

4/15/2021 VERSION

Inland Northwest Sheet Metal
Labor Management
Cooperation Trust
Drug Testing Program
January 1, 2010

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Administrative Guide

What Contractors need to know and do to get started with the Sheet Metal SNAP Drug Testing Program – A Quick Guide

1. Go to the Web and become familiar with the SNAP web portal, snap.drugfreebusiness.org. All written program material and access to program features is available from this site. If you have any questions or need help, (or are an *Out of Area Contractor*) just call Drug Free Business, the program administrator at 800-598-3437 or snap@drugfreebusiness.org. Their job is to make this easy for you.
2. Decide who needs to be in this program. All Local #55 workers covered by the collective bargaining agreements with Inland SMACNA must be in the program as well as non-bargaining employees as defined on page 5 of this Guide. You will be charged \$100 for each non-bargaining employee in the program during first year – \$65 for second and subsequent years
3. Decide who will be your Designated Employer Representative (DER) and backup-DER. The DER receives the confidential test results on a day-by-day basis and receives the confidential list of those chosen for random testing each month. You should choose someone you have complete confidence in to handle sensitive matters for the company. The DER(s) must also participate in drug testing.
4. Go to the SNAP web portal, snap.drugfreebusiness.org, to register your DER(s) and non-bargaining employees. The link is just below the SNAP logo – “Contractors – PLEASE REGISTER!” By registering your DER(s), you have registered your company in the SNAP program. Your DER(s) will receive a confidential password that allows them to check the “Status – OK/NOT ok to Work?” and “Random Selection Lists”.
5. All workers required to be in this program (and who have not previously been tested under the SNAP program) must successfully complete a baseline drug test. You can find out if your workers are “*O.K. to Work*” on the web site by entering their individual Social Security Numbers. If the response is “*No Workers were found that matched the first and last name values*”, it means that we don’t have a baseline test result for this person – so he/she needs to go to a collection site for a test. If the response is “*NOT O.K. to Work*” have the worker contact Drug Free Business to resolve the issue.
6. How do you get a worker tested? Each time a worker needs a drug test your DER must give the worker a *Custody & Control Form* (five-part drug testing form). Drug Free Business will send you a supply of these pre-printed forms when you register. Your DER should receive all drug test results from the Medical Review Officer (MRO) the next working day after collection. You may locate collection sites throughout your project areas with the *Drug Free Business Collection Site Locator Tool* <http://locate.dfbpro.com> from your desktop or smartphone
7. Each time you hire or rehire a worker it is your responsibility, through the DER, to run an “O.K. to Work?” inquiry through the web portal. Local #55 does not have the authority or ability to make these inquiries for you.
8. On the first working day of each month your DER(s) will receive an email notifying him/her if anyone listed at your company has been chosen by computer for a random test during that month. Your DER can then go to the “Manage Tests” link after logging on and print out the confidential list of random selections and individual notices.

9. The DER can choose any date during the month to notify any or all of the selected workers, but all testing must be completed before the end of the month. We recommend that you randomly space the selection dates throughout the month to avoid a pattern. The notification must be unanticipated by the randomly selected workers. Once notified that he has been randomly selected, the worker must report to a collection site and complete the process within 24 hours.

Inland Northwest Sheet Metal Labor Management Cooperation Trust Drug Testing Program

Sheet Metal
Northwest
Anti-Drug
Program

Administrative Guide

Program Administrator

Drug Free Business

18912 North Creek Parkway, Suite 202
Bothell, WA 98011

Telephone: 425/488-9755 Fax: 415/489-0832

e-mail: info@drugfreebusiness.org

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Inland Northwest Sheet Metal Drug Testing Program

Overview

The Inland Northwest Sheet Metal Contractors Association, and the Sheet Metal Workers International Association Local #55 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, construction, and related service industries. 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 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.

Safety is a primary concern of both the union 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.

INLAND
NORTHWEST
SHEET METAL
PROGRAM
CONCEPT

Program Concept

1. All covered employees are required to take a drug test only once. Bargaining unit workers must have passed an initial baseline test before they are eligible for dispatch and will be issued testing forms and instructions when registering with the local union.
2. If the test is negative (passed), the union (or employer for non-bargaining applicants) will be notified and the employee's status (o.k. to work) 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 (web based interface) to determine that the worker is still in good standing in the program to avoid another test.
4. The program administrator can now track by computer where each participant is currently employed.
5. Each month, the program administrator 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 confidentially notifies a pre-designated employer representative(s) at each company that certain worker(s) have been selected.
7. Each worker must then go to a designated collection site for a drug test. The *employee copy* of the chain-of-custody may be shown to the pre-designated manager at the company to verify collection.
8. All test results are confidentially tracked by only the program administrator to insure compliance with program rules.

ADVANTAGES

Advantages of this Program

Every employee knows that on any given workday, he/she could be lottery selected by the computer for a test. The lottery testing rate is set at 100% of the total pool, per year. This is a powerful deterrent to avoid drug use.

Employers don't have to wait for the results of the test—new employees can start working immediately, if they are *O.K. to Hire* in the system.

Costs are minimized by avoiding multiple unneeded drug 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.

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

One central administrator coordinates and handles the entire program.

If a general contractor or project owner requires verification of drug testing, the program administrator will generate a variety of reports to comply.

Sheet Metal Drug Testing Program has many safeguards

The 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 sub-committee, equally representing both Sheet Metal Local #55 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.

SAFEGUARDS

- All collections are performed by trained personnel following the Department of Transportation 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). All alcohol testing is performed and/or confirmed by evidential 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?

**POSITIVE
TESTS**

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 program is changed to *not o.k. to work*. The employee is notified in writing and suspended from all duty pending the results of a professional assessment.

The employee must contact the 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.

What is the Role of the EAP When You Test Positive

See page 31. Employee assistance program benefits are paid for by the Trust. Payment for any additional treatment or counseling is the responsibility of the employee and his/her medical insurance program. Information about medical insurance may be obtained from the:

Inland Northwest Sheet Metal Workers Health Care Plan
PO Box 5433
Spokane, WA 99205-0433
509-534-0600
1-800-872-8979
Fax 509-535-7883

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 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 an additional four unannounced follow-up tests per year for two years.

This program applies to all bargaining unit employees and certain non-bargaining employees at signatory companies

This program applies to all members of Local Union #55 of the Sheet Metal Workers' International Association covered in a Collective Bargaining Agreement with the Inland Northwest Sheet Metal Contractors Association agreement for SE Washington-NE Oregon, Eastern Washington and Northern Idaho.

Testing will be required of all non-bargaining employees, including owners who meet any of the following categories or descriptions:

- Visit a shop or jobsite while performing supervision
- Perform onsite project management

**EMPLOYEES
COVERED**

- Are specific employees who act as Designated Employer Representatives (administrators) of this program for the employer
- Are non-bargaining employees who work at the jobsite or in the shop on a routine or continuous basis

Testing will also be required of all employees, bargaining and non-bargaining, when the owner or general contractor of a specific project requires testing as a condition of admittance to the jobsite.

Employers have the option to extend this program to include other non-bargaining employees upon payment of an amount to be determined by Trustees to cover program costs.

Additional bargaining units may be included in the program at a later date.

**Inland Northwest
Sheet Metal
Drug Testing Program**

Administrative Rules

Program Administrator

Drug Free Business
18912 North Creek Parkway, Suite 202
Telephone: 425/488-9755 Fax: 425/489-0832
info@drugfreebusiness.org

Participants

- Local Union #55 of the Sheet Metal Workers' International Association Phone 509-542-8700
- Inland Northwest Sheet Metal and Air Conditioning Contractors National Association (SMACNA) Phone 509-535-8700
- Drug Free Business – Program Administrator 425-488-9755
- Fully Effective Employees – Employee Assistance Program Phone (800) 648-5834

Sheet Metal Drug Testing Program Appeals Committee

The Inland Northwest Sheet Metal Labor Management Cooperation Trust has been established to fund, determine rules and oversee this program. An Appeals Committee of this group has also been formed to give quick response to requests for clarification, exceptions, and other issues. The Appeals Committee is made up of an equal number of Trustees representing the union and employers. The program administrator is included in this committee as a non-voting advisor. The Appeals 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 the Inland

Northwest Sheet Metal Labor Management Cooperation Trust for final resolution.

PROHIBITIONS

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.

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

Participants are eligible to receive Employee Assistance Program (EAP) benefits through Fully Effective Employees. Fully Effective Employees, Inc. is a separate company from Drug Free Business although for purposes of this program, they will operate in a consortium.

**EMPLOYEE
ASSISTANCE
PROGRAMS**

Full service, confidential employee assistance is made available to all participants, their families, and/or significant other person. Instructions and information on available benefits and how to access the program will be given to every employee. Additional information and resources are available online at www.fee-eap.com.

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, union officials, and the program administrator are *not* notified.

The EAP is an integral part of this program. When a participating employee fails a drug/alcohol test or otherwise becomes *not o.k. to work* under this program, the administrator will confidentially notify the EAP and make drug testing results available on request to speed up the assessment and return to work process.

TO CONTACT
THE EAP

Fully Effective Employees (EAP)
425-454-3003 or 1-800-648-5834
www.fee-eap.com

DRUG
TESTING

Drug testing uses certified laboratories

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

CUTOFF
LEVELS

Drugs tested and drug testing cutoff levels follow federal regulations*

This program has adopted the drug testing panel and cutoff or threshold levels used by the U.S. Department of Transportation. The Trust may vote to adopt program levels to match any future changes in federal regulations. All participants will be notified in advance of any changes or anticipated changes in cutoff levels.

MEDICAL
REVIEW
OFFICER

All drug test results are reviewed by an independent 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. In making these professional determinations, the MRO will follow the U. S. Department of Transportation published rules and guidance.

RETEST

Specimens may be retested

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 U.S. Department of Transportation Workplace Drug Testing Programs (49 CFR Part 40). This program currently has a network of preferred occupational medical clinics and laboratory collection sites throughout the U.S. There are approximately 90 in the program areas. Some are open late and on weekends and provide alcohol testing.

**MOBILE ON-SITE
COLLECTIONS**

Certified collectors may be available to conduct the substance abuse collections at the job site, the employer's office or union hall. The contractor will provide the employee with the most convenient location for drug testing collection, which may include on-site mobile collection. If the employee chooses not to use the contractor's suitable collection facility, the employee may use another approved collection site on their own time

**ALCOHOL
TESTING**

Alcohol testing uses Evidential Breath Testing Devices (EBT)

Alcohol testing is authorized for reasonable suspicion, post-accident, return-to-work and unannounced follow-up testing situations. No initial or baseline alcohol testing is required. Participants in the 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 technicians with approved screening devices and confirmed with an evidential 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 the employee assistance program for an assessment.

Types of Testing

Drug testing shall be permitted in these situations:

1. Baseline (initial test)
2. Post-accident
3. Reasonable suspicion
4. 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.)
5. Unannounced follow-up (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.)
6. Lottery (random) testing is only allowed in accordance with this program.
7. Testing for commercial drivers as required for compliance with Department of Transportation mandated programs.

In the event that a general contractor or project agreement requires an additional test or testing for additional drugs the program can accommodate special requirements. The cost of these additional tests will be billed directly to the party requesting the testing.

Baseline Test

During the month of April, 2005 a special one-time baseline drug test will be obtained for all participating employees in this program.

Initial test

To obtain good standing in the program each employee must pass a baseline drug test. This is the equivalent of a pre-employment test. Non bargaining employees shall be directed to test by the employer’s DER, and union represented employees and prospective union represented

employees shall be directed to the union for their testing referral. The program administrator will then track this employee by listing name and Social Security Number. The use of Social Security Numbers will be restricted whenever possible and practical. Wherever possible in documents, Social Security Numbers will be truncated.

Lottery selections performed by computer

Lottery testing will begin on June 1, 2005. The program administrator shall maintain a computer lottery selection program containing names of all employers and employees participating in the Sheet Metal Drug Testing Program.

The computer program will randomly 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.

Notification of selection

The program administrator shall prepare a confidential selection list each month for each participating employer. This list will include individual selection notices. 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 notifications 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 collection/test must be completed within 24

**LOTTERY
SELECTIONS**

NOTIFICATION

hours of notification. Employees will be given directions to convenient, designated 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.

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:

**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*.
- 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.

D I L U T E D
S P E C I M E N S

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.

F I R S T
P O S I T I V E
T E S T

Positive test will result in suspension

If an employee refuses to test or receives a verified positive test, he/she will be suspended from employment. If this employee attempts to obtain employment at another participating company, the employer's designated representative will be notified that the applicant is *not o.k. to work* and is ineligible for hiring at this time. **No other details will be given.**

I N E L I G I B L E
F O R H I R I N G

Reentry into the program

Employees are encouraged to contact the EAP to obtain a professional substance abuse assessment. Employees will not be allowed to return to good standing in the program for two (2) years or until the program administrator has received written confirmation from the Employee Assistance Program 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.

R E E N T R Y

UNANNOUNCED
FOLLOW-UP
TESTING

All employees will be subjected to a return-to-duty test and four additional unannounced follow-up tests per year for two years after reentry.

An employee will not lose the right to retain his or her job for a first time positive drug test.

No employee will lose the right to retain their job or work in the sheet metal industry under the collective bargaining because of a first verified positive test result. Such employee, however, must submit to an EAP evaluation and, if necessary, will receive a one-time opportunity to enter a treatment program. As a condition of retaining the right to work in the sheet metal industry under the collective bargaining agreement, the employee will be required to comply with a *last chance* or reentry agreement. See appendix for sample form.

LAST CHANCE
AGREEMENT

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 program and will be terminated from employment. To reenter the program and be eligible for hiring, the employee must meet the requirements outlined above (Reentry into Program). Completing a treatment or rehabilitation program does not guarantee reemployment with the former employer in this situation

2ND POSITIVE
TEST

Verification of testing fairness

The program Administrator will provide a report to the Trust Appeals Committee of uncompleted testing of lottery-selected employees and other non-compliance issues. If the Trust Appeals Committee cannot obtain voluntary compliance the Administrator shall formally report details to the Sheet Metal Workers Local #55 Business Manager and the Executive Vice President of Inland Northwest SMACNA, for the initiation of grievance procedures.

Employee Complaint Procedure

Any participating employee who believes they have been adversely affected by any action of the SNAP Trust or its agents in connection with operation of the Inland Northwest Sheet Metal Drug Testing Program must file a written notice of appeal requesting a hearing within sixty (60) days after being apprised or learning of the action. The Written Notice must be delivered to:

SNAP c/o Drug Free Business 18912
North Creek Parkway, Suite 202
Bothell, WA 98011

Thereafter, the employee will be advised in writing of date, time and place of a hearing on his appeal. The employee shall be entitled to present his position and evidence in support thereof, see and comment on any other evidence considered by the Board of Trustees or its designated Appeals Committee, and may be represented at such hearing by an attorney or any other representative. This is the sole and exclusive procedure available to a participating employee who is adversely affected by any action of the Trustees or their agent.

See Appendix: INLAND NORTHWEST SHEET METAL LABOR
MANAGEMENT COOPERATION TRUST APPEALS
COMMITTEE PROCEDURES

**Inland Northwest
Sheet Metal
Drug Testing Program**

Policy on Drug and Alcohol Abuse

Basis for the Policy

As a participant in the Inland Northwest Sheet Metal Drug Testing 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.

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/saliva 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 to testing constitutes a violation of policy and will be treated as a positive test.

Baseline Tests

All current employees covered by this program will be required to complete a baseline drug test during the month of April 2005. New bargaining unit employees entering the program after that date must also successfully complete a drug test before being eligible for dispatch to an employer. Non-bargaining unit employees must also successfully complete a drug test before being hired for, transferred to, or promoted to a position requiring testing. See page 5 for description of non-bargaining positions requiring testing under this program.

Inland NW Sheet Metal Drug Testing Program

If a participating employer confirms with the program administrator that the applicant or new hire is in good standing in the program, the initial test may be waived and the applicant is eligible to start work immediately.

Types of Testing Allowed

- 1. Baseline test.** Testing conducted to prevent hiring individuals who illegally use drugs.
- 2. Post-accident testing.** It is agreed that persons involved in a work related accident or incident that results in property or equipment damage or injury requiring treatment defined as recordable by OSHA/WISHA Regulations may be required to submit to a test. 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. 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:

- 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.
- Abnormal conduct or erratic behavior while at work or a significant deterioration of work performance.
- Those to be tested in a probable cause situation shall be determined by observation of two (2) individuals, one of whom, in the case of a bargaining unit employee, must be a union member that actually observed the employee’s behavior.

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 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 develop training and refresher courses for *Designated Employer's Representatives* (DERs) supervisors and managers. The training courses will be offered through a variety of methods, including but not limited to: on-line, CD or DVD, or in-person to individuals or in groups. The program administrator, as directed by the Board of Trustees, will notify DERs whenever a training or refresher course is considered mandatory.

All staff, supervisors or managers listed as a DER or authorized by a participating employer to make reasonable suspicion and post-accident testing determinations are expected to complete training before making testing decisions based on this policy. All DERs, must complete training within a reasonable time after being designated. All DERs, supervisors and managers are expected to take these courses to gain and maintain their expertise.

Employee education

Sheet Metal Local #55, participating employers, and the program administrator will make the following information and documents available:

- This *Administrative Guide*
- *What is the Role of the EAP When You Test Positive?*
- *Hazards of Drug and Alcohol Abuse*
- The identity of the employer's designated representative or other person designated to answer questions about this program
- Information on how to confidentially access the Employee Assistance 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

Sheet Metal Local #55 and participating companies in 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 program is available to all participants 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 bargaining unit applicants and employees of a participating company covered by and within the jurisdiction of applicable labor agreements, no matter what position or employment status.

This policy also applies to all non-bargaining employees, including owners who meet any of the following categories or descriptions:

- Visit a shop or jobsite while performing supervision
- Perform onsite project management
- Are specific employees who act as Designated Employer Representatives (administrators) of this program for the employer
- Are non-bargaining employees who work at the jobsite or in the shop on a routine or continuous basis

Testing will also be required of all employees, bargaining and non-bargaining, when the owner or general contractor of a specific project requires testing as a condition of admittance to the jobsite.

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 Sheet Metal Drug Testing Program is effective December 1, 2004. Baseline testing will begin on April 1, 2005 and random testing will begin on June 1, 2005. All testing between December 1, 2004 and April 1, 2005 will be under the old rules.

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

Joint Labor Management Committee Administrative Rules

This Inland Northwest Sheet Metal Labor Management Cooperation Trust Policy on Drug and Alcohol Abuse will be governed under joint labor management administrative rules. This policy shall be subject to periodic review 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.

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 judgment 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 drug and/or alcohol testing required by this program will be paid for by the Inland Northwest Sheet Metal Labor Management Cooperation Trust, with the exception of employee requested retests of positive specimens.

Appendix – Drug Testing Cutoff or Threshold Levels (current DHHS standards Jan 2018)

Initial screen will be by immunoassay (EMIT).

Presumptive positives will be confirmed by gas chromatography/mass spectrometry (GC/MS) equivalent or better. 1. nanograms/milliliter.

Initial test analyte	Initial test cutoff ¹	Confirmatory test analyte	Confirmatory test cutoff concentration
Marijuana metabolites (THCA) ²	50 ng/mL ³	THCA	15 ng/mL.
Cocaine metabolite (Benzoylecgonine) ...	150 ng/mL ³	Benzoylecgonine	100 ng/mL.
Codeine/	2000 ng/mL	Codeine	2000 ng/mL.
Morphine		Morphine	2000 ng/mL.
Hydrocodone/	300 ng/mL	Hydrocodone	100 ng/mL.
Hydromorphone		Hydromorphone	100 ng/mL.
Oxycodone/	100 ng/mL	Oxycodone	100 ng/mL.
Oxymorphone		Oxymorphone	100 ng/mL.
6-Acetylmorphine	10 ng/mL	6-Acetylmorphine	10 ng/mL.
Phencyclidine	25 ng/mL	Phencyclidine	25 ng/mL.
Amphetamine/	500 ng/mL	Amphetamine	250 ng/mL.
Methamphetamine		Methamphetamine	250 ng/mL.
MDMA ⁴ /MDA ⁵	500 ng/mL	MDMA	250 ng/mL.
		MDA	250 ng/mL.

Effective July 1, 2020, the Sheet Metal Workers' Local 55 Drug Free Workplace Drug testing program will now test for Fentanyl and its metabolite, norfentanyl. Screening level 2.0 ng/mL. Confirmation level 0.5 ng/mL.

Forms and Samples

This section contains sample forms, letters of notification, etc., to be used in the Inland Northwest Sheet Metal Drug Testing 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 Representative)

Employee Notification Letter - Sample

(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) in cooperation with Sheet Metal Workers Local #66 have 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 participating 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 Sheet Metal Drug Testing Program, which includes substantial safeguards to protect employee's individual rights and to assure the accuracy and integrity of the program. All participating job applicants will be tested and participating 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, 2005. (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 — Sheet Metal Drug Testing Program

Purpose of this form: To document the rationale, facts and circumstances behind a decision to request a reasonable suspicion or post-accident test. Must be kept by company and is a confidential document.				
Employee's Name:	Social Security No. or ID#:	Date:		
Type of Test (Describe in detail below in comments)				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none;"> <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Observed behavior <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;"> <input type="checkbox"/> Post-Accident <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: <input type="checkbox"/> Possible death <input type="checkbox"/> Possible injury <input type="checkbox"/> Possible property damage </td> </tr> </table>			<input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Observed behavior <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)	<input type="checkbox"/> Post-Accident <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: <input type="checkbox"/> Possible death <input type="checkbox"/> Possible injury <input type="checkbox"/> Possible property damage
<input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Observed behavior <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)	<input type="checkbox"/> Post-Accident <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: <input type="checkbox"/> Possible death <input type="checkbox"/> Possible injury <input type="checkbox"/> Possible property damage			
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.				
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		

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 (last four digits) _____ has tested positive (or refused to be tested) under the Sheet Metal Northwest Anti-Drug Program (SNAP). You have probably already received information concerning a positive test directly from the program's Medical Review Officer. 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.

You need to notify your employee of this finding in private- and immediately remove him/her from the jobsite and suspend the employee from employment. The employee will be suspended from employment until such time as you, the participating employer, are notified by the Employee Assistance Program that the employee is able to return to work. Follow the notification and referral steps as outlined in the Administrative Guide for more information on this process.

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 he/she should not be allowed to continue working until he/she has seen the evaluator and received a written authorization from Fully Effective Employees to return to work. The employee must also pass a return-to-duty drug test before returning 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

Last Chance Agreement – Sheet Metal Drug Testing Program

I, _____, understand that my (reinstatement and) continued employment (are) is contingent upon compliance with all of the following terms of this agreement.

I will be evaluated for chemical dependency by the company’s employee assistance program (EAP).

I will comply with all of the EAP treatment and follow-up recommendations.

I authorize (Company Name) to receive all relevant information regarding my progress in my rehabilitation program.

I will be subject to unannounced testing (follow-up monitoring) for up to two years.

I recognize, accept, and agree that any future violation of the Sheet Metal Drug Testing Program’s drug-free workplace policy by me will result in the termination of my employment.

I am responsible for meeting the same standards of performance and conduct that are set for other employees.

I understand that failure to comply, in whole or in part, with all of the terms and conditions of this agreement will result in further disciplinary action, up to and including termination of employment with (Company Name).

I understand that failure to comply, in whole or in part, with all of the terms and conditions of this agreement will make be ineligible for hiring at other participating employers in the Inland Northwest Sheet Metal Labor Management Cooperation Trust Drug Testing Program.

Employee Signature _____ Date _____

Company Representative _____ Date _____

What is the Role of the EAP When You Test Positive for Drugs?

Fully Effective Employees 800-648-5834 is the employee assistance program that has contracted with the *Inland Northwest Sheet Metal Labor Management Cooperation Trust Drug Testing Program* to provide EAP services to all of its participants. These services include assistance with any personal problems, drug and alcohol issues or work problems, on a confidential, voluntary basis. In addition, if an employee tests positive for drugs, the EAP will assist that employee with meeting the requirements of the drug testing program and if treatment is needed, the EAP will refer, monitor and support the employee through the process.

All of the EAP staff are certified chemical dependency counselors with mental health counseling backgrounds. All have extensive work experience and will do their utmost to assist employees in returning to work as soon as possible.

If your drug test comes back positive, there are a number of things that will happen.

1. The MRO (medical review officer) will contact you to determine if you are taking any prescribed medications or if there are other factors that may have created a positive test. The MRO is a medical doctor. If he or she verifies that your test is positive for drugs, your employer will be notified and you will be suspended from work. You will be ineligible for hiring at any other participating company.
2. You will then be instructed to contact the employee assistance program (EAP). You will be removed from the job site until the EAP clears you to return to work. If you do not contact the EAP, you will remain ineligible for hiring at any other participating company.
3. The EAP counselor will offer to meet with you in person or to conduct a telephone assessment. During this assessment, the counselor will ask you various questions to determine if you have a chemical dependency (which requires some sort of treatment or intervention) or if you are an occasional user. The counselor will also review your drug test results to determine the amount of drugs you had in your system. The counselor will want to understand your lifestyle and some of your history and family background in order to obtain enough information to complete an assessment. If the counselor feels that you require a second opinion assessment or if you are referred to treatment, you will be referred to a treatment agency for another assessment. At this time, you will be asked to sign "release of information" forms so that the treatment agency and the EAP counselor can discuss your cooperation and motivation and make recommendations in order for you to return to work.
4. The EAP counselor will also ask you to sign a "release of information form" to your employer and Drug Free Business. The information shared will

only relate to your willingness to follow the EAP counselor's recommendations and the monitoring of your progress for up to two years. In some cases, when there is no significant problem detected by the EAP counselor at the time of the assessment, you will be cleared to return to work upon completion of a *Last Chance Agreement* and a return-to-duty drug test.

5. In some situations, the EAP counselor will suggest that you obtain another drug test to ensure that you will test clean on your return-to-duty urine test or to determine if your drug levels are decreasing. This test will be at your expense of \$41 (cash or money order) and you can obtain the testing form at the EAP. You will be notified when the results are in. The results will not be shared with your employer or the program administrator unless you choose to share them.
6. If you are referred to treatment, the EAP will attempt to find you the most appropriate and affordable options and you will be monitored by the EAP for up to two years. If you fail to follow through with the EAP counselor's recommendations, your company and the program administrator will be notified and you will remain ineligible for hiring at any other participating company.

It is our goal to assist all employees in returning to work as soon as possible. Please be aware that we do not fire employees or divulge confidential information to the union or employers. If you do not follow our recommendations or if you continue to use drugs after you return to work and you test positive on another test, you may lose your job. As a result, it is our responsibility to conduct as thorough an assessment as possible. Your cooperation with this process is in your best interest.

Appendix: INLAND NORTHWEST SHEET METALLABOR MANAGEMENT COOPERATION TRUST APPEALS COMMITTEE PROCEDURES

The Inland Northwest Sheet Metal Labor Management Cooperation Trust (“SNAP Trust”) through its Trustees and in accordance with Article IV, Section 1 of the Trust Agreement and Declaration of Trust established an Appeals Committee. The Appeals Committee shall hear all complaints about operation of the SNAP Trust’s programs, where the complaint raises an issue about the application of an established SNAP Trust program or procedure.

Any complaint raised by a participating employee or employer that only seeks clarification of an existing procedure shall be handled informally by the Appeals Committee acting through a conference call of its members.

Where a participating employee within 60 days of being apprised or learning of an action by the Trustees or their agent that he is dissatisfied with or otherwise adversely affected by requests a hearing in writing as provided for in Article VIII of the Trust Agreement and Declaration of Trust, the following procedures shall be followed:

1. The Appeals Committee or its agent shall notify the employee in writing of the hearing date and location and provide him with copies of these procedures and the Trust Agreement and Declaration of Trust.
2. As set forth in the Trust Agreement and Declaration of Trust the participating employee shall be entitled to present his position and evidence in support thereof at the hearing. The participating employee may be represented at such hearing by an attorney or by any other representative of his choosing.
3. The Appeals Committee shall obtain all information it deems relevant to matters at issue from the SNAP Trust or its program administrator, Sheet Metal Workers, Local 55, any participating employer or any other source. All such evidence shall be available at the hearing.
4. Following the hearing, the Appeals Committee will provide a written recommended decision (unless deadlocked), affirming, modifying or setting aside the action complained of, or where appropriate, a proposed resolution, to the Board of Trustees for their consideration at their next meeting. If the Appeals Committee is deadlocked, they shall report that fact to the Board of Trustees in writing. The complaining participating employee shall be provided a copy of the recommended decision or report of deadlock before the Board of Trustees meeting. If the complaining participating employee was not present at the

hearing, he shall also be provided with copies of all evidence considered by the Appeals Committee.

5. The Board of Trustees shall issue a written decision to the complaining participating employee following their consideration of the Appeals Committee's recommended decision or report of deadlock, along with a notice of the employee's right of appeal under Article VIII of the Trust Agreement and Declaration of Trust.

Costs & Fees

Appendix to Administrative Guide

FR: Inland Northwest Sheet Metal Labor Management Cooperation Trustees

DT: 24 October 2006

RE: Costs and Fees related to Participation in SNAP

COSTS & FEES

FOR INLAND NORTHWEST SMACNA –CONTRACTORS & THOSE CONTRACTORS COVERED BY ITS AGREEMENT WITH SMW LOCAL #55:

SMWIA Local No. 55 represented bargaining unit employees (required): Costs for these employees subject to the Collective Bargaining Agreement that took effect on June 1, 2004 between Local Union 55 of the Sheet Metal Workers' International Association and Sheet Metal and Air Conditioning Contractors National Association (SMACNA) - Inland Northwest, will be covered by the \$0.03 per hour contribution dictated by the agreement.

Non-bargaining employees (required and optional): Costs for these employees will be paid by the employer at an annual rate of \$100 per employee. This non-bargaining participant fee has been reduced to \$65 for the second and subsequent years, effective 1/1/2007

FOR OUT-OF-AREA SIGNATORY CONTRACTORS AND SPECIAL NON-SIGNATORY CONTRACTORS:

Administrative Fee (required): In addition to the Program fees detailed below, these classifications of employers must pay an annual fee of \$500. This fee is to defray administrative costs associated with such things as: addition to the program, training, follow-up.

Non-bargaining employees (required and optional): Costs for these employees will be paid by the employer at an annual rate of \$100 per employee.

SMWIA Local No. 55 represented bargaining unit employees (required): Costs for these employees subject to the Collective Bargaining Agreement that took effect on June 1, 2004 between Local Union 66 of the Sheet Metal Workers' International Association and Sheet Metal and Air Conditioning Contractors National Association (SMACNA) -

Western Washington will be covered by the \$0.03 per hour contribution dictated by the agreement. SMW Local No. 55 represented bargaining unit employees with dispatch cards outside this jurisdiction (required):
In addition to the hourly contribution required by the agreement, costs for these employees will be paid by the employer at an annual rate of \$100 per employee.

All costs and fees are subject to change by the Trustees without notice.

What Happens When You Test Positive

Appendix to Administrative Guide



You are being referred to *Fully Effective Employees*, employee assistance program (EAP) as part of the Sheet Metal Northwest Anti-Drug Program (SNAP) requirement when you test positive for drugs or alcohol.

- When you call the EAP at 425-454-3003 or 800-648-5834, the counselor will have a conversation with you and screen for a substance abuse problem. If the EAP counselor feels you have no significant problem, you will be required to pass another drug test before returning to work. This drug test must be obtained through the SNAP program and any other test will not be considered a return to work test. You may be required to participate in an educational program along with the return to work test.
- If the counselor believes you may have a problem, you will be referred for a second opinion assessment at a state licensed treatment agency. At this point, you will be required to sign a release of information between the treatment counselor **from the treatment agency** and the EAP in order for the EAP counselor to coordinate your treatment plan and return to work.
- If treatment is indicated, you will be referred to a state licensed treatment agency and you will be required to begin treatment and have a negative drug test through the SNAP program before returning to work. A drug test as part of your assessment or treatment **at the treatment agency** will not be considered a return to work drug test. You are not required to obtain treatment at the same agency where you completed the assessment.
- You will be given a choice of resources. The time frame to complete assessments and begin treatment will vary from one treatment agency to another. The EAP is not responsible for the actions of any treatment agency and has no business relationships with any agency. Your compliance with the process may also determine how quickly you can return to work. If you have large levels of drugs in your system, it may take some time for your test to become negative.
- **Once you have returned to work, you must continue to participate in the recommended treatment. Should you fail to continue participation, you are considered out-of-compliance and may be pulled from the job and unable to return to work until in compliance with treatment again.**
- The EAP counselor will monitor your compliance with treatment and continue to provide support to you after treatment.

EAP Return-to-Duty Flowchart

Appendix to Administrative Guide

