
Tacoma Area Signatory
Roofing Contractors
Drug-Free Card Program
January 1, 2004

Administrative Guide

Tacoma Area Signatory
Roofing Contractors
Drug-Free Card Program

TACOMA AREA SIGNATORY

ROOFING CONTRACTORS

DRUG-FREE CARD PROGRAM

Administrative Guide

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Tacoma Area Signatory Roofing Contractors Drug-Free Card Program

Overview

The Tacoma Area Signatory Roofing Contractors and the United Union of Roofers, Waterproofers, and Allied Workers, AFL-CIO Local #153 are committed to protecting the safety, health, and well-being of our employees and all people who come into contact with our workplaces and/or use our services or the products we produce.

Drug testing of applicants and employees has become common in the building and construction industry. Because our industry often has a high turnover of employees, many unnecessary pre-employment drug tests are performed. For example, a union worker may be dispatched or apply to many different employers over the course of a year and may be given a pre-employment drug test on each occasion.

This is insulting to the worker to be drug tested so many times each year and costly to the employers in time and expense of repeated negative drug tests. Workers with substance abuse problems are often shuffled from one employer to another without getting help, or “learn” which employers don’t require testing.

Safety is a primary concern of both the unions and employers in our industry. A drug-related accident may result in the loss of human life — or simply be very costly to both employers and workers. A comprehensive drug-free workplace program will help us preserve the health and dignity of all workers while reducing the possibility of tragic accidents.

DRUG-FREE
CARD
CONCEPT

Drug-Free Card Concept

1. All employees are required to take a pre-employment drug test only once, when he/she applies for employment or is dispatched to the first job, so long as he/she remains “in good standing” with the program.
2. If the test is negative (passed), the employer will be notified and the employee’s status (in good standing) in the program will be entered into a confidential database by the program administrator.
3. If a worker switches employment, the new employer must check with the program administrator (automatic telephone voice response system) to determine that the worker is in “good standing” in the program to avoid another pre-employment test.
4. The program administrator can now track by computer where each participant is currently employed.
5. The program administrator periodically uses a computer to lottery select a small percentage of workers for testing. Workers’ names are matched to the company where they are currently working.
6. The program administrator notifies one pre-designated employer representative at each company that certain worker(s) have been selected.
7. Each worker must then go to a collection site for a drug test. The *employee copy* of the chain-of-custody is shown to the pre-designated manager at the company to verify collection.
8. All test results are tracked by the program administrator to insure compliance with program rules.

ADVANTAGES

Advantages of the Drug-Free Card Program

Every employee knows that on any given workday, he/she could be lottery selected by the computer for a test. This is a powerful deterrent to avoid drug use.

Employers don't have to wait for the results of the pre-employment test—new employees can start working immediately.

Costs are minimized by avoiding multiple unneeded pre-employment tests. Employers are still assured that the applicant has recently passed a test and since that test, has been subject to a lottery selection testing program.

Counterfeiting or lost cards will not be an issue since employers confirm that the applicant is in good standing in the Drug-Free Card program.

The Drug-Free Card program fits in well with existing drug-free workplace programs and mandated federal testing programs.

Drug-Free Card Program has many safeguards

SAFEGUARDS

The Drug-Free Card program has instituted many safeguards to insure fairness, accuracy and efficiency, thus protecting both the employee and the employer.

- The program is set up and administered by *Drug Free Business*, an independent, non-profit third party administrator (TPA).
- A joint committee, equally representing both unions and employers, can give quick response to requests for clarification, exceptions, and other issues that may arise that have not been covered in these guidelines. See page 6.
- All collections are performed by trained personnel following the Dept. of Health and Human Services (DHHS) protocols and guidelines for workplace drug testing.

- All drug analysis is performed in laboratories certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) and/or the College of American Pathologists Forensic Urine Drug Testing program (CAP/FUDT).
- All alcohol testing is performed and/or confirmed by evidentiary breath testing (EBTs) devices approved by the National Highway Traffic Safety Administration.
- All drug tests are reviewed by an independent, certified Medical Review Officer (MRO) before verified results may be reported to the designated employer representative. This gives the employee a chance to explain a valid reason for a positive test, for example, prescription drugs. The MRO will act as a vital screen to assure that management is not notified of a positive result on a drug test until the MRO is satisfied that it resulted from illegal drug use.
- Each employer has a designated employer representative to coordinate substance abuse and drug testing issues. This individual has received training on program administration, substance abuse and chemical dependency, drug and alcohol testing, the proper use of employee assistance programs and confidentiality requirements. Positive tests will be treated confidentially by the employer.

What happens when someone tests positive?

If the test has been verified as positive, the Medical Review Officer will notify the designated employer representative and the program administrator. The employee's status in the Drug-Free Card program is *suspended*. The employee is notified in writing and suspended from all duty pending the results of a professional assessment.

The employee must contact the employer's employee assistance program (EAP) to arrange for a professional assessment. The EAP may require that the employee obtain additional assessments, attend substance abuse educational programs, or enroll in an appropriate treatment program.

POSITIVE
TESTS

Employee assistance program benefits are paid for by the employer. Payment for any additional treatment or counseling is the responsibility of the employee and his/her medical insurance program.

Employees will not be allowed to return to work until authorized by the employee assistance program. At that time, the employee is reinstated in good standing in the Drug-Free Card program. The EAP will continue to monitor the employee for up to two years to confirm compliance with recommendations and/or successful completion of any recommended treatment program.

After being authorized to return to work the employee must pass a return-to-work test and is subject to additional four follow-up tests per year for two years.

The drug and alcohol testing policy applies to all employees.

All employers in the Tacoma Area Signatory Roofing Contractors' Drug-Free Card Program must have this written drug and alcohol policy that applies to all employees including all collective bargaining employees, sales, clerical, estimators, management, owners (active in management), all corporate officers, supervisory, part-time and all applicants for these positions. All employees will be placed in the Drug-Free Card's lottery selection pool.

ALL
EMPLOYEES
ARE COVERED

Tacoma Area Signatory
Roofing Contractors
Drug-Free Card Program

Administrative Rules

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Participants
United Union of Roofers, Waterproofers,
and Allied Workers. AFL-CIO Local #153

Tacoma Area Signatory Roofing Contractors

Drug-Free Card Committee

A joint committee is established, equally representing both union and employers, and is authorized to give quick response to requests for clarification, exceptions, and other issues. This committee is made up of an equal number of representatives from the union involved and from companies who are Tacoma Area Signatory Roofing Contractors. The program administrator is included in this committee as a non-voting advisor. This committee will initially meet once each year or more often as needed.

In the event that an issue arises that cannot be resolved by a majority of the members of the committee, the issue will be submitted to binding arbitration within thirty days of the deadlock. The arbitrator will hear the case and render a decision within forty-five days of the deadlock. The arbitrator's power will be limited to interpreting and enforcing the terms of this administrative guide and will have no power to award back-pay, front-pay, or make-whole remedies. However, the parties to

the dispute will retain any rights they may have to seek relief provided for by contract outside of this Clean Card program.

Covered Employees

An employer participating in this program is required to have this written policy that applies to all employees, including all collective bargaining employees, sales, clerical, estimators, management, all corporate officers, supervisory, part-time and all applicants for these positions. All employees will be placed in the Drug-Free Card's lottery selection pool.

POLICY
APPLIES TO
ALL

Prohibited Substances

A participating employer shall strictly prohibit the illicit use, purchase, possession, sale, conveyance, distribution, or manufacture of illegal drugs, intoxicants, or controlled substances in any amount or in any manner, including having a detectable presence of illegal drugs in the body systems.

PROHIBITIONS

In addition, the employer shall strictly prohibit the use or being under any influence of alcohol during working hours. Prescription or nonprescription medications are not prohibited when taken in accordance with a lawful (under both federal and local laws) prescription or consistent with standard dosage recommendations. Employees in safety-sensitive jobs are responsible for notifying their supervisors when prescribed medications may interfere with their ability to do their jobs safely.

Employee Assistance Programs

Participating employers are members of the *Drug Free Business* Employee Assistance Program (EAP) Consortium.

E A P S

Full service, confidential employee assistance is made available to all employees, their families, and/or significant other person. Instruction and training on available benefits and how to access the program will be given to every employee.

Current employees with substance abuse problems are encouraged to obtain help through the Employee Assistance Program before they are lottery selected. They will be assisted and referred to an appropriate

treatment program if needed. In most cases today, substance abuse treatment is handled on an out-patient basis so that an employee is not required to miss any work.

Voluntary self-referrals or referrals by family and concerned co-workers are always treated confidentially by the Employee Assistance Program. Employers or union officials are *not* notified.

Drug Testing Uses Certified Laboratories

DRUG
TESTING

The Drug-Free Card program will use SAMHSA and/or CAP/FUDT certified laboratories provided through Drug Free Business. All testing, both screening and confirmation is performed at certified laboratories. Screening test uses Enzyme immunoassay (EMIT) and confirmation, if needed, is by Gas Chromatography/Mass Spectrometry (GC/MS).

Drugs Tested and Drug Testing Cutoff Levels

Follow Federal Regulations

CUTOFF
LEVELS

The Drug-Free Card program has adopted the drug testing panel and cutoff or threshold levels used by the Department of Health and Human Services (DHHS) Mandatory Guidelines for Federal Workplace Drug Testing Programs. The Drug-Free Card Committee may vote to adopt program levels to match any future changes in Federal Guidelines. All participants will be notified in advance of any changes or anticipated changes in cutoff levels.

All Drug Test Results are Reviewed

by an Independent Medical Review Officer

MEDICAL
REVIEW
OFFICER

All drug tests will be reviewed by a certified Medical Review Officer (MRO) before verified results may be reported to the designated employer representative. This gives the employee a chance to explain the reason for a positive test, for example, prescription drugs.

Specimens May Be Retested

RETEST

All positive specimens are sealed, frozen and maintained by the certified laboratory for at least one year. An employee may request, within 15 days of being notified of a positive test, that the MRO arrange to have the original sample retested (at the employee's expense) at a different certified drug testing laboratory. If the retest is

negative, the MRO shall revise the test results to negative and the employee will be reimbursed for the cost of the retest.

COLLECTION

Urine Collection Follows Federal Protocols

Urine collection procedures for drug testing will follow the requirement used by the Department of Health and Human Services (DHHS) Mandatory Guidelines for Federal Workplace Drug Testing Programs. The Drug-Free Card program currently has a network of preferred occupational medical clinics and laboratory collection sites throughout the U.S. There are approximately 44 in Western Washington. Many are open late and on weekends and provide alcohol testing. Addition third-party collectors can be set up on short notice in remote areas.

ALCOHOL
TESTING

Alcohol Testing Uses Evidentiary Breath Testing Devices

Alcohol testing is authorized for reasonable suspicion, post-accident, return-to-work and follow-up situations. Participants in the Drug-Free Card program will not be lottery selected for alcohol testing.

Alcohol testing will follow the procedures required for alcohol testing under the Department of Transportation (DOT) regulations. Testing will be performed by trained Breath Alcohol Technicians (BATs) with approved screening devices and confirmed with an evidentiary breath testing (EBT) device approved for workplace testing under the DOT regulations.

Alcohol levels indicating a positive test will follow the Department of Transportation rules. A blood alcohol concentration (BAC) of 0.02 or greater requires suspension from safety-sensitive duties for 24 hours. A BAC of 0.04 or greater requires suspension and referral to an employee assistance program for an assessment.

See page 18 concerning transportation to collection or testing site.

Types of Testing

TESTING
SITUATIONS

Drug testing shall be permitted in accordance with this written policy in these situations:

1. Pre-employment

2. Post-accident
3. Reasonable Suspicion
4. Return-to-work
5. Follow-up
6. Lottery testing is only allowed in accordance with the Drug-Free Card program.
7. Testing required for compliance with Department of Transportation mandated programs.

In the event that a general contractor or project agreement requires an additional pre-employment test, the Drug-Free Card program can accommodate special requirements.

Initial Test or Pre-employment Test

To obtain good standing in the program each employee must pass a drug test. This is the equivalent of a pre-employment test. The program administrator will then track this employee by listing Name, Employee ID (SSN), and an expiration date six (6) months after the date of last test.

Lottery Selections Performed by Computer

The program administrator shall maintain a computer lottery selection program containing names of all employers and employees participating in the Drug-Free Card program.

The computer program will lottery select names each month at a rate to equal an annual selection rate of 50%.

For example

If 600 names are in the lottery pool, 50% or 300 names will be selected each year. Spread out over 12 months means 25 employees will be selected each month. Since all names are returned to the pool

after selection, there is a chance that some employees may be tested more than once per year.

The lottery selection process will not allow an employee to be lottery selected more than two times per calendar year.

Notification of Selection

NOTIFICATION

The program administrator shall prepare a confidential selection list each month for each participating employer. The designated employer representative shall receive this list and in turn notify each lottery selected employee.

Because our industry often involves deadlines, complicated scheduling and remote job sites, the employer's designated representative is given the flexibility to choose which day during the selection period to notify the selected employee. All selections must be unanticipated and unannounced. All selected employees must be tested before the end of the selection period (one-month).

Employees shall have reasonable notice that they have been selected for testing. Normally, the designated employer representative will make each notification at a time that allows the employee to proceed immediately and directly to the collection site. Employees must be given directions to convenient collection sites and their hours of operation.

SELECTION IS
NOT AN
ACCUSATION

Being lottery selected is not an accusation of suspected drug use and should not stigmatize an employee. However, this may be a sensitive issue for some employees. Therefore, the employers' designated representative shall make every effort to make notifications in private.

IF SELECTED
WHEN NOT
WORKING

Selections made when Employee Not Working will Require Testing upon Return to Work

If a participating employee's name is lottery selected while he/she is unemployed, on the out of work list, on vacation, working out of jurisdiction, or for a non-participating employer, he/she shall be required to take the test upon returning to work for a participating employer.

If an employee has been working for over six (6) months since the date of last test, he/she can continue working for the current employer indefinitely, but is still subject to lottery selection. If an employee with an expired card switches employment, the new participating employer must require a new pre-employment test. The new employer is responsible for the costs of this test. Upon receiving the negative test result, the program administrator will reset the status to “in good standing” and reset the date of test.

REFUSAL TO
TEST

A Refusal to Test is Treated Like a Positive Test

Employees who refuse to take a drug or alcohol test, or appear for testing will be treated as if the test was positive. The following is considered a refusal to test:

- Failure to appear for collection within the time limit.
- Refusal to sign the chain-of-custody forms.
- Engaging in conduct that clearly obstructs the testing process as defined in the *Urine Specimen Collection Handbook for Federal Workplace Drug Testing Programs* (DHHS).
- Tampering or adulterating specimens.
- Failure to provide an adequate urine sample or an adequate breath sample without a valid medical explanation. Collectors will follow the “shy bladder” collection procedures outlined in the *Urine Specimen Collection Handbook for Federal Workplace Drug Testing Programs*, which provides for the donor to drink 8 ounces of fluid every 30 minutes up to a maximum of 40 ounces or until the donor has provided a sufficient urine specimen, whichever occurs first.

DILUTED
SPECIMENS

Diluted Specimens May Be Unsuitable for Testing

Diluted specimens may indicate that the employee has consumed large amounts of water before the test to confound the analysis process. If an employee’s specimen is reported as diluted (Specific gravity < 1.003

and creatinine <0.2g/L), he/she will be required to submit another specimen. A second test, after a diluted specimen, will require that the employee go directly to the collection site after notification of selection. A second diluted specimen will be treated as a positive test. The professional recommendations of the program's Medical Review Officer will be followed after a second diluted test.

Positive Test Will Result in Loss of Drug-Free Card

LOSS OF
DRUG-FREE
CARD

If an employee refuses to test or receives a verified positive test, he/she will be suspended from the Drug-Free Card program. If this employee attempts to obtain employment at another participating company, the employer's designated representative will be notified that the applicant is not in good standing in the program and is ineligible for hiring. No other details will be given.

Reentry into Drug-Free Card Program

REENTRY

Employees are encouraged to contact the employer's employee assistance program (EAP) to obtain a professional substance abuse assessment. Employees will not be allowed to return to good standing in the Drug-Free Card program for two (2) years or until the program administrator has received written confirmation that the employee:

- has been professionally assessed as needing no treatment or rehabilitation and may return to work
- has been professionally assessed and is currently making satisfactory progress in a treatment or rehabilitation program and may return to work
- has successfully completed a professional treatment or rehabilitation program.

FOLLOW-UP
TESTING

In addition, the employee is subject to a return-to-duty test and four additional follow-up drug and/or alcohol tests per year for two years after reentry.

FIRST
POSITIVE
TEST

An employee will not be terminated solely for a first time positive drug test.

No employee will be terminated solely because of a first verified positive test result. Instead, the employee is required to submit to an EAP evaluation and, if necessary, receive a one-time opportunity to enter a treatment program. These employees are still subject to discipline, up to and including termination for independent reasons.

LAST CHANCE
AGREEMENT

As a condition of keeping his job, the employee will be required to comply with a *last chance* or reentry agreement in accordance with the employer's policies.

2ND POSITIVE
TEST

A Second Verified Positive Test Results in Termination

Any employee who has a second verified positive drug or alcohol test result will again be suspended from the Drug-Free Card program and will be terminated from employment. To reenter the program and receive a new Drug-Free Card, the employee must meet the requirements outlined above (Reentry into Drug-Free Card Program). Completing a treatment or rehabilitation program does not guarantee reemployment with the former employer in this situation.

Verification of Testing Fairness

The Administrator will provide a report to the union of uncompleted testing of lottery-selected employees. The report will only state the number of employees not tested after sixty (60) days from the random selection date. The employees' names and confidential information will not be listed.

If the employer does not or refuses to test the listed employees, if those employees are actually employed by the employer, the employer is in violation of the Drug-Free program. The union will not dispatch journeymen and apprentices to the employer until all required testing of current employees has been performed and verified by the Administrator.

Reciprocity

The Tacoma Area Signatory Roofing Contractors Drug-Free Card Program is reciprocal with the Seattle Area Signatory Roofing Contractors Drug-Free Card Program. While the two programs are separate, they are both administered by Washington Drug Free Business and share a single database. Compliance with one program places a person in good standing in the clean card database, similarly, failure of a test or failure to comply with one program will result in a change in status in both programs.

Policy on Drug and Alcohol Abuse

Basis for the Policy

As a participant in the Tacoma Area Signatory Roofing Contractors Drug-Free Card Program, we are committed to protecting the safety, health, and well-being of all employees and all people who come into contact with our workplace(s) and property, and/or use our products and services.

Recognizing that drug and alcohol abuse pose a direct and significant threat to this goal, and to the goal of a productive and efficient working environment in which all employees have an opportunity to reach their full potential, we are committed to assuring a drug-free working environment for all employees.

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Drug and Alcohol Prohibitions

As a participant, we therefore strictly prohibit the illicit use, purchase, possession, sale, conveyance, distribution, or manufacture of illegal drugs, intoxicants, or controlled substances in any amount or in any manner, including having a detectable presence of illegal drugs in the body systems.

In addition, we strictly prohibit the use or being under any influence of alcohol during working hours.

Prescription or nonprescription medications are not prohibited when taken in accordance with a lawful prescription or consistent with standard dosage recommendations. Employees in safety-sensitive jobs

are responsible for notifying their supervisors when prescribed medications may interfere with their ability to do their jobs safely.

Drug and Alcohol Testing

All employees are subject to tests for substance abuse. Employees may be asked to submit only to a urine test for drugs and/or a breath test for alcohol.

Employee acceptance of testing, when requested by the company in accordance with this policy, is a mandatory condition of employment. Refusal to submit tests constitutes a violation of policy and will be treated as a positive test.

New Hires

All new hires—and re-hires of regular full-time or part-time employees—will be given a copy of the employer’s policy during the application process and are required to submit to a pre-employment drug test. Failure to pass this drug test shall result in denial of employment. All new hires are required to pay for their initial testing.

Drug-Free Card Program

If a participating employer confirms with the Tacoma Area Signatory Roofing Contractors Drug-Free Card Program administrator that the applicant or new hire is in good standing in that program, the pre-employment test may be waived and the applicant is eligible to start work immediately. All employees (including all collective bargaining employees, sales, clerical, estimators, management, owners (active in management), all corporate officers, supervisory, part-time and all applicants for these positions) of participating companies are required to participate in the Drug-Free Card program, which includes lottery selection for drug testing.

Types of Testing Allowed

- 1. Pre-employment.** Testing conducted to prevent hiring individuals who illegally use drugs.
- 2. Post-Accident Testing.** Alcohol and/or drug testing conducted when an employee is involved in an on-the-job accident or engages in unsafe job related activity that poses a danger to himself / herself

or fellow employees. Post-accident testing will be performed if there was an accident that resulted in a death of an employee or an injury to an employee requiring off-site medical attention, or there was a violation of a safety rule or standard that exposes the employee, other employees or the public to possible death or serious bodily injury or significant property damage.

The company will investigate each workplace injury that results in off-site medical attention and require an employee to submit to drug and alcohol tests if the company reasonably believes the employee has caused or contributed to an injury which resulted in the need for off-site medical attention. A post accident test need not be required if a trained supervisor reasonably believes that the injury was due to the inexperience of the employee or due to a defective or unsafe product or working condition, or other circumstances beyond the control of the employee.

No post-accident test will be attempted until after first-aid and/or other appropriate medical care has been provided (if needed).

3. Follow-up and Return-to-work. Testing of employees who have violated the substance abuse policy, but were given the opportunity to keep their jobs conditioned on successful rehabilitation and no further “positive” tests.

4. Reasonable Suspicion. Testing based on evidence that an employee is using drugs or alcohol in violation of the policy drawn from specific, objective and certifiable facts and reasonable inferences drawn from these facts in light of experience. Among other things, such facts and inferences may be based upon:

- a. An employee showing signs of impairment such as difficulty in maintaining balance, slurred speech or otherwise appearing unable to perform assigned work in a safe and satisfactory manner.
- b. Abnormal conduct or erratic behavior while at work or a significant deterioration of work performance.

The Reasonable Suspicion or Post-Accident Testing Documentation Form (See appendix) must be completed as part of the process to determine the need for a reasonable suspicion test.

5. Lottery testing. Lottery testing is authorized only in accordance with the Drug-Free Card program administrative rules.

6. Department of Transportation mandated testing. Variations of all of the above types of testing are required for certain employees subject to the DOT mandated testing regulations, which employers are required by law to follow. Nothing in this policy or program shall be construed to prevent employers from following and meeting the requirements of the DOT regulations.

Transportation to Collection or Testing Site

In situations requiring a reasonable suspicion or post-accident test, the employer shall arrange for transportation and accompany the employee to the collection or test site. Upon completion of the collection process (and/or alcohol test) the employee shall be transported back to his/her residence.

Supervisors' Training Required

The program administrator will conduct a supervisor training program. All supervisors or managers listed as an *Employer's Designated Representative* or authorized by a participating employer to make reasonable suspicion and post-accident testing determinations are required to complete this training before making testing decisions based on this policy. All supervisors and managers must complete this training within a reasonable time.

Employee Education Required

All participating employers must furnish all employees with a copy of the this policy on drug and alcohol abuse, information on how to access the employee assistance program (EAP) and other resources if available, and the identity of the employer's designated representative or other person designated to answer questions about this program.

Notification of Criminal Convictions

Any employee convicted of a violation of a criminal drug statute that is workplace-related must notify the employer in writing within five calendar days of the conviction. [This provision is required for most federal contractors and most recipients of federal grants under the Drug-Free Workplace Act of 1988.]

Employee Assistance

Both employers and unions participating in the Drug-Free Card program urge individuals with substance abuse problems to seek professional, confidential help, and we are committed to providing assistance in this regard. We consider drug addiction and alcoholism to be treatable diseases.

The goal of our Policy on Drug and Alcohol Abuse is not only deterrence; it also is detection and treatment.

Participating employers therefore make available to all employees a confidential employee assistance program (EAP) whose ultimate goal is rehabilitation. This program is available at no cost to employees and their dependents, and includes initial assessment, referral, and counseling.

The EAP includes family support, counseling, and re-enforcement, all of which can be critical to the successful rehabilitation of a substance abuser.

Any subsequent treatment after referral from the employer's EAP program to an outside treatment provider *may* be covered under the employee's health care coverage. The costs of continuing or long-term rehabilitation services, whether covered by the employee's medical plan or not, are the ultimate responsibility of the employee.

The EAP benefits are available to all employees and their families, even during the period before the employee becomes eligible for health insurance benefits. If substance abuse treatment is required during a period when no health insurance is available, the EAP will attempt to refer to no-cost or low-cost alternatives.

General Responsibility and Applicability

Substance abuse prevention is everyone's responsibility. We expect all employees to recognize and accept this responsibility, and to do their part in assuring that, working together, we can achieve and maintain a drug-free working environment for all employees.

This policy applies equally to all applicants and employees of a participating company covered by and within the jurisdiction of applicable labor agreements, no matter what position or employment status, including *all* collective bargaining employees, sales, clerical, estimators, management, owners (active in management), corporate officers, supervisory, part-time and all applicants for these positions — without exception.

Discipline

Any violation of this policy shall result in adverse employment action up to and including dismissal. An employee will not be terminated solely for a first-time verified positive drug or alcohol test, but will be given the opportunity for job retention through a last chance agreement. However, nothing in this policy prohibits an employee from being terminated for reasons other than the positive test result. An employee who is injured in the workplace may be disciplined for failure to report his/her injury.

Confidentiality

All information received by the employer through a drug / alcohol testing program is confidential communication. Access to this information is limited to those who have a legitimate need to know in compliance with relevant laws. Any unauthorized dissemination of confidential information is a serious violation of the agreement guidelines. Repeated violations will result in the suspension of that employer from this program.

Effective Date

The Tacoma Area Signatory Roofing Contractors Drug-Free Card Program is effective January 1, 2004. Pre-employment drug testing of applicants will begin immediately after that date. Any other testing, including lottery drug testing of current employees will commence

January 1, 2004. However, this policy may be distributed prior to January 1, 2004.

Current employees with substance abuse problems are encouraged to obtain help through the Employee Assistance Program before the testing program takes effect.

An employer joining this program at a later date must notify the participating union(s) business agent/manager involved at the same time notification is made to employees.

Joint Labor Management Committee Administrative Rules

This Tacoma Area Signatory Roofing Contractors Policy on Drug and Alcohol Abuse as adopted by employers will be governed under joint labor management committee administrative rules. This policy shall be subject to periodic review by a special joint Labor/Management committee with the authority to amend as agreed upon. In addition, the grievance procedures outlined in the collective bargaining agreement are available to all collective bargaining employees or employers who may have a complaint in regard to the Policy and/or administrative rules. Non-collective bargaining personnel may be subject to internal company discipline procedures. This policy and the administrative rules is deemed to properly implement the Drug and Alcohol policy established by Article 26 of the collective bargaining agreement between Tacoma Area Signatory Roofing Contractors and the United Union of Roofers, Waterproofers, and Allied Workers, AFL-CIO Local #153.

Indemnification

Each participating company shall indemnify and hold the Union harmless against any and all claims, demands, suits or liabilities that may arise out of the company's application of the Policy on Drug and Alcohol Abuse.

Savings Clause

Should any part of, or any provision herein contained, be rendered or declared invalid by reason of any existing or subsequently enacted legislation, or by a decree of judgement of a court of competent jurisdiction, such invalidation of such part or portion of this agreement

shall not invalidate the remaining portions thereof; provided, however, upon such invalidation the parties signatory hereto agree to immediately meet to renegotiate such parts or provision affected. The remaining parts or provision shall remain in full force and effect.

Cost of drug or alcohol tests

All new applicants are required to pay for the cost of their first pre-employment drug test.

Any re-testing requested by applicants or employees shall be paid by the applicant or employee.

All other costs of drug and/or alcohol testing required by the employer under this program will be paid for by the employer.

Compensation for time at collection site

Current employees of a participating company covered by and within the jurisdiction of applicable labor agreements will be paid up to one hour for time spent during the drug testing collection process.

The employee will be allowed to leave the job site one hour prior to the end of the normally scheduled work period to take the test, unless the requirements of the job require the collection at a different time during the workday.

Appendix 1 – Drug Testing Cutoff or Threshold Levels

Initial screen will be by immunoassay (EMIT).

Presumptive positives will be confirmed by gas chromatography/mass spectrometry (GC/MS).

Drug Group	Emit Screen Detection Level* ng/ml**	GC/MS Confirmation Detection Level* ng/ml**
Amphetamines	1000	500
Cocaine Metabolites	300	150
Marijuana Metabolites	50	15
Opiate Metabolites	2,000	2,000
Phencyclidine	25	25

*The detection levels indicated represent the lowest cutoff concentration for an analyte within that class. Actual cutoff levels for other analytes within the class may be higher.

**nanograms/milliliter.

Forms and Samples

This section contains sample forms, letters of notification, etc., to be used in the Tacoma Area Signatory Roofing Contractors Drug-Free Card Program. Templates of these forms are available from the program administrator.

Certificate of Receipt (Company Name) Policy on Drug and Alcohol Abuse

I have read, understand, and am in receipt of a copy of (Company Name)'s Policy on Drug and Alcohol Abuse

.

Employee's Printed Name and Signature

Date

Company Representative (to verify signature)

(Please sign, detach and return to Designated Employer or Union Representative)

Employee Notification Letter

(Company Name)

Date:

To:

Subject: Implementation of a Drug-Free Workplace Program

(Company Name) is committed to protecting the safety, health, and well-being of its employees and all people who come into contact with its workplace(s) and property, and/or use its products and services.

Recognizing that drug and alcohol abuse pose a direct and significant threat to this goal, and to the goal of a productive and efficient working environment in which all employees have an opportunity to reach their full potential, (Company Name) has developed the attached drug-free workplace policy.

The foundation of this policy is to offer a helping hand to our employees who suffer from drug and alcohol problems while clearly communicating that the abuse of drugs and alcohol will not be tolerated. We have contracted with an employee assistance program (EAP) to help our employees and their families access the appropriate services to help them deal with drug and alcohol problems. Employees experiencing drug and alcohol problems are encouraged to use these services before these problems affect their employment status.

We have joined the Tacoma Area Signatory Roofing Contractors Drug-Free Card Program, which includes substantial safeguards to protect employee's individual rights and to assure the accuracy and integrity of the program. All job applicants will be tested and employees will be subject to reasonable suspicion, post-accident, follow-up/post treatment and computer lottery testing.

This policy will take effect on January 1, 2004. (Company Name) also will be implementing employee drug education and awareness and supervisor training as part of its comprehensive drug-free workplace program. _____ (name) is our Designated Employer Representative assigned to manage this program for the company. Please contact him/her if you need additional information or have questions about this program.

It is important that we all work together to establish and maintain a work environment free from the effects of drug and alcohol abuse.

Reasonable Suspicion or Post-accident testing documentation form — Drug-Free Card Program

Purpose of this form: To document the rationale, facts and circumstances behind a decision to request a reasonable suspicion or post-accident test.				
Employee's Name:	Social Security No. or ID#:	Date:		
<p>Type of Test (Describe in detail below in comments)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none;"> <p><input type="checkbox"/> Reasonable Suspicion</p> <ul style="list-style-type: none"> <input type="checkbox"/> Observed behavior <ul style="list-style-type: none"> <input type="checkbox"/> Observed drug/alcohol use <input type="checkbox"/> Difficulty maintaining balance <input type="checkbox"/> Slurred speech <input type="checkbox"/> Abnormal/erratic behavior <input type="checkbox"/> Apparent inability to safely perform assigned work <input type="checkbox"/> Other: (Explain) </td> <td style="width: 50%; vertical-align: top; border: none;"> <p><input type="checkbox"/> Post-Accident</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accident causing a fatality <input type="checkbox"/> Accident causing an injury requiring off-site medical attention <input type="checkbox"/> Accident causing significant property damage <input type="checkbox"/> Unsafe activity or near-accident that could have caused: <ul style="list-style-type: none"> <input type="checkbox"/> Possible death <input type="checkbox"/> Possible injury <input type="checkbox"/> Possible property damage </td> </tr> </table>			<p><input type="checkbox"/> Reasonable Suspicion</p> <ul style="list-style-type: none"> <input type="checkbox"/> Observed behavior <ul style="list-style-type: none"> <input type="checkbox"/> Observed drug/alcohol use <input type="checkbox"/> Difficulty maintaining balance <input type="checkbox"/> Slurred speech <input type="checkbox"/> Abnormal/erratic behavior <input type="checkbox"/> Apparent inability to safely perform assigned work <input type="checkbox"/> Other: (Explain) 	<p><input type="checkbox"/> Post-Accident</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accident causing a fatality <input type="checkbox"/> Accident causing an injury requiring off-site medical attention <input type="checkbox"/> Accident causing significant property damage <input type="checkbox"/> Unsafe activity or near-accident that could have caused: <ul style="list-style-type: none"> <input type="checkbox"/> Possible death <input type="checkbox"/> Possible injury <input type="checkbox"/> Possible property damage
<p><input type="checkbox"/> Reasonable Suspicion</p> <ul style="list-style-type: none"> <input type="checkbox"/> Observed behavior <ul style="list-style-type: none"> <input type="checkbox"/> Observed drug/alcohol use <input type="checkbox"/> Difficulty maintaining balance <input type="checkbox"/> Slurred speech <input type="checkbox"/> Abnormal/erratic behavior <input type="checkbox"/> Apparent inability to safely perform assigned work <input type="checkbox"/> Other: (Explain) 	<p><input type="checkbox"/> Post-Accident</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accident causing a fatality <input type="checkbox"/> Accident causing an injury requiring off-site medical attention <input type="checkbox"/> Accident causing significant property damage <input type="checkbox"/> Unsafe activity or near-accident that could have caused: <ul style="list-style-type: none"> <input type="checkbox"/> Possible death <input type="checkbox"/> Possible injury <input type="checkbox"/> Possible property damage 			
<p>Comments (Describe, in detail, the rationale for requesting testing, including observed facts and circumstance, any sources of information, date and time of observation or accident, other witnesses, actions taken, etc.) Use additional paper if needed.</p> <hr/> <hr/> <hr/> <hr/>				
Requestor's Printed Name and Signature	Title	Date		
Reviewer's Printed Name and Signature	Title	Date		
I acknowledge that I have been informed of the company's reasons for requesting this drug and/or alcohol test and consent to the testing.	Employee Signature	Date		

Lottery Selection List— Tacoma Area Signatory Roofing Contractors Drug-Free Card Program

Confidential – *The material in this memo is confidential information for the recipient only! Please give this document directly to the recipient.*

This document 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 document is not the intended recipient, you notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you receive this document in error, please notify us immediately by telephone and return the original document to us at the address below via the U.S. Postal Service.

To: Employer's Designated Representative	From: Drug-Free Card Program Administrator, Drug Free Business 11511 NE 195 th , Suite 102 Bothell, WA 98011
Company:	
Date:	For Information call: 425/488-9755
Subject: Employee selections for drug testing	Fax: 425/489-0832

The attached list of employees have been lottery selected by computer for drug testing in the Tacoma Area Signatory Roofing Contractors Drug-Free Card Program.

Because our industry often involves deadlines, complicated scheduling and remote job sites, the employer's designated representative is given the flexibility to choose which day during the selection period to notify the selected employee. Notification of all selected must be unanticipated and unannounced. All selected employees must be tested before the end of the selection period (one-month).

Employees shall have reasonable notice that they have been selected for testing. Normally, the designated employer representative will make each notification at a time that allows the employee to proceed directly to the collection site. Give each selected employee a Chain-of-Custody Form (pre-printed with your company name). Employees will also need to keep the *Donor's Copy* (receipt) that the collection site gives them, which needs to be returned to you to provide proof that the employee has complied with this testing request.

Please remind your employees that they are required to bring picture I.D. with them to the collection site. You have received a list and maps to all available collection sites and their hours of operation. Please make a copy for each employee so he/she can select the most convenient site.

Being lottery selected is not an accusation of suspected drug use, however, this may be a sensitive issue for some employees. Therefore, the employers' designated representative shall make every effort to make notifications in private.

Letter to Notify Employer of Positive Test

Date

Employer's Designated Representative

Participating Employer

Address

Address

Dear Designated Representative:

This letter is to confirm that your employee, _____, Social Security Number _____ has tested positive (or refused to be tested) under the Tacoma Area Signatory Roofing Contractors Drug-Free Card Program. You have probably already received information concerning a positive test directly from the program's Medical Review Officer. You need to notify your employee of this finding in privacy at a reasonable break in the workday, such as lunch or before/after work. The results of the test(s) and the fact that you are notifying him/her are confidential and should not be communicated to any person who does not have bona fide need to know.

Please inform your employee that he/she is expected to contact the employee assistance program, **Fully Effective Employees**, by calling 425-454-3003 or 800-648-5834 to schedule an assessment and evaluation. Once you inform your employee that he/she have tested positive they should not be allowed to continue working until they have seen the evaluator and received a written authorization from Fully Effective Employees to return to work. The employee will need to give to you a copy of this release to work.

Also, please inform your employee that he/she has the right to have the urine sample independently examined by a different certified laboratory at his/her expense within 15 days.

If there are any questions or you need further clarification or assistance, please do not hesitate to contact the program administrator, Drug Free Business.

You should give a copy of this letter to the employee at the time of notification.

Sincerely,

Program Administrator

Notification Tracking Form

To: _____ Date & Time: _____
(that this form given to employee)

You have been lottery selected by computer for drug testing in the Tacoma Area Signatory Roofing Contractors Drug-Free Card Program. Being lottery selected is not an accusation of suspected drug use; however, this may be a sensitive issue for some employees. Therefore, your employers' designated representative shall make every effort to make this notification in private. Notification of any selected employee must be unanticipated and unannounced. All selected employees must be tested before the end of the selection period (one-month).

Employees shall have reasonable notice that they have been selected for testing. Normally, the designated employer representative will make each notification at a time that allows the employee to proceed directly to the collection site. Attached is a Custody & Control Form (pre-printed with your company name). You will need to keep this form and the *Donor's Copy* (receipt) of the Custody & Control Form that the collection site gives you. Both need to be returned to your supervisor (at the next work shift is O.K.) to provide proof that you have complied with this testing request.

Please remember that you are required to bring picture I.D. with you to the collection site. We have attached a list of all collection sites and their hours of operation. Thank you for your cooperation.

Time		
Time Departed Work Site		Supervisor's Signature
Time Arrived at Collection Site		Collection Site Receptionist's Signature
Time Departed Collection Site		Collection Site Receptionist's Signature
Time Returned to Work Site		Supervisor's Signature
