test result.

Dos and Don'ts for Dealing With Suspected Substance Abuse

- Do* Focus on job performance ONLY
 - Do* Remain consistent in applying your company's policy
 - Do* Support what you say with objective observations of behavior
 - Do* Stay consistent in your use of job standards and job expectations
 - Do* Act in a calm, objective manner
 - Do* Keep any conversations or actions taken with the employee as private as possible
-

- DON'T* Ignore problem behavior and hope the employee's problems go away
- DON'T* Try to diagnose the problem
- DON'T* Play counselor
- DON'T* Moralize
- DON'T* Be misled by the employee's sympathy-evoking tactics
- DON'T* Publicly confront the employee or take disciplinary action
- DON'T* Lose your temper, get emotional, or use generalizations when confronting an employee.
- DON'T* Discuss the employee's suspected problems with others. The list of people who need to know about the suspicion, testing and any subsequent counseling is very short: The employee, the direct supervisor, and the designated representatives. *That's it.*

Post-Accident Testing

Post-Accident FAQs

What is the definition of an accident?

Employees who have caused or contributed to a work related accident will be subject to post-accident testing, if, as a result of the accident:

- a) any employee seeks off-site medical attention; or
- b) there is any property damage, which at the time of the accident, is reasonably believed to exceed \$500.00.

A drug urine and alcohol Breathalyzer will be performed no later than 24 hours after an employer has knowledge of the accident.

How soon after an accident must the employee test?

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

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

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

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

Yes, if you take the employee to a hospital that tests. We have provided a list of testing hospitals on page 22.

What if the accident is after regular business hours?

There are sites available 24 hours a day. Please see the list of sites starting on page 23 for their hours.

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

Notify A&I. This constitutes a refusal to test and that person is out of compliance with the policy.

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

If the test is for reasonable suspicion, yes. Otherwise no.

Does the employee receive the \$50 health maintenance check?

No. The employee is paid for their time by the employer. Simply notify A&I (you may use the *Test Report Form* on page 50) of the reason for the test.

Testing Process FAQs

What do I do when I get the random selection fax or e-mail?

Within eight hours, tell the employee, confidentially and individually, that he/she has been selected for random testing and must test within 24 hours.

Where are the testing sites?

A list of all the testing sites starts on page 23. (Sites with Breathalyzer testing are indicated with a ♦♦ symbol.)

How do I get a site added to the list of available collection sites?

Contact A&I and give them the name of the site, a contact person, a phone number and address. A&I will pass the information on to Legacy. Legacy will then investigate contracting with that site.

How should my employees identify themselves at the test site if I don't give them the Collection Site Form to take with them, but inform the employee verbally to test?

Have the employee identify him/herself as being affiliated with the "Electrical Industry and IBEW."

What should the employee expect to happen at the collection site?

We have included a description on page 16 under *Collection Procedure*.

What if there is a problem at the testing site?

Please complete a *Collection Site Evaluation Form* found on page 52 as soon as you find out about the problem. Fax the form to A&I.

How does an employee request a blood sample if he/she can't give a valid urine sample?

Have the employee contact A&I upon learning of the medical need, so that the request for alternative procedures may be evaluated before the employee is required to test. The employee must have a confirmed medical condition before the employee may test using an alternative means of testing (blood or saliva). The program's MRO will confirm the medical condition. A&I will set up the alternative form of testing.

What if the employee's sample is not large enough for testing (quantity)?

The employee must stay at the testing site until he/she is able to provide a full sample. If the employee leaves before providing the sample he/she has refused to test and will be immediately suspended from work and/or ineligible for dispatch for a two-week disciplinary penalty.

What if the employee is taking prescription drugs?

The employee should list, in the space provided on the *Custody and Control Form*, all of the prescription drugs he/she is taking. The employer's copy of the *Custody and Control Form* will not show the drugs listed by the employee. The employee may inform the Trust office of prescription medications and may also sign a release of information from their pharmacy to the Trust office and the Medical Review Officer.

The Collection Procedure

Employee Identification and Initiation of the Form

1. **Give *Collection Site Form* to Collection Site Representative.** When the employee arrives at the site, the employee is to give the collection site representative the *Collection Site Form*, or identify him/herself with the “Electrical Industry, IBEW.”
2. **Check ID.** A collection site representative at the collection will identify the employee by checking the employee’s photo ID.
3. **Complete *Collection Site Form*.** The employee will fill out a form with name, social security number, employer, date of birth, driver’s license number, any medications he/she has taken, and whether or not he/she has eaten poppy seeds.

The collection site representative will record the organization’s name (Electrical Industry/IBEW), division or project, as applicable, and check off requested drug panel. The collection site representative will mark the purpose of the testing (random, pre-employment, etc.) and ask the employee to list medications he/she is taking.

Collection of the Specimen

1. **Remove outer garments.** The employee removes any unnecessary outer garments, such as vests, jackets, or sweaters. Pocket contents are emptied and should be placed in a locked box or drawer.
2. **Wash hands.** Employee is instructed to wash hands with plain water and dry them.
3. **Open collection kit.** Collection site representative will open the collection kit in full view of the employee. The collection bottle is given to the employee. A split collection is required. Only the bottle with the thermometer is handed to the employee.
4. **Fill collection bottle.** The employee is asked to fill the bottle, at least half full (45mL) in the private stall or toilet area. There will be no water in the collection site.
5. **Give to collection site representative within four minutes.** The employee is instructed to pass the specimen to the collection site representative within four minutes of urination and not to flush until instructed to do so.

What the employee must take to the testing site:

- *Collection Site Form, if provided by employer*
- *Photo ID*

6. **Check specimen temperature and quantity.** The collection site representative will check the temperature and look for obvious signs of adulteration. The collection site representative will check the volume: 30 mL minimum or 30mL/15mL for a split. If the quantity is not sufficient, the collection site representative will discard the sample and recollect. (The employee cannot leave the collection site until he/she gives a specimen. Leaving the testing site before providing a complete specimen will be deemed a failure to test.)
7. **Specimen temperature.** If the specimen temperature is outside of a normal range, the employee's temperature will be taken with an oral thermometer. It must be within $\pm 1.8^{\circ}$ F of the specimen temperature. If specimen temperature and the oral temperature are out of range – signs of adulteration are obvious and the employee must stay and re-test. The adulterated specimen and the testing form will be sent to the lab together. Your employee will have to complete a new *Collection Site Form* to go with the new specimen.

If the specimen temperature is acceptable, the collection site representative will mark the temperature acceptability box on the form, mark the specimen as urine, and indicate if the specimen is single or split and record the date and time of collection.

8. **Sealing the sample.** The collection site representative will date the seal(s) and seal the specimen in the employee's presence. The security seal is centered over the top of the bottle cap and the remainder of the seal is pressed against both sides of the bottle. A second security seal is provided for a split specimen. The employee is requested to initial the security seal on the bottle(s). The specimen must remain in sight of the employee until sealed. The bottle(s) is placed into the specimen bag and sealed.
9. **Donor consent.** The employee is asked to read the *Donor Consent*, sign, print name and date on donor line and record a daytime phone number. The collection site representative will verify the signature matches the printed employee name.

The Final Paperwork

1. **Specimen sent to the lab.** The collection site representative signs, prints employee's name, and records the date and time of the collection. The collection site representative records the name of the service transferring the specimen to the lab. (FedEx, Legacy courier, Delivery Express, etc.) in the shaded *Released To* box.
2. **Custody and Control Form issued.** Legacy staff distributes copies of the *Custody and Control Form* to the employee, MRO (if required), and places the lab copies in the front of the security bag. The specimen is shipped to the lab.
3. **Employee is free to leave.** Employee is free to leave and return to work (except in cases of reasonable suspicion testing).

After the Test

1. **Employee must turn in the *Custody and Control Form* within 24 hours.** Before returning to work, the employee must give the *Custody and Control Form* to the employer. If you do not receive the *Custody and Control Form* within 24 hours of notifying the employee he/she has been selected for testing, follow up with the employee to find out the reason for the delay. If an employee fails to test within 24 hours, it is a refusal to test. If the employee refuses to test, the employee will be suspended for two weeks, and you must notify the Drug-Free Administrator at A&I.
2. **If the employee tests negative,** the \$50 check and a new Drug-Free Workplace ID card will be mailed (usually) within three weeks to the employee's home.
3. **If the employee tests positive,** the results will be reviewed by the MRO. (See *What Happens if Your Employee Tests Positive* on page 36.)

Portland Area Legacy MetroLab Drug Test Collection Sites

Portland Metro Area

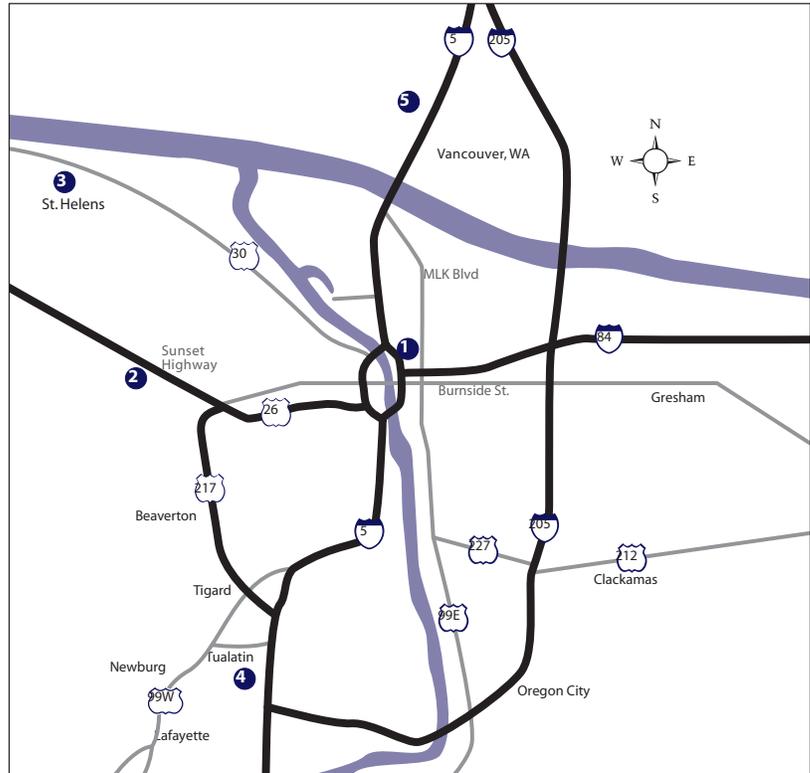
Drug Test Collection Sites

DOT and Non-DOT collections

Saliva Alcohol (SAT)

Breath Alcohol (EBAT)*

*EBAT unavailable at St. Helens**



(1) Legacy Central Laboratory

1225 NE 2nd Ave, 1st floor
Portland, OR 97232

(503) 413-5000

Open 24 hours from Mon 7:00am
thru Sat 4:30pm. *Closed Sunday*

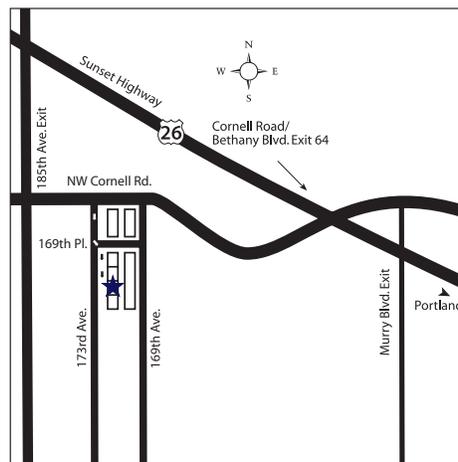


(2) Legacy MetroLab-Twin Oaks

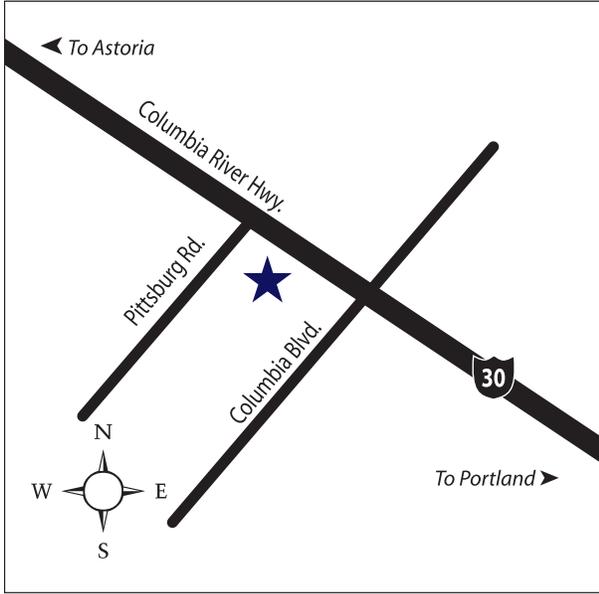
1815 NW 169th Place, Bldg 6, Ste 6025
Beaverton, OR 97006

(503) 533-2278

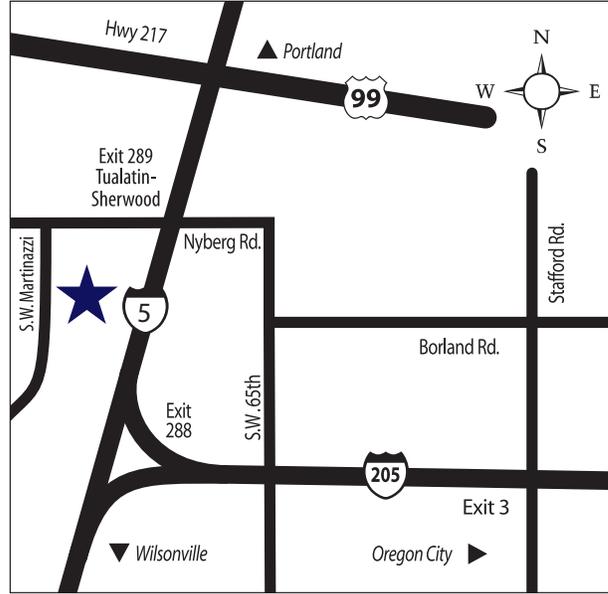
Hours: M-F 8:30am - 5:00pm
(closed 12noon-12:30pm)



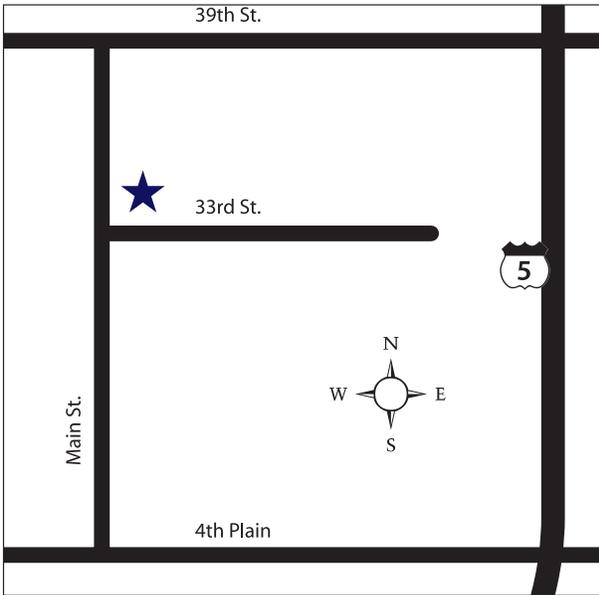
**(3) Legacy Metrolab St Helens
Good Samaritan Medical Mall**
500 N Columbia River Hwy
St Helens, OR 97051
(503) 397-1801
Hours: M-F 8:30am - 5:00pm



(4) Legacy Metrolab-Tualatin
7587 SW Mohawk St
Tualatin, OR 97062
(503) 692-2700
Hours: M-F 8:30am - 5:00pm
(closed 12noon-12:30pm)



(5) Legacy Metrolab-Vancouver West
3305 Main Street, Suite 111
Vancouver, WA 98663
(360) 750-9765
Hours: M-F 8:30am - 5:00pm
(closed 12noon-12:30pm)



After Hours Urine Specimen Collection and Alcohol Testing

Post-accident, reasonable cause and random testing services are available after traditional business hours at these sites.

Collection Only

Holladay Park Central Lab

1225 NE 2nd Avenue, First Floor
Portland, OR 97232
503-413-5000

- Monday 7:00 am through Saturday 4:30 pm (24 hours M-F; closed Saturday night and Sunday).
- After 7:00 pm, call ahead at 503-413-4174 to alert the Central Lab staff that an employee is coming. Tell the lab staff what tests the employee will need. You can fax the *Collection Site Form* to the site at 503-413-5485.
- *To access Legacy Central Lab services between 7:00 pm and 7:00 am.* Use the main entrance with access granted by the security officer at the main desk. When the officer is on rounds, the door will be locked. Use the phone to the left of the main entrance door to automatically dial security dispatch. The employee or escort should indicate he/she is at the Legacy Central Lab for a drug test, and dispatch will notify an on-site security officer to open the door (allow a few minutes).

*Employees must
bring a Legacy
Collection Site
Registration
Form and
Photo ID*

Injury Care and Collection

Injury care and drug test collection available at the following hospitals
24-hours a day

- Use the emergency room
- Check in at the reception desk and let the receptionist know you need urine sample collection and alcohol testing. The receptionist will call a certified technician to perform the collection and test. Because of traffic, etc., it may take the collection technician up to an hour to arrive at the emergency room.

Legacy Good Samaritan Hospital & Medical Center

1012 NW 22nd Ave
Portland, OR
503-413-8090

Legacy Emanuel Hospital

2801 N. Grantenbein
Portland, OR
503-413-4128

Legacy Meridian Park Hospital

19300 SW 65th
Tualatin, OR
503-692-7474

Legacy Mt. Hood Medical Center

248 SE Stark
Gresham, OR
503-674-1501

Memorial Urgent Care Clinic

3400 Main Street
Vancouver, WA
360-696-5232

Testing Sites in Oregon, Washington and Idaho

Oregon

City	Site Name	Address/Phone	Hours/Appointment or Walk-in
◆◆ Sites marked with ◆◆ have Breathalyzer capabilities ◆◆			
Albany	ALBANY FAMILY AND SPECIALTY MEDICINE	1705 Waverly Drive Albany, OR 97322 541-928-6421 After Hours 541-766-2656	M-F: 8:00 am - 5:00 pm Walk-in ◆◆
	AMERICAN DIAGNOSTICS CORPORATION	937 Geary St, Ste 3 Albany, OR 97321 541-928-1303	M-F: 8:00 am - 5:00 pm Walk-in
	SAMARITAN OCCUPATIONAL MEDICINE	2615 Willetta St Albany, OR 97321 541-812-5605	M-F: 7:30 am - 5:30 pm Walk-in ◆◆
Astoria	COLUMBIA MEMORIAL HOSPITAL	2111 Exchange St Astoria, OR 97103 541-338-7558	M-F: 8:00 am - 3:00 pm Walk-in ◆◆
Baker City	ST. ELIZABETH HEALTH SERVICE	3325 Pocohontas Rd Baker City, OR 97814 541-523-8115	M-F: 8:00 am - 5:00 pm ◆◆
Bandon	THE SOUTHERN COOS HOSPITAL	900 SE 11 th St Bandon, OR 97411 541-347-2426	M-F: 9:00 am - 5:00 pm Walk-in
Beaverton	LEGACY METROLAB/ TWIN OAKS	1815 NW 169 th Pl Bldg. 6, Ste 6025 Facing 173 rd Beaverton, OR 97006 503-533-2278	M-F: 8:30 am - 5:00 pm, (closed noon - 12:30 pm for lunch) Walk-in ◆◆
Bend	MOUNTAIN MEDICAL- IMMEDIATE CARE CENTER	1302 NE 3 rd St Bend, OR 97701 541-388-2561	M-F: 8:00 am - 7:00 pm Sat/Sun: Post-accident and reasonable suspicion only Walk-in ◆◆
Canby	WILLAMETTE FALLS OCCUPATIONAL HEALTH-CANBY PLAZA	200 Hazel Dell Way Canby, OR 97013 503-263-9500	M-F: 9:00 am - 5:00 pm Walk-in ◆◆
Clackamas	PROVIDENCE OCCUPATIONAL HEALTH	9290 SE Sunnybrook, Ste 210 Clackamas, OR 97015 503-216-7960	M-F: 8:00 am - 4:30 pm Walk-in ◆◆
	WILLAMETTE FALLS OCCUPATIONAL HEALTH	9775 SE Sunnyside Rd Ste 100 Clackamas, OR 97015 503-654-0051	M-F: 8:30 am - 8:00 pm Sat/Sun: 9:00 am - 8:00 pm Walk-in ◆◆ DOT Testing
Clatskanie	CLATSKANIE FAMILY CLINIC	401 SW Bel Air Clatskanie, OR 97016 503-728-0424	M-Th: 9:00 am - 11: am and 1:00 pm - 4:00 pm

Oregon

City	Site Name	Address/Phone	Hours/Appointment or Walk-in
◆◆ Sites marked with ◆◆ have Breathalyzer capabilities ◆◆			
Coos Bay	BAY AREA HOSPITAL LAB	1775 Thompson Rd Coos Bay, OR 97420 541-269-8071	M-F: 8:00 am - 6:00 pm <i>By appointment only</i> <i>Call ahead for Breathalyzer</i>
	McCOWANS MEDICAL LAB	178 West Commercial Coos Bay, OR 97420 541-267-7853	M-F: 8:00 am - 5:00 pm Walk-in
Corvallis	CORVALLIS OCCUPATIONAL MEDICINE CLINIC	444 NW Elks Dr (Aumann Building) Corvallis, OR 97330 541-753-1786	M-F: 8:00 am - 6:00 pm <i>Appointment required between 5:00 pm and 6:00 pm</i> Walk-in ◆◆
Eugene	CHEMICAL TESTING MOBILE SERVICES	2025 West 12 th Ave (at Garfield) Eugene, OR 97402 541-686-2550	M-F: 8:00 am - 5:00 pm Walk-in (ask for lab) ◆◆
	CASCADE MEDICAL SOLUTIONS	2650 Suzanne Way, Ste 200 Eugene, OR 97402 541-228-3000	M-F: 7:00 am - 6:30 pm Walk-in ◆◆
Florence	COASTAL FITNESS PLAZA	2885-G, Hwy 101 Florence, OR 97439 541-997-0242	M-F: 7:00 am - 5:30 pm <i>Call for appointment</i> <i>Call the Trust Office for appropriate forms to take with you for collections at this site</i> Walk-in
Gleneden Beach	LEGACY-BRIDGEVIEW MEDICAL LABORATORY	6615 Gleneden Beach Loop Gleneden Beach, OR 97388 541-764-3131	M,T,Th,F: 8:30 am - 11:30 am and 1:30 pm - 4:00 pm Walk-in ◆◆
Gold Beach	CURRY GENERAL HOSPITAL LAB	94220 4 th St Gold Beach, OR 97444 541-247-6621	M-F: 8:30 am - 4:30 pm Walk-in
Grants Pass	ASANTE OCCUPATIONAL HEALTH	1505 NW Washington Blvd Grants Pass, OR 97256 541-956-6250	M-F: 8:00 am - 5:00 pm Walk-in ◆◆
Gresham	GRESHAM URGENT CARTE	2850 E Powell Valley Rd Ste 100 (Powell & Burnside) Gresham, OR 97080 503-666-5050	M-F: 8:00 am - 4:30 pm Walk-in ◆◆
Hermiston	INTERPATH LABORATORY	1050 W Elm, Ste 120 Hermiston, OR 97838 541-564-0689	M-F: 7:30 am - 4:00 pm
Hillsboro	CASCADE OCCUPATIONAL MEDICINE	1200 NE 48 th Ave, Ste 700 Hillsboro, OR 97124 503-726-1021	M-F: 7:00 am - 5:00 pm Walk-in ◆◆
	TUALITY EIGHTH AVE MEDICAL PLAZA	364 SE 8 th Ave, Ste 108 Hillsboro, OR 97123 503-681-4100	M-F: 7:00 am - 6:00 pm Sat: 8:00 am - 12:00 pm <i>Please call in advance for appointment</i>

Oregon

City	Site Name	Address/Phone	Hours/Appointment or Walk-in
◆◆ Sites marked with ◆◆ have Breathalyzer capabilities ◆◆			
Hood River	PROVIDENCE HOOD RIVER OCCUPATIONAL HEALTH	811 13 th St Hood River, OR 97031 541-387-6384	M-F: 8:00 am - 5:00 pm Walk-in ◆◆
John Day	BLUE MOUNTAIN HOSPITAL LABORATORY	170 Ford Rd John Day, OR 97845 541-575-1311	M-F: 8:00 am - 5:00 pm Walk-in
Klamath Falls	BASIN IMMEDIATE CARE	3737 Shasta Way, Ste A Klamath Falls, OR 97603 541-883-2337	M-F: 8:00 am - 7:00 pm Sat: 9:00 am - 6:00 pm Sun: 9:00 am - 3:00 pm Walk-in ◆◆
	SKYLAKE OCCUPATIONAL CARE CLINIC	2633 Crosby Ave Klamath Falls, OR 97603 541-885-2666	M-F: 7:30 am - 4:30 pm Closed from 12:00 pm - 1:00 pm ◆◆
La Grande	INTERPATH LAB AT FAMILY PRACTICE ASSOC	710 Sunset Dr La Grande, OR 97850 541-963-9630	M-F: 7:30 am - 5:00 pm ◆◆
Lake Oswego	CONCENTRA MEDICAL CERENTER	6405 SW Rosewood, Ste B Lake Oswego, OR 97035 503-675-7603	M-F: 8:00 am - 5:00 pm ◆◆ DOT Testing
Lebanon	SAMARITAN OCCUPATIONAL MEDICINE	55 Twin Oaks Ave, Ste B-2 Lebanon, OR 97355 541-451-7505	M-F: 8:00 am - 12:00 pm and 1:00 pm - 5:00 pm Walk-in ◆◆
Lincoln City	SAMARITAN LINCOLN HOSPITAL LAB	3043 NE 28 th St Lincoln City, OR 97367 541-996-7176	M-F: 7:00 am - 5:00 pm Walk-in ◆◆
Madras	MOUNTAIN VIEW DISTRICT HOSPITAL LAB	470 NE "A" St Madras, OR 97741 541-475-4806	M-F: 8:00 am - 6:00 pm Walk-in ◆◆
McMinnville	WILLAMETTE VALLEY MEDICAL CENTER LAB	2700 SE Stratus Ave, Ste 201 McMinnville, OR 97128 503-435-6556	M-F: 8:00 am - 5:00 pm Walk-in ◆◆
Medford	ASANTE OCCUPATIONAL HEALTH	781 Black Oak Dr, Ste 102 Medford, OR 97504 541-789-4236	M-F: 7:30 am - 5:00 pm Walk-in ◆◆
	PROVIDENCE CENTER FOR OCCUPATIONAL MEDICINE	1390 Biddle Rd Medford, OR 97504 541-732-5554	M-F: 8:00 am - 4:00 pm Pre-employment Testing M-F: 8:00 am - 4:30 pm Random Testing Walk-in ◆◆

Oregon

City	Site Name	Address/Phone	Hours/Appointment or Walk-in
◆◆ Sites marked with ◆◆ have Breathalyzer capabilities ◆◆			
Milwaukie	ONSITE DRUG TESTING	10951 SE 21st Milwaukie, OR 97222 503-652-2935	M-F: 9:00 am - 5:00 pm
Newport	LEGACY-BRIDGEVIEW MEDICAL LABORATORY	1010 SW Coast Hwy, Ste 104 Newport, OR 97365 541-265-8810 800-732-7185	M-F: 8:30 am - 4:00 pm Walk-in ◆◆
North Bend	KOASTAL SCREENING	400 Virginia, Ste 208 North Bend, OR 97459 541-751-1500	M-F: 8:00 am - 4:30 pm Walk-in ◆◆
Portland	ADVENTIST HEALTH/ CONVENIENT CLINIC	18750 SE Stark St Portland, OR 97233 503-666-6717	M-F: 9:00 am - 7:30 pm Sat/Sun: 9:am - 4:00 pm ◆◆
	CASCADE OCCUPATIONAL MEDICINE	3449 N Anchor St, Ste 500 Portland, OR 97217 503-285-6627	M-F: 7:30 am - 4:30 pm Walk-in ◆◆ DOT Testing
	CASCADE OCCUPATIONAL MEDICINE	3108 NE 181st Portland, OR 97230 503-253-5692	M-F: 7:30 am - 5:00 pm Walk-in ◆◆
	COLUMBIA MEDICAL PLAZA	5847 NE 122 nd Ave, Ste 200 1 st Floor (122 nd & Airport Way) Portland, OR 97230 503-256-3401	M-F: 8:00 am - 12:00 pm and 1:00 pm - 5:00 pm Walk-in
	CONCENTRA MEDICAL CENTER	12518 NE Airport Way, Ste 110 Portland, OR 97230 503-256-2992	M-F: 8:am - 5:00 pm ◆◆ DOT Testing
	CONCENTRA MEDICAL CENTER	3449 N Anchor St, Ste 300A Portland, OR 97217 503-283-0013	M-F: 7:00 am - 5:00 pm ◆◆
	DRUG TESTING CENTRAL	9730 SW Greenburg Rd, Ste 200 Jefferson Bldg Portland, OR 97223 503-977-3225	M-F: 8:00 am - 3:30 pm Walk-in ◆◆
	LEGACY CENTRAL LAB	1225 NE 2 nd Ave. 1 st floor Portland, OR 97232 (East of Rose Garden Arena, close to Max) 503-413-5000	M-F: 24 hours Sat: 8:00 am - 4:30 pm (Reopen 7:00 am Monday) Walk-in ◆◆ <i>No Breathalyzer after 7:00 pm</i>
	OCCUPATIONAL CONSULTANTS NORTHWEST (Washington Building)	9370 SW Greenburg Rd, Ste 602 Portland, OR 97223 503-246-4104	M-F 7:30 am - 5:00 pm
Pendleton	INTERPATH LABORATORY	1100 Southgate Pendleton, OR 97801 541-276-6700	M-F 7:00 am - 5:30 pm Walk-in

Oregon

City	Site Name	Address/Phone	Hours/Appointment or Walk-in
◆◆ Sites marked with ◆◆ have Breathalyzer capabilities ◆◆			
Redmond	REDMOND IMMEDIATE HEALTH CARE	3818 SW 21 st St, Ste 100 Redmond, OR 97756 541-548-2899	M-F: 8:00 am - 5:00 pm Sat/Sun: 10:00 am - 6:00 pm Closed 12:00 pm - 1:00 pm each day Walk-in
Reedsport	LOWER UMPQUA HOSPITAL	600 Ranch Rd Reedsport, OR 97467 541-271-2171	M-F: 8:00 am - 6:00 pm Sat: 8:00 am - 12:00 pm Walk-in
Roseburg	EVERGREEN URGENT CARE	2570 NW Edenbower Rd Ste 100 Roseburg, OR 97470 541-957-1111	M-F: 7:00 am - 7:00 pm Sat: 9:00 am - 5:00 pm Sun: 11:00 am - 5:00 pm OCCUHEALTH is preferred site Walk-in ◆◆
	OCCUHEALTH	2570 NW Edenbower Rd Ste 100 Roseburg, OR 97470 541-679-2273	M-F: 8:00 am - 5:00 pm Walk-in ◆◆
Salem	BIO MED TESTING SERVICE	1952 McGilchrist SE Salem, OR 97302 503-585-6654	M-F: 7:00 am - 5:30 pm Walk-in ◆◆
Seaside <i>New site</i>	SEASHORE MEDICAL LAB	580 Avenue U Seaside, OR 97138 503-717-1777	M-Th: 8:00 am - 12:00 pm and 1:30 pm - 4:30 pm
Springfield <i>New site</i>	CHEMICAL TESTING MOBILE SERVICES	1293 18 th , Ste C Springfield, OR 97477 541-744-2550	M-F: 8:00 am - 5:00 pm
St Helens	LEGACY LAB ST HELENS GOOD SAMARITAN MEDICAL MALL	500 N Columbia River Hwy St Helens, OR 97051 503-397-1801	M-F: 8:30 am - 5:00 pm Walk-in
The Dalles	MID-COLUMBIA MEDICAL CENTER LAB	1700 East 19 th St The Dalles, OR 97058 541-296-7225	M-F: 8:00 am - 4:30 pm ◆◆
Tillamook	TILLAMOOK GENERAL HOSPITAL	1000 3 rd St Tillamook, OR 97141 503-815-2380	M-Th: 8:00 am - 5:00 pm F: 8:00 am - 4:00 pm Walk-in
Tualatin	LEGACY LAB TUALATIN	7587 SW Mohawk St Tualatin, OR 97062 503-692-2700	M-F: 8:30 am - 5:00 pm ◆◆ DOT Testing
Warrenton <i>New site</i>	DRUG SCREENS INC.	737 E. Harbor Dr, Ste D Warrenton, OR 97146 503-861-0693	M-F: 9:00 am - 5:00 pm

Washington

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◆◆ Sites marked with ◆◆ have Breathalyzer capabilities ◆◆			
Auburn	OCCUPATIONAL HEALTH SERVICES	1000 Auburn Way S Auburn, WA 98002 253-395-2002	M-F: 6:00 am - 5:30 pm ◆◆ DOT Testing
Bellevue	US HEALTHWORKS	1925 140 th Ave NE Bellevue, WA 98005 425-865-8060	M-F: 7:00 am - 7:00 pm Sat: 9:00 am - 5:00 pm ◆◆
Bothell	DRUG FREE BUSINESS	11511 NE 195 th , Ste 102 Bothell, WA 98011 425-488-9755	M-F: 7:00 am - 4:00 pm ◆◆
Bremerton	PROMPT CARE	1651 NE Bentley Drive Bremerton, WA 98311 360-782-3415	M-F: 9:00 am - 6:00 pm Sat/Sun: 9:00 am - 5:00 pm (Random & Post-Accident only) <i>By appointment only</i>
Ellensburg	ADDS ALCOHOL-DRUG SCREENING SERVICE	507 Nanum, Room 111 Ellensburg, WA 98926 509-925-9821	M-Th: 8:30 am - 11:00 am and 1:30 pm - 4:00 pm ◆◆
Everett	HEALTHFORCE OCCUPATIONAL MEDICINE	11001 31 st Place W, Ste 1 Everett, WA 98204 425-267-0299	M-F: 7:00 am - 7:00 pm Walk-in ◆◆
	HEALTHFORCE OCCUPATIONAL MEDICINE	3726 Broadway, Ste 101 Everett, WA 98201 425-259-0300	M-F: 7:00 am - 5:00 pm Walk-in ◆◆
Grand Coulee <i>New site</i>	COULEE COMMUNITY HOSPITAL	411 Fortuyn Rd Grand Coulee, WA 99133 509-633-1753	M-F: 9:00 am - 12:00 pm and 1:00 pm - 4:00 pm <i>By appointment only</i>
Issaquah	SEE BELLEVUE OR RENTON		
Kenmore <i>New site</i>	CAREPLUS MEDICAL CENTER	17511 68 th Ave NE #C Kenmore, WA 98028 425-486-8300	M-F: 8:00 am - 8:00 pm Sat/Sun: 10:00 am - 6:00 pm
Kennewick	INTERPATH LABORATORY	919 S Auburn, Ste A Kennewick, WA 99336 509-585-9067	M-F 8:00 am -12:30 pm and 1:30 pm - 5:00 pm
	INTERPATH LABORATORY	7233 W Deschutes, Ste D Kennewick, WA 99336 509-374-5418	M-F: 8:00 am - 12:30 pm and 1:30 pm - 5:00 pm
	KGH OCCUPATIONAL HEALTH SERVICES	521 N Young St Kennewick, WA 98336 509-585-5225	M-F: 8:00 am - 5:00 pm <i>By appointment only</i>
Kent	US HEALTHWORKS	24031 104th Ave SE Kent, WA 98030 253-852-1824	M-F: 8:00 am - 8:00 pm Sat: 9:00 am - 12:00 pm ◆◆
Kirkland	SEE BOTHELL		

Washington

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Longview	HEALTHWORKS NW	3331 Washington Way Longview, WA 98632 360-578-2527	M-F: 7:00 am - 6:00 pm Sat: 9:00 am - 12:00 pm ◆◆
	ST. JOHN'S HOSPITAL	1614 E Kessler Blvd Longview, WA 98632 360-414-2332	M-F: 7:00 am - 5:30 pm
	WORKPLACE WELLNESS SERVICES	1405 Delaware St Longview, WA 98632 360-414-2324	M-F: 7:00 am - 5:30 pm Walk in ◆◆ DOT Testing
Lynnwood <i>New site</i>	US HEALTHWORKS	4320 196 th SW, Ste E Lynnwood, WA 98036 425-774-8758	M-F: 8:00 am - 8:00 pm Sat/Sun: 9:00 am - 5:00 pm
Moses Lake <i>New site</i>	MOSES LAKE CLINIC	840 E Hill Ave Moses Lake, WA 98837 509-764-6400	M-F: 8:00 am - 4:30 pm Walk-in
Olympia	WEST CARE CLINIC	3000 Limited Lane NW Olympia, WA 98502 360-357-9392	M-F: 8:00 am - 6:30 pm Sat/Sun: 9:00 am - 4:30 pm ◆◆
Orchards	URGENT MEDICAL CENTER	11808 NE 4 th Plain Rd, Ste A Orchards, WA 98682 360-253-6947	M-F: 8:00 am - 5:00 pm Sat: 9:00 am - 3:00 pm
Pasco	INTERPATH LABORATORY	4403 W Court St Pasco, WA 99301 509-546-2550	M-F: 7:30 am - 5:00 pm ◆◆
	INTERPATH LABORATORY	527 W Park, Ste 6 Pasco, WA 99301 509-545-4124	M-F: 8:00 am - 12:30 pm and 1:30 pm - 5:00 pm
	LOURDES BUSINESS HEALTH SERVICES	9915 Sandifur Parkway Pasco, WA 99301 509-546-2222	M-F: 7:30 am - 5:00 pm
Port Angeles	CLINICARE OF PORT ANGELES	621 E Front St Port Angeles, WA 98362 360-452-5000	M-F: 10:00 am - 5:00 pm ◆◆ <i>By appointment only</i>
Port Orchard	SEE SILVERDALE		
Poulsbo	SEE SILVERDALE		
Pullman	PATHOLOGISTS REGIONAL LAB	1125 NE Washington Ave, Ste 120E Pullman, WA 99163 509-332-6412	M-W: 8:00 am - 5:00 pm Th-F: 9:00 am - 5:00 pm Closed 12:00 pm - 1:00 pm daily
Puyallup	US HEALTHWORKS	3850 S. Meridian Puyallup, WA 98373 253-840-1840	M-F: 8:00 am - 7:00 pm Sat: 9:00 am - 5:00 pm ◆◆
Redmond	US HEALTHWORKS	15937 Redmond Way Redmond, WA 98052 425-882-0100	M-F: 7:00 am - 7:00 pm Sat: 9:00 am - 5:00 pm Walk-in

Washington

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Renton	OCCUPATIONAL HEALTH SERVICES	3600 Lind Ave, Ste 170 Renton, WA 98055 425-656-5020	M-F: 6:00 am - 5:30 pm ◆◆ DOT Testing
	VALLEY MEDICAL CENTER	400 S 43 rd St Renton, WA 98055 425-228-3450	24 Hours/day 7 days/week NO EBAT <i>After hours collections for post-accident and reasonable suspicion only</i>
Richland	INTERPATH LABORATORY	969 Stevens, Ste 1A Richland, WA, 99352 509-946-5382	M-F: 7:30 am - 5:30 pm Sat: 8:00 am - 11:30 am
Seattle	BUSINESS HEALTH LINK	5401 Leary Ave NW Seattle, WA 98107 206-781-6242	M-F: 8:00 am - 4:30 pm ◆◆
	HEALTHFORCE OCCUPATIONAL MEDICINE	3223 1 st Ave S, Ste C Seattle, WA 98134 206-624-3651	M-F: 6:00 am - 4:30 pm ◆◆
	NW DRUG & ALCOHOL SERVICES	923 S Doris St Seattle, WA 98108 206-768-9790	M-F: 6:00 am - 6:00 pm <i>By appointment only</i> ◆◆
	US HEALTHWORKS	1151 Denny Way Seattle, WA 98109 206-682-7418	M-F: 7:00 am - 6:00 pm Sat: 9:00 am - 5:00 pm ◆◆
	US HEALTHWORKS	8313 Aurora Ave N Seattle, WA 98103 206-784-0737	M-F: 8:00 am - 7:00 pm Sat: 9:00 am - 5:00 pm ◆◆
Shoreline	CAREPLUS MEDICAL CENTER	14731 Aurora Ave N Seattle, WA 98133 206-365-0220	M-F: 8:00 am - 7:00 pm Sat/Sun: 10:00 am - 5:00 pm ◆◆
Silverdale	URGENT CARE/PENINSULA MEDICAL GROUP	10513 Silverdale Way NW #101 Silverdale, WA 98383 360-692-1848	M-F: 8:00 am - 6:00 pm Sat/Sun: 10:00 am - 3:00 pm Walk-in ◆◆
Spokane	AMERICAN MOBILE DRUG TESTING CLINIC	10905 E Montgomery, Ste 5 Spokane, WA 99206 509-892-6904	M-F: 8:00 am - 5:00 pm ◆◆
	AMERICAN MOBILE DRUG TESTING CLINIC	9433 N Division Spokane, WA 99218 509-465-3889	M-F: 8:00 am - 5:00 pm Closed 12:00 pm - 1:00 pm ◆◆
	AMERICAN MOBILE DRUG TESTING CLINIC	407 E 2 nd , #257 Spokane, WA 99202 509-838-7494	M-F: 8:00 am - 5:00 pm Closed 12:00 pm - 1:00 pm ◆◆
	OCCUPATIONAL MEDICINE ASSOCIATES	323 East 2 nd Ave Spokane, WA 99202 509-455-5555, ext. 221 or 222	M-F: 7:30 am - 4:45 pm ◆◆
	US HEALTHWORKS, NORTH SIDE	9222 N Newport Hwy, Ste 1 Spokane, WA 99218 509-467-4545	M-F: 8:00 am - 7:00 pm Sat: 9:00 am - 5:00 pm Sun: 10:00 am - 5:00 pm ◆◆

Washington

City	Site Name	Address/Phone	Hours/Appointment or Walk-in
◆◆ Sites marked with ◆◆ have Breathalyzer capabilities ◆◆			
Spokane (cont.)	US HEALTHWORKS, SOUTH HILL	200 SE 29 th Ave (29 th & Grand) Spokane, WA 99203 509-747-0770	M-F: 8:00 am - 7:00 pm Sat: 9:00 am - 5:00 pm Sun: 10:00 am - 5:00 pm
Sunnyside	OCCUPATIONAL HEALTH SERVICES	802 Miller Ave, Ste A Sunnyside, WA 98994 509-839-4191	M-F: 8:30 am - 12:30 pm and 1:30 pm - 4:30 pm ◆◆
Tacoma	US HEALTHWORKS	2624 S 38 th St Tacoma, WA 98409 253-475-5908	M-F: 7:00 am - 7:00 pm Sat: 9:00 am - 5:00 pm ◆◆
Tukwilla	HEALTHFORCE OCCUPATIONAL MED	6720 Fort Dent Way, Ste 110 Tukwilla, WA 98188 206-242-3651	M-F: 7:00 am - 5:30 pm ◆◆
	US HEALTHWORKS	200 Andover Park E, Ste 8 Tukwilla, WA 98188 206-575-3136	M-F: 7:00 am - 9:00 pm Sat/Sun: 9:00 am - 6:00 pm ◆◆
Vancouver	ADC TEST CLINIC	5501 NE 109 th Ct, Ste E Vancouver, WA 98662 360-256-0322	M-F: 9:00 am - 4:30 pm Walk-in ◆◆
	LEGACY METROLAB VANCOUVER WEST	3305 Main St, Ste 111 Vancouver, WA 98663 360-750-9765	M-F: 8:30 am - 12:00 pm and 12:30 pm - 5:00 pm ◆◆ DOT Testing
	URGENT MEDICAL CENTER AT SALMON CREEK	14201 NE 20 th Ave, Ste 3101 Vancouver, WA 98686 360-571-9799	M-F: 8:00 am - 3:00 pm Walk-in ◆◆
Veradale	US HEALTHWORKS	15425 E Mission Veradale, WA 99037 509-924-7010	M-F: 8:00 am - 7:00 pm Sat: 9:00 am - 5:00 pm ◆◆
Walla Walla	ST. MARY'S PHYSICIANS GROUP	380 Chase St Walla Walla, WA 99372 509-522-5895	M-F: 8:00 am - 5:00 pm <i>By appointment only</i> ◆◆
Wenatchee	WENATCHEE VALLEY CLINIC	820 N Chelan Ave Wenatchee, WA 98801 509-663-8711	M-F: 8:00 am - 5:00 pm ◆◆ DOT Testing
Yakima	CENTRAL WASHINGTON OCCUPATIONAL MEDICINE	206 S 11 th Ave #48 Yakima, WA 98902 509-575-5058	M-F: 7:30 am - 4:30 pm ◆◆
	PROVIDENCE YAKIMA MEDICAL CENTER	206 S 11 th Ave #48 Yakima, WA 98902 509-575-5058	24 Hours/day 7 days/week <i>Post-Accident only</i>

Idaho

City	Site Name	Address/Phone	Hours/Appointment or Walk-in
◆◆ Sites marked with ◆◆ have Breathalyzer capabilities ◆◆			
Coeur d'Alene	AMERICAN MOBILE DRUG TESTING CLINIC	1200 Ironwood West, Ste 309 Coeur d'Alene, ID 83816 208-665-0067	M-F 8:00 am - 5:00 pm ◆◆
	NORTH IDAHO IMMEDIATE CARE	1701 Lincoln Way Coeur d'Alene, ID 83816 208-667-9110	M-Sun: 8:00 am - 8:00 pm ◆◆
Lewiston	PATHOLOGISTS REGIONAL LAB	415 Sixth St Lewiston, ID 83501 208-746-0516	M-F: 8:00 am - 5:00 pm
Nampa	PRIMARY HEALTH - NAMPA	700 Caldwell Blvd Nampa, ID 83651 208-466-6567	M-Sat: 8:00 am - 8:00 pm, Sun: 9:00 am - 5:00 pm Walk-in ◆◆
Pocatello	PORTNETNUF MEDICAL CENTER	880 W Quin Rd Pocatello, ID 83201 208-239-2020	M-F 8:00 am - 4:30 pm
Quad Cities Mobile Testing	QUAD CITIES MOBILE DRUG TESTING	Mobile site Call 208-750-6449	Response time 20-30 minutes Service available 24 hours/day 7 days/week ◆◆

Testing Results FAQs

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

A&I receives the results from Legacy within 24-72 hours depending on the collection site used. (Using the Legacy Central Lab facility guarantees A&I will receive the results within 24 hours).

How long does it take to get the card and the \$50 check?

In most cases, the check should be mailed to the employee's home within three weeks.

When does someone receive the \$50 health maintenance check?

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

What if I need the test results immediately?

Call A&I. A&I will contact Legacy for a rush result.

How do I know if an employee refuses to test?

The employee must bring you the *Custody and Control Form* from the testing site within 24 hours. If the employee does not have a *Custody and Control Form* from the collection site, you can verify he/she tested by calling A&I or access your account online at www.harrisonsdfwp.aibpa.com.

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

Verify the employee did not go test. Contact A&I immediately. The employee will be suspended from work for a two-week period. In addition, the employee will be deemed immediately out of compliance with the Program and must return to compliance before becoming eligible to return to work. To return to compliance, the employee must submit to testing and provide a valid specimen within 24 hours of notice. If the employee does not submit to testing within 24 hours of notice, he/she will be suspended and ineligible for dispatch (where dispatch rules allow) for an additional week.

ID Card FAQs

What if the employee's card is older than six months?

If an employee's Drug-Free Workplace ID card is older than six months, but less than a year old, you have the option of having the employee test, as long as that is your company policy.

What if the employee's card has expired?

Have the employee go and test. Notify A&I via fax that you have sent the employee.

How long does it take to receive a card?

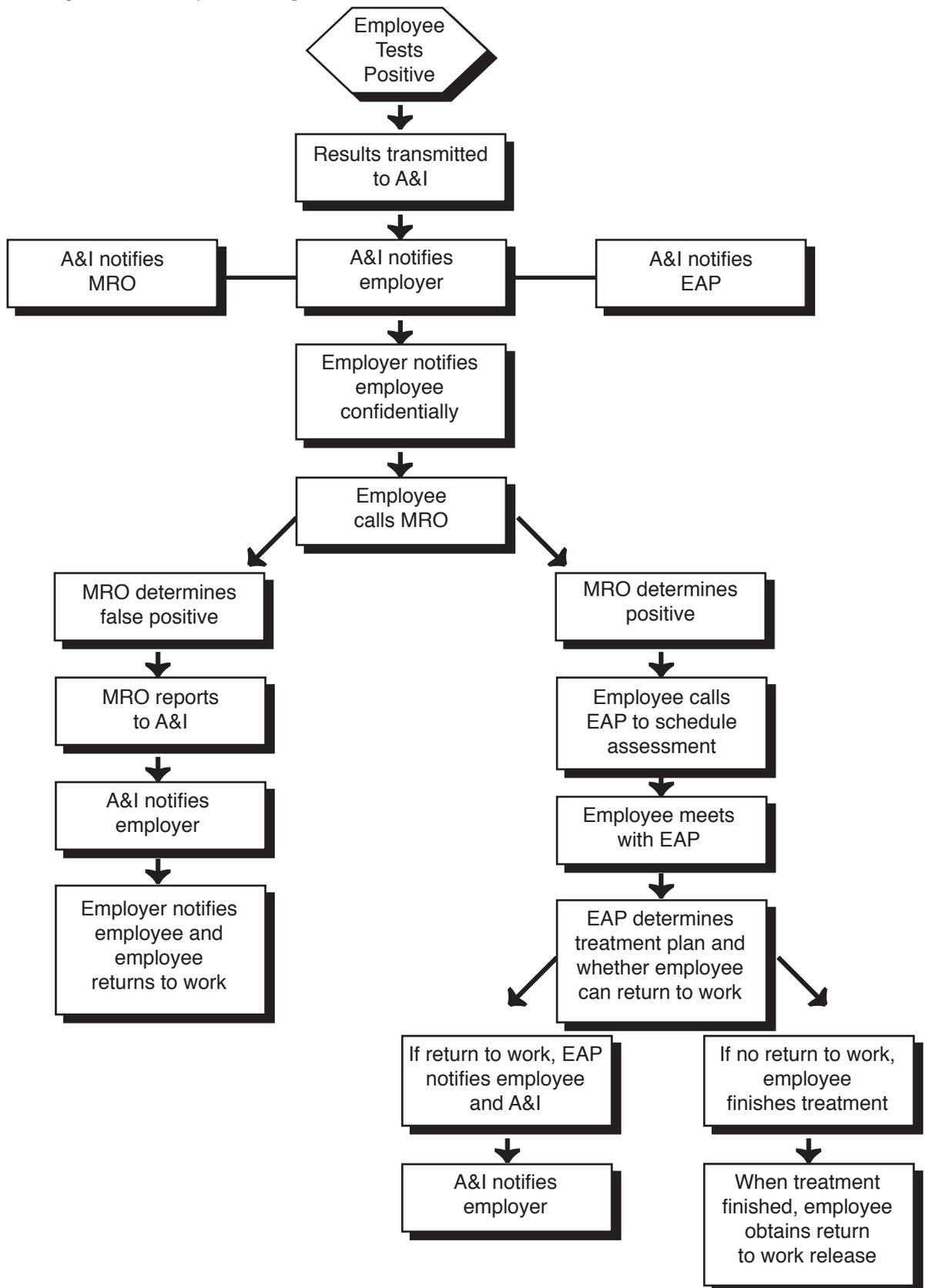
Expect it to take about three weeks to receive a card once your employee has tested.

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

Simply call A&I to verify the employee has a current card or access your account online at www.harrisonsdfwp.aibpa.com. Call A&I to order a replacement card.

Testing Results Flow Chart

What if Employee Tests Positive



Positives

What Happens if Your Employee Tests Positive

If your employee tests positive:

1. You will receive a letter from A&I and an *Information Sheet* to give to the employee. The *Information Sheet* will tell the employee his/her options and the consequences of each option.
2. The employee is required to contact the Medical Review Officer (MRO) to ensure there are no doubts about the validity of the test.
3. The employee is required to contact the EAP for an assessment meeting.
4. At the assessment meeting, the counselor will determine if the employee can return to work. If yes, the counselor will issue a *Return to Work Release*.
5. If the employee is not following through with the treatment recommendations, he/she will be out of compliance, and you will be notified. (The counselor will notify A&I, who will notify you.)
6. When notified the employee is out of compliance, you must suspend the employee's employment.
7. You can reinstate the employee once he/she has obtained a *Return to Work Release* from the EAP counselor.

How do I inform the employee he/she has tested positive?

Take the employee into a private office or workspace during a reasonable break period in the work day, such as lunch or after work. Give the employee the *Information Sheet* (supplied by A&I), which will tell the employee his/her options and consequences available to the employee. See page 9 for some suggestions on how to confront an employee.

What is the positive level for the Breathalyzer test?

.04 or higher.

What are the levels for a “positive” score on the drug panel test?

Drug	Cutoff Value	Units	GC/MS Cutoff
Amphetamines	1,000	ng/mL	500 ng/ml
Benzodiazepine	200	ng/ml	100 ng/ml
Barbiturates	200	ng/mL	200 ng/mL
Cannabinoids	50	ng/mL	15 ng/mL
Cocaine	300	ng/mL	150 ng/mL
Opiates (inc. synthetic)	2,000	ng/mL	300 ng/mL
Propoxyphene	300	ng/ml	100 ng/ml

A 6-Acetylmorphine (6-AM) test for heroin is performed on all specimens with opiate levels greater than 2,000 ng/mL. The cutoff for a positive test is 10 ng/mL by GC/MS.

What happens if an apprentice tests positive?

If it is a probationary apprentice, then the Training Center is notified. The apprentice is terminated and not eligible for rehire until he/she has completed a recommended rehabilitation program prescribed by the EAP, at his/her own expense. Then the apprentice may reapply to the Training Center.

Can I terminate an employee who has tested positive?

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

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

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

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

A&I reviews all positive results. A&I 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 MRO will be contacted and 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 none of these Medication Positive records are found, you will be notified and the employee must be removed from the job.)

If the prescription is verified, the MRO will notify A&I that the employee has a negative test.

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

If the MRO is not able to verify the prescription, you will be notified to remove the employee from the job while the procedures for verifying positive tests are being followed.

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

If, within a two-year period of time:

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

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

If within a two-year period of time:

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

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

If, within a two-year period of time:

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

Dilutes - FAQs

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

If the sample is too diluted to test, A&I will provide you with paperwork. Provide the employee with a copy of the paperwork, so he/she has the information needed to avoid a second dilute sample. Send the employee back to test within 24 hours.

What happens if an employee has a second diluted sample?

The employee will be referred to Dr. Kirby Griffin's office (the medical review officer) to determine if there is a medically valid reason for the dilution. If there is no valid medical reason for the diluted sample, Dr. Griffin will send your employee to retest. A&I will notify you that your employee is out of compliance. The employee will be immediately suspended from work and/or ineligible for dispatch (where local dispatch rules allow) for two weeks while serving a disciplinary penalty.

Adulterants - FAQs

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

The collection site representative will take the employee's temperature orally. If there is a $\pm 1.8^{\circ}$ F difference from the urine specimen, then the employee has adulterated his/her specimen. Employees providing out of normal temperature range specimens must stay at the collection site until they provide a new specimen.

What happens if the specimen is adulterated?

You will be notified by A&I. Provide the employee with a copy of the notification letter. Direct him/her to contact the MRO, and then the EAP. Once the MRO confirms the specimen was adulterated, the employee should be suspended for two weeks and directed to retest immediately to avoid further suspension. The employee must be in compliance with the Program and have served the disciplinary penalty before he/she may return to work.

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

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

Medical Review Officer FAQs

Who is the medical review officer (MRO) and what is his/her role?

Dr. Kirby Griffin is our medical review officer. The MRO has the following responsibilities:

- To provide a second opinion in confirming any positive drug test.
- To determine if a positive test is because of drug use or because of a medical or biological reason.
- To determine if there is a medically appropriate reason for a diluted urine sample.
- To determine whether an employee has a medical condition that would require alternative testing, such as blood or saliva testing.
- To confirm whether the sample is adulterated or diluted for a non-medical reason.

Treatment & Non-Compliance

What does non-compliance mean?

It could mean any of the following:

- Failing to take a scheduled test;
- Failing to keep a scheduled appointment with the evaluator;
- Failing to participate in and/or complete the assigned treatment or education program;
- Refusal to test;
- Substituting another substance or specimen for his/her urine specimen (including your own previously excreted urine);
- Giving a second diluted specimen sample without a valid medical explanation;
- Providing a urine specimen that has the presence of an adulterant.

Refusal to Test – means any conduct by an employee that interferes with the testing process, such as:

- Refusing or failing to appear at the collection site;
- Refusing to provide valid identification, signatures or initials where required;
- Disruptive, belligerent or offensive conduct at the collection or test site;
- Late arrival at the collection or test site (more than 24 hours after notification);
- Having a known adulterant(s) on one's person when appearing for a collection or test, even if no adulterant is introduced into the specimen.

Penalties for Refusal to Test or for Substitution, Dilution or Adulteration:

- The employee will be suspended from work (or from dispatch where dispatch rules allow) for a two-week disciplinary penalty.

To Return to Compliance

- The employee must submit to testing and provide a valid specimen within 24 hours of notice.

If The Employee Fails to Test Within 24 Hours

- The employee will be suspended from work and/or dispatch for an additional one-week disciplinary penalty.

After this, every 24-hour delay in testing will result in an additional penalty of one-week suspension from work and/or dispatch.

What if the employee doesn't like his/her detoxification program or counselor?

Call the EAP and ask to have the employee re-evaluated and referred to a new counselor.

How will I know if the employee is not in compliance with his/her detoxification program?

The EAP counselor will contact A&I, who will contact the employer's designated representative. The employee should be suspended until he/she is back in compliance.

If my employee is out of compliance should I take away his/her drug free ID card?

Yes. This helps to keep the employee from going to another employer while out of compliance.

Designated Representative FAQs

How many designated representatives should I have?

Two.

How do I assign designated representatives?

Complete a new *Form to Designate Representatives*, found in the Policy book, and mail it to A&I.

What if I have to change a designated representative?

Complete a new *Form to Designate Representatives*, found in the Policy book, and mail it to A&I. Indicate which designated representative has been removed.

Training

How do I get my foreman/safety staff trained on the policy?

Training on the policy and reasonable suspicion is available. If you have at least six individuals requiring training in the Portland metro area, or ten in outlying areas, the program and the EAP will come to you. Simply call A&I and request to schedule the training.

To effectively manage the program, you (the employer) should consider training to be a requirement.

Grievance Procedures

How does the grievance policy work if the employee does not like how something was handled?

- **Testing, evaluation or treatment program.** If the decision or action relates to testing, evaluation or treatment procedures, the employee should first try to resolve the issue informally with the EAP. For example, ask for a new evaluation or new counselor. If it is not resolved informally, the employee may file a grievance through his/her local union (or through company policy, for non-bargaining employees).
- **Termination due to non-compliance.** If the employee has been terminated from a job, he/she should first appeal to the administrator, A&I. If not satisfied with the results, the employee may file a grievance through his/her local union (or through company policy, for non-bargaining employees).
- **Not eligible for employment or dispatch (where local dispatch rules allow).** If the employee is not eligible for dispatch as a result of any decision made under the Drug-Free Workplace Program, he/she may appeal to the Hiring Hall Appeals Committee.

What if the employee wants a second opinion?

If the employee tests positive, the employee has the right to have a portion of his/her specimen independently examined by a laboratory of his/her choice at his/her expense. The specimen must be re-tested within ten working days by a National Institute on Drug Abuse (NIDA) certified lab. If the specimen is adulterated, the employee does not have the right to have it re-tested.

DOT Program

Does this program count as a DOT program?

No. There is a separate policy DOT testing as the DOT requirements are more rigorous. To obtain a DOT policy, and implement a program, please call Worksafe Service at 503-391-9363, or toll-free at 888-391-9363.

How much would the DOT program cost?

The DOT program is included in the dime an hour you already contribute to the Trust.

Does this policy satisfy the DOT or RSPA testing requirements?

No. There is a separate policy for DOT and RSPA testing. Call Worksafe Service.



ELECTRICAL INDUSTRY DRUG-FREE WORKPLACE

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 an 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**



ELECTRICAL INDUSTRY DRUG-FREE WORKPLACE

Form to Report New Non-Bargaining Employees Not to Be Covered by the Harrison Health & Welfare Trust

To: Drug-Free Workplace Program

From: _____

Fax: 503-228-0149 _____ page(s)

The following individual(s) are new non-bargaining employees who will not be covered under the Harrison Health & Welfare Trust:

New Non-Bargaining Employees

Hire Date:	SSN:	Name:	Address:



ELECTRICAL INDUSTRY DRUG-FREE WORKPLACE

Form to Report Non-Bargaining Employees Not to Be Covered by the Harrison Health & Welfare Trust

To: Drug-Free Workplace Program

From: _____

Fax: 503-228-0149 _____ page(s)

The following individual(s) are non-bargaining employees who are not covered under the Harrison Health & Welfare Trust:

Non-Bargaining Employees

SSN:	Name:	Address:



ELECTRICAL INDUSTRY DRUG-FREE WORKPLACE

Test Report Form

To: Drug-Free Workplace Program

From: _____

Fax: 503-228-0149

1 page

The following individuals were sent to test:

Name & SS#

- Expired Card (six months old card)
- Post Accident
- Reasonable Suspicion
- Pre-employment

Name & SS#

- Expired Card (six months old card)
- Post Accident
- Reasonable Suspicion
- Pre-employment

Name & SS#

- Expired Card (six months old card)
- Post Accident
- Reasonable Suspicion
- Pre-employment

Name & SS#

- Expired Card (six months old card)
- Post Accident
- Reasonable Suspicion
- Pre-employment

Name & SS#

- Expired Card (six months old card)
- Post Accident
- Reasonable Suspicion
- Pre-employment

Collection Site Form

DO NOT USE THIS FORM FOR FEDERALLY REGULATED SPECIMEN COLLECTION
DRUG TESTING CUSTODY & CONTROL FORM (01127)0000276670

MetroLab Legacy Laboratory Services
 1225 NE 2nd, PORTLAND, OR 97232
 (503) 413-5295
 1-800-950-5295

FORM INSTRUCT ON BACK PAGE
 SPECIMEN ID NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE LABORATORY ACCESSION

A. Donor Name or I.D. No. _____ B. Client Name and Client No. _____
 Last First M.I. (01127)LOCAL 48 (IBEW)/NECA
 Donor SSN or Employee I.D. No. _____ Division/Subcontractor/Project Name/No.: _____
 EMPLOYER: _____

D.O.B. _____ Sex M F PHOTO I.D. OR SUPERVISOR VERIFICATION (DESCRIBE) _____

C. Reason for Test: Pre-employment Random Reasonable Cause Post Accident Probationary
 Return to Duty Follow-up Other (specify) _____

D. Test Information: Panel 2 Panel 3 Panel 3A Panel 4 Panel 4A Panel 5 Panel 6 Panel 10 DUUI
 GC/MS RETEST _____
 See back of Copy 5 for Panel Information Other **SPLIT SPECIMEN COLLECTION REQUIRED** **U COL** **** RC, PA EBOT MANDATORY ****

STEP 2: TO BE COMPLETED BY COLLECTOR - Urine Specimen temperature must be read within 4 minutes of collection.

COLLECTION SITE LOCATION: _____ () _____
 COLLECTION FACILITY Collector's Business Phone No. Collector's Fax No.
 Urine Specimen temperature within range: Yes, 90° - 100°F / 32° - 38°C No, Record specimen temperature here _____
 Specimen(s) collected: Urine Blood Other _____
 REMARKS: _____

STEP 3: Collector affixes bottle seal(s). Donor dates and initials seal(s). Donor completes Step 4
STEP 4: TO BE COMPLETED BY THE DONOR AS NECESSARY

MEDICATION HISTORY - Notice to job Applicants: Do not list medications on this form unless you have a job offer. I am taking or I have taken the following medication(s) within the past thirty (30) days (prescription and non-prescription medication). List physician(s) prescribing medication(s). Poppy seeds in the last 24 hours Yes No

DONOR CONSENT- By my consent, I certify that the above information is true, that the specimen(s) collected is my own, and the specimen have been securely sealed in my presence and that I have not adulterated it in any manner. I release my specimen(s) to the collection facility laboratory, and the individual(s) listed below, and authorize release of results by the Lab to the company/requestor, or MRO.

X _____ (PRINT) Donor Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____ Daytime Phone _____

STEP 5: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section of this form was collected, labeled, sealed and released to the Delivery Service noted.

X _____ Signature of Collector _____ Time of Collection _____ AM _____ PM _____
 (PRINT) Collector's Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____

SPECIMEN BOTTLE(S) RELEASED TO: _____
 Name of Delivery Service Transferring Specimen to LAB _____

RECEIVED AT LABORATORY Primary Specimen Bottle Seal Intact **SPECIMEN BOTTLE(S) RELEASED TO**
 X _____ Signature of Accessioner _____ Date (Mo/Day/Yr) _____
 (PRINT) Accessioner's Name (First, MI, Last) _____ Yes No, enter remarks below

Specimen and Form labeled with same number. Yes No Donor initials on security seal. Yes No Consent signed. No disclaimer. Yes No

Remarks: _____

159938 REV 6/00

MetroLab Legacy Laboratory Services
 (01127) 0000276670
 CENTER () OVER CAP
 SPECIMEN BOTTLE SEAL/LABEL
 (01127) 0000276670
 Date (Mo. Day Yr.) _____
 Donor's Initials _____

MetroLab Legacy Laboratory Services
 (01127) 0000276670
 CENTER () OVER CAP
 SPECIMEN BOTTLE SEAL/LABEL
 (01127) 0000276670
 Date (Mo. Day Yr.) _____
 Donor's Initials _____

COPY 1 - TOXICOLOGY/DATA ENTRY (MUST ACCOMPANY SPECIMEN TO LABORATORY)



ELECTRICAL INDUSTRY DRUG-FREE WORKPLACE

Hoffman Testing Form

It is agreed between the Electrical Industry Drug-Free Workplace Program,

Hoffman Construction Co. and _____ (employee name) that

_____ (name) consents to the random testing

feature of the Electrical Industry Drug-Free Workplace Program and abides by all requirements

of said program during employment to fulfill the responsibilities of the rehabilitation program for

continuous employment on the Hoffman project.

(Signature)

(Date)



Hoffman Construction Company
 805 SW Broadway, Ste. 2100, Portland, OR 97205
 Tel: 503-221-8811 Fax: 503-221-8966

I, _____ (PRINT NAME OR CONSENTEE) hereby agree to one of the following conditions as established by Oregon-Columbia NECA Electrical Industry Drug Free Workplace Program and Hoffman Construction Company:

1. Voluntarily consent to allow Hoffman Construction Company to provide a copy of the results of previously conducted Hoffman Construction Company Drug and Alcohol Tests to the NECA/IBEW Local 48 Drug Program administrator, Administration & Insurance (A&I). I acknowledge that the consequences of those previous Hoffman D&A test results will require that I be placed into the category of having to be in the A&I administered program of more frequent random test results for a period of 24 months; and all other defined terms and conditions of the rehabilitation clause of the NECA/IBEW Local 48 Electrical Industry Drug Free Workplace Program shall be applicable.

Hoffman Construction Company will be notified in writing by A&I Program Administrator upon my successful completion of all the aforementioned terms and conditions outlined above.

2. Voluntarily consent to allow Hoffman Construction Company to provide a copy of the results of previously conducted Hoffman Construction Company Drug and Alcohol Tests to the NECA/IBEW Local 48 Drug Program administrator, Administration & Insurance (A&I). I acknowledge that as a result of the aforementioned test results I have successfully complied with all defined terms and conditions of the rehabilitation clause of the NECA/IBEW Local 48 Electrical Industry Drug Free Workplace Program.

3. Voluntarily consent to all the established conditions of Hoffman Construction Company's RETURN TO WORK DOCUMENTS, all the requirements thereto; in addition to those conditions imposed by the Hoffman Consent Form and any conditions independently imposed by the NECA/IBEW Local 48 program.

4. Voluntarily relinquish my eligibility to have my existing electrical industry employer assign me to perform work on any Hoffman Construction Company jobsite.

I have been advised of my four above options and have executed this document by placing my initials beside my elected option and by signing below on this _____ day of _____.

 Signature of Consentee

Witnessed:

 Electrical Jobsite Steward (date)

 Consentees' Employer Representative (date)

 Hoffman Construction Company Representative (date)

Distribution:

FAX COPY TO HCC MAIN OFFICE
 FORWARD ORIGINAL TO HCC MAIN OFFICE
 HCC MAIN OFFICE: FAX COPY TO A&I PROGRAM ADMINISTRATOR WITH COPY OF PREVIOUS D&A TEST (IF CONSENTEE ELECTS ITEM 1)

HCC A&D - REV. 10/02



ELECTRICAL INDUSTRY DRUG-FREE WORKPLACE

REASONABLE SUSPICION EVALUATION FORM

Employee Name: _____ Observer: _____

Time: _____ Date: _____ Interview Location: _____

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

Examination: (circle words describing observations)

What is Seen:	Bloodshot or red eyes	Trembling or shaking hands
	Runny nose	Flushed or red complexion
	Watery eyes	Problems—stagger, stumble, trip, sway
	Blank stare	Dilated or constricted pupils
	Vomiting	Perspiring

What is Heard:	Coughing	Exaggerate pronunciation
	Rapid speech	Voice volume too loud or too soft
	Slurred speech	Abusive language—record statements
	Sniffling	Meaning of phrases not understandable

What is Smelled:	Alcohol like odor or breath	Burnt rope odor on clothes or breath
	Other—please describe _____	

What is Said Quote/Unquote: (Example: “We celebrated my birthday at lunch.”)

- 1.
- 2.

Other Observed Behaviors:

- 1.
- 2.

Other Physical Evidence: (Example: beer bottle)

- 1.
- 2.

Describe Any Other Observations:

- 1.
- 2.

Interview (to be completed by Supervisor):

Have you been drinking/using drugs? ___yes ___no
If yes, what? _____ Quantity? _____

Are you hurt? ___yes ___no If yes, where? _____

How much did you sleep last night? _____ hours

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

Signatures:

Supervisor: _____ Date/Time of observations: _____

Independent Observer: _____ Date/Time of observations: _____



ELECTRICAL INDUSTRY DRUG-FREE WORKPLACE POLICY BOOK



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Updated January 1, 2009

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HISTORICAL REVIEW OF THE PROGRAM

The Electrical Industry Drug-Free Workplace Program was adopted by the Oregon Columbia Chapter NECA and IBEW Local 48 on September 10, 1990 and IBEW Local 970 on January 1, 1993. 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, 970, 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



INTRODUCTORY LETTER

Introductory Letter

Page 2

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.

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
1200 Westlake Ave N, Suite 810
Seattle, WA 98109
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 970
PO Box 1076
Longview, WA 98632
360-425-3550 - phone
360-425-8137 - 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

**Providence Health Systems
Employee Assistance Plan**
3510 NE 122nd Ave, Ste 211
Portland, OR 97230
503-215-3561 - phone
800-255-5255
503-215-4574 - 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



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 Contractor's 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 Contractor's 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.



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- 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.
- 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. 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 and current 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.



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- 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.
 - 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 an on the job 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. Refusal to submit to a test or a confirmed positive shall be grounds for withdrawing a conditional offer of 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. All new employees shall be tested if they have no identification card, or if their identification card is 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.
 - 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



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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.

- c) The term "reasonable suspicion" shall for the purposes of this Policy and section be defined as follows:

Aberrant or unusual behavior of a person that:

- i) is observed by the person's immediate supervisor or others and confirmed by the observation of another supervisory employee or managerial employee, (if reasonably available) which observations shall be documented by the observers; and
- ii) is the type of behavior that is a recognized and accepted symptom of intoxication or impairment caused by controlled substances or alcohol or addiction to or dependence upon said alcohol or controlled substances; and
- iii) is not reasonably explained as resulting from causes other than the use of controlled substances (such as, but not way of limitation, fatigue, lack of sleep, side effects of over the counter medications, reactions to noxious fumes or smoke, etc.).

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

Employees who have caused, contributed to, or been injured in a work related accident shall be subject to post accident testing 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.



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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.

- 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 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 return to work until a valid specimen



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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 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 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.

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



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- 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 must be in compliance with the Program AND have served the disciplinary penalty before he/she may return to work or dispatch.

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."



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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 will be deemed out of compliance with the Electrical Industry Drug Free Workplace Program and shall be ineligible to work for any participating employer.

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.

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.



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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 503-215-3561, or outside of the Portland area at 800-255-5255. 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.

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, except that 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 provision, "non-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.



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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.
 - 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.



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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, 970, 659, 280, 73,
932, 112 and 46*



ADMINISTRATIVE RULES

- 1. Administration:** Participating NECA Chapters of the National Electrical Contractor's Association Participating IBEW Local Unions of the International Brotherhood of Electrical Workers
MRO: Parragon Medical Review Officer
EAP: Providence Health System for Local 48, 970, 659, 280, 73, 112, 932 and 46
Administrator: A&I Benefit Plan Administrators
- 2. Employees covered:** These procedural rules apply to testing of covered employees as defined in the Electrical Industry Drug-Free Workplace Program and Company Policy (i.e. signatory employers (commercial, industrial, residential, material handler, sound and communication, panel shop, and lighting maintenance agreements), their overhead staff, and collective bargaining employees employed in the States of Oregon and Washington).
- 3. Substances covered:** These procedural rules apply to testing of substances prohibited by the Electrical Industry Drug-Free Workplace Program and Company Policy: any form of alcohol and /or other intoxicating substance, any substance for which use is prohibited or regulated by federal or state law, including legal drugs obtained or used illegally.
- 4. Testing pursuant to Policy:** Pursuant to the Electrical Industry Drug-Free Workplace Program and Company Policy, employees are required to participate in drug testing on a pre-employment and systematic computer generated basis, and drug and alcohol testing for reasonable suspicion, post accident and follow up.
- 5. 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.



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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.

- 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:

	Cutoff value	Units	GC/MS or LC/MS/MS cutoff
Amphetamines	1,000	ng/ml	500 ng/ml
Barbiturates	200	ng/ml	200 ng/ml
Benzodiazepine	200	ng/ml	100 ng/ml
Cannabinoids	50	ng/ml	15 ng/ml
Cocaine	300	ng/ml	150 ng/ml
Opiates (incl. synthetic)	2000	ng/ml	300 ng/ml
Propoxyphene	300	ng/ml	100 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 6-Acetylmorphine (6-AM) test for heroin is performed on all specimens with Morphine (opiate) levels greater than 2,000 ng/ml. The cutoff for a positive 6-AM test is 10 ng/ml by GC/MS.



ADMINISTRATIVE RULES

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.

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:
- a) The employee listed a medication on the Custody and Control Form;
 - b) The lab states on the test result a medication that would cause the positive;
 - c) The employee has informed the Administrator of a medication using the Prescription or Release Authorization form;
 - d) There are previous results in the last year that were initially positive and the MRO then determined to be negative; or
 - e) The MRO has records of previous Medication Positives.

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

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

If the Administrator is:

- a) Not able to verify a prescription; or
- b) The Employee has not contacted the MRO within 24 hours of being notified of a Non-negative Result, or
- c) If the Administrator has no reason to suspect the positive result is due to a prescription medication, then the Administrator will notify the employer of a positive test result or invalid specimen.

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



ADMINISTRATIVE RULES

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.

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.



ADMINISTRATIVE RULES

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.

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.



ADMINISTRATIVE RULES

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:** 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.

Revised 01/2009



FAX COVER

Electrical Industry Drug-Free Workplace Program
CONFIDENTIAL MATERIAL INCLUDED IN THIS FAX
Please Give Directly To Recipient!!

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

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

The attached employees have been selected for drug testing. You must notify these employees within eight 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

Employee Name: _____ Observer: _____

Time: _____ Date: _____ Interview Location: _____

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

Examination: (circle words describing observations)

What is Seen:	Bloodshot or red eyes	Trembling or shaking hands
	Runny nose	Flushed or red complexion
	Watery eyes	Problems—stagger, stumble, trip, sway
	Blank stare	Dilated or constricted pupils
	Vomiting	Perspiring

What is Heard:	Coughing	Exaggerate pronunciation
	Rapid speech	Voice volume too loud or too soft
	Slurred speech	Abusive language—record statements
	Sniffing	Meaning of phrases not understandable

What is Smelled:	Alcohol like odor or breath	Burnt rope odor on clothes or breath
	Other—please describe _____	

What is Said Quote/Unquote: (Example: "We celebrated my birthday at lunch.")

- 1.
- 2.

Other Observed Behaviors:

- 1.
- 2.

Other Physical Evidence: (Example: beer bottle)

- 1.
- 2.

Describe Any Other Observations:

- 1.
- 2.

Interview (to be completed by Supervisor):

Have you been drinking/using drugs? ___yes ___no

If yes, what? _____ Quantity? _____

Are you hurt? ___yes ___no If yes, where? _____

How much did you sleep last night? _____ hours

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

Signatures:

Supervisor: _____ Date/Time of observations: _____

Independent Observer: _____ Date/Time of observations: _____



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 an 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**



ELECTRICAL INDUSTRY
DRUG-FREE WORKPLACE

<http://harrisonsdfwp.aibpa.com>

CERTIFICATE OF COMPLIANCE

(Company Name) _____, The International Brotherhood of Electrical Workers (IBEW), and the National Electrical Contractor's 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 _____ to 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 _____, 200 _____

Witnessed this _____ day of _____, 200 _____.

By: _____

By: _____



1ST TIME DILUTE EMPLOYER LETTER

Date

Employer
Attn: Designated Rep
Address
Address

Dear Designated Rep

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

Please advise your employee that 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



1ST TIME DILUTE EMPLOYEE LETTER

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

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



2ND TIME DILUTE LETTER

Date

Employer

Attn:

Address

Address

Dear _____:

This letter is to inform you that <<EE_F_Name>> <<EE_L_Name>> has tested for the second time as part of the Electrical Industry Drug-Free Workplace Program. However, the second 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



1ST & 2ND POSITIVE EMPLOYER LETTER

Date

Employer

Attn:

Address

Address

Dear _____:

This letter is to inform you that _____, an employee of _____, has tested positive under the Electric Industry Drug-Free Workplace Program. Under the Administrative Rules, you need to notify your employee that 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, 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 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



1ST & 2ND 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, 970, 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 anytime 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.



3RD POSITIVE EMPLOYER LETTER

Date

Employer

Attn:

Address

Address

Dear _____:

This letter is to inform you that _____, an employee of _____ has tested positive for the third time within a two-year period under the Electrical Industry Drug-Free Workplace Program. Under the Administrative Rules, you need to notify your employee that the test was positive and make sure the notification is given to the employee in private at a reasonable break in the 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



ELECTRICAL INDUSTRY DRUG-FREE WORKPLACE

<http://harrisonsdfwp.aibpa.com>

3RD 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.**

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 48, 970, 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 anytime 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.



4TH POSITIVE EMPLOYER LETTER

Date

Employer
Attn: Designated Rep
Address
Address

Re: Employee's Name

Dear Designated Representative:

In review of our files, it has come to our attention that _____ has tested positive for a fourth time within a two-year period. In accordance with the Drug-Free Workplace Policy, your employee shall be terminated and is not eligible for re-hire until 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



ELECTRICAL INDUSTRY
DRUG-FREE WORKPLACE

<http://harrisondfwp.aibpa.com>

4TH 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



5TH 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



ELECTRICAL INDUSTRY
DRUG-FREE WORKPLACE

<http://harrisonsdfwp.aibpa.com>

5TH 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.

Mail: Client Services Drug-Free Workplace Program 1220 SW Morrison, Suite 300 Portland, OR 97205	Fax: 503-228-0149 Attn: Drug-Free Workplace
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Participant's Name: _____

ID #: _____

Pharmacy Name: _____

Pharmacy phone number: _____

Prescription name: _____

Prescription exp. date: _____

Your contact number: _____



ELECTRICAL INDUSTRY
DRUG-FREE WORKPLACE

http://harrisonsdfwp.aibpa.com

**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.