Amsys Energy, LLC

Workplace Substance Abuse Prevention Policy

Employee Handbook

Anti-Drug and Alcohol Misuse Prevention Plan

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Revisions

January 1, 2022	Updated Appendix B to include more detailed disciplinary actions
January 1, 2018	Changed Opiates to Opioids
December 1, 2016	OSHA Final Rule: Update to post-accident guidelines. Section V. Paragraph 3.

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SECTION 1 – EMPLOYER POLICY REQUIREMENTS

I. Introduction

1. Workplace Substance Abuse Prevention Policy

Amsys Energy, LLC (hereinafter known as the Employer) is committed to providing a workplace environment that is safe, efficient, and drug free, as we cannot afford the loss that substance abuse in the workplace will cost via on the job accidents, absenteeism, low-productivity, or poor quality of work, and to be in compliance with various Federal, State, and local laws and regulations, and contracts. The Employer is committed to maintaining a drug-free environment.

The purpose of this policy is to promote an alcohol and drug-free work environment for all employees and the general public. Confidentiality, consistent with legal, safety, and security considerations, is also fundamental to this policy.

Except as expressly provided by applicable Federal, State, and local regulations and laws, nothing in this policy shall be construed to affect the authority of the Employer, or the rights of employees, with respect to the use of drugs or the use of alcohol, including authority and rights with respect to testing and rehabilitation.

This policy applies, as a minimum standard, to all regular and part-time employees of the Employer, all leased employees, subcontractors, lower-tier contactors and their agents, vendors, suppliers, and their employees.

The policy is not to be construed as being contractual in nature. Nothing herein shall be deemed to preclude termination on other grounds at the will of the Employer.

Any portions or requirements of this policy determined to be in conflict with applicable State or local laws will not be enforced.

This policy supersedes all previous polices.

2. Implementation

Implementation of the Employer's drug and alcohol testing plan is effective April 22, 2016.

3. Responsibilities

Employer - The Employer has the responsibility to be knowledgeable of the requirements of and to fully comply with the provisions of this plan. The Employer is responsible for all actions of its officials, representatives, and agents (including service agents) in carrying out the requirements of this plan.

Program Manager (PM) or Designated Employer Representative (DER) - The Program Manager, or DER, is responsible for the proper implementation of this plan. The Program Manager is responsible for providing oversight and evaluation of this plan; providing guidance and counseling; reviewing of all discipline applied under this plan for consistency and conformance to human resources policies and procedures; scheduling of all alcohol and drug testing; maintaining a secure system for storing alcohol and drug tests and any additional information required by this plan.

The Employer's designated primary Program Manager/Designated Employer Representative is found in Appendix A.

Substance Abuse Program Administrator - The Substance Abuse Program Administrator (aka Consortium/Third Party Administrator (C/TPA), is responsible for working with the Employer or the Employer's designated representatives to advise and administer the Employer's Substance Abuse Program.

The Employer's Substance Abuse Program Administrator is:

CMI
6704 Guada Coma
Schertz, TX 78154
Phone: 800-840-1070
Fax: 210-967-9233

Supervisors and Managers - Supervisors and Managers will ensure that employees selected for drug and/or alcohol testing report to the appropriate collection site within the specified time period. Supervisors and Managers may be responsible for additional duties as delegated by the Employer's Designated Employer Representative (DER) and/or Program Manager.

Employees - Employees are responsible for complying with prohibitions related to the use of alcohol, prescription drugs, and illegal substances. Employees must provide an unadulterated specimen at a designated collection site, at an assigned time, when requested to do so under this policy. Employees must also provide any requested information on a Custody and Control Form and sign the form. Failure to do so or failure to otherwise cooperate with collection personnel will result in disciplinary action, which may include termination. Refusal to provide the specimen will be equivalent to failing a drug or alcohol test. Employees are also responsible for reporting medical information (e.g., other medications recently taken), if such information is requested by the MRO or DER.

Applicants for Employment - To be eligible for final consideration for employment, every applicant, after receiving a conditional job offer, must submit to a drug and/or alcohol test during the pre-employment application process. No applicant will be considered eligible for employment until the results of the drug and/or alcohol test are known, and the results are negative. An applicant who refuses to submit to a drug and/or alcohol test will not be eligible for final consideration for employment.

Contractors - Contractors, subcontractors, lower-tier contractors and their agents, vendors, suppliers, and their employees may be subject to the same drug and alcohol testing requirements as outlined in this policy. Contractors may be required to provide copies of their drug and alcohol testing policies and to provide statistical reports and supporting documentation to the Employer or designated auditor for compliance review. To assure compliance, the contracts between the contractor and the Employer will specify that the contactor will allow access to property and records by the Employer or the Employer's designated representative.

4. Policy

The possession, use, sale, attempted sale, manufacture, purchase, or transfer of illegal paraphernalia, drugs, mind altering chemicals, or alcoholic beverages are forbidden on any worksite, in any vehicle, on any vessel, in any parking lot, or other facility utilized strictly for business purposes by the Employer or its employees.

At the Employer's discretion, the consumption of alcoholic beverages may be permissible on the Employer's property for Employer sponsored social events, only if such notice is provided to employees in writing and signed by an Employer representative.

Employees and others as defined, will not work, operate any Employer equipment or vehicle, or enter into or onto any property, premise, or facility if they are under the influence of or are in possession of any illegal or controlled substance, un-prescribed drugs, or alcohol.

Violation of this policy will be grounds for disciplinary action up to and including termination of employment, as will refusal to submit to a drug and/or alcohol test or refusal to cooperate in reasonable searches as described. Note: Adulterated or substituted specimens will be considered refusals to submit to testing.

II. Applicability

Individuals Subject to Drug and/or Alcohol Testing - All applicants, employees, and contactors are subject to the provisions of this policy. Independent owners/operators who employ themselves will comply with the requirements that apply to the Employer as well as the employee.

Substances for Which Drug Testing is Conducted – Employees tested under this plan are subject to be tested for the following substances:

- Marijuana
- Cocaine
- Opioids
- Phencyclidine (PCP)
- Amphetamines
- Barbiturates
- Benzodiazepines
- Ecstasy (MDMA)
- Methadone
- Methaqualone
- Propoxyphene
- Alcohol

Employees subject to the testing requirements/protocols of any of the Employer's clients will be tested at the level specified in the appropriate policy addendum. If the Employer's level of detection is lower than the level designated in the client's protocol, the Employer may opt to only test at the Employer's level of detection.

The Employer reserves the right to alter this list at any time.

III. Prohibitions and Searches

1. Prohibitions

Employees shall not take or be under the influence of alcohol or drugs unless prescribed by the employee's licensed physician and the physician has advised the employee that the substance(s) will not adversely affect the employee's ability to work safely.

Employees are required to notify the Employer of any therapeutic drug use that may adversely affect the performance of their duties.

Employees are prohibited from engaging in the manufacture, sale, distribution, use, or unauthorized possession of illegal drugs or alcohol at any time. At the Employer's discretion, the consumption of alcoholic beverages may be permissible for Employer sponsored events.

Any employee convicted of violating a criminal drug or alcohol statute shall inform their supervisor or the Designated Employer Representative (DER) of such conviction (including pleas of guilty and nolo contedere) within five days of the conviction occurring.

Employees are prohibited from using alcohol within four hours prior to reporting to work, or if an employee is called to work to respond to an emergency, within the time period after the employee has been notified to report to work.

Employees are prohibited from using alcohol for the specified on-call hours of each employee who is on-call. Employees are given the opportunity to acknowledge the use of alcohol and inability to perform the employee's duties at the time the employee is called to work. If the employee has acknowledged the use of alcohol, but claims the ability to perform his/her duties, the employee will be required to submit to an alcohol test prior to the performance of such duties.

2. Searches

The Employer reserves the right to make general or random searches, at any time without notice, of the Employer's property or any employee's personal property on or in the Employer-owned or controlled equipment and facilities for prohibited drugs, drug paraphernalia, or alcohol. There should be no expectation of privacy in or on such property.

If the Employer has reasonable cause to suspect that an employee or group of employees may be in possession of prohibited drugs, drug paraphernalia, or alcohol, in violation of this policy, the Employer may request such person(s) submit to a personal search and the person(s) may be required to submit to a drug and/or alcohol test.

If prohibited drugs, drug paraphernalia, or alcohol are found, the involved employee(s) will be subject to disciplinary action up to and including termination from employment. Refusal to submit to a search shall be grounds for immediate termination.

IV. Illegal Substances and Contraband Items

1. Illegal Substances

Illegal substances, illicit or controlled substances, mind altering chemicals, include, but may not be limited to:

- Alcohol
- Amphetamines
- Barbiturates
- Benzodiazepines
- Cocaine
- Ecstasy (MDMA)
- Inhalants
- LSD
- Marijuana (THC)
- Methamphetamine
- Methadone
- Methaqualone
- Opioids
- Oxazepam
- Phencyclidine (PCP)
- Prescriptions written for anyone other than the employee
- Expired prescriptions
- Other designer or look alike substance
- Any substances which can impair full function ability
- Synthetic Marijuana – K2 Spice

2. Contraband Items

Contraband items include, but are not limited to:

- Drug related paraphernalia
- Drug delivery systems

3. Prescription Drugs

While the use of properly dispensed prescription medication is not a violation of this policy, employees who are taking prescribed medication that can cause drowsiness, that may impair their ability to operate machinery, or that have other noticeable side effects, must report the medication to their supervisor and/or management in writing prior to engaging in work. This will allow the Employer to evaluate the need to rearrange work assignments if there is a potential hazard presented by the use of such medication.

Failure to report such medication will be grounds for disciplinary action.

V. Required Drug and Alcohol Testing

1. Payment for Testing

Unless noted elsewhere in this policy, or as required by law, the Employer is financially responsible for all collection, laboratory, MRO, TPA, auditor, local, state, and federal fees and administrative costs associated with this policy.

This does not include, unless noted elsewhere in this policy, at the Employer's discretion and as allowed by law, costs incurred by applicants or employees in regard to, but not limited to, transportation, telephone calls, lost wages, substance abuse counseling, and rehabilitation. If the employee or applicant is required to pay for any testing or services, the Employer will collect the fees from the employee or applicant and in turn ensure those fees are paid. The Employer will ensure that all testing is conducted in a timely manner regardless of the employee's or applicant's ability to pay for such testing.

This also does not include, at the Employer's discretion, any costs incurred by contractors, subcontractors, lower-tier contractors and their agents, vendors, suppliers, and their employees who are required to be in compliance with this policy.

2. Pre-Employment Testing

All applicants who have received a conditional offer of employment shall be required to submit to a pre-employment drug test. Any applicant who fails their drug test may be denied employment. Passing the drug test is not a guarantee that the applicant will receive a final offer of employment.

The Employer shall not allow an employee, who the Employer intends to hire or use, to work unless the Employer has received verification of a negative test result for the employee.

3. Post-Accident Testing

In the event of a work-place accident, injury or illness where there is a reasonable basis that drug and/or alcohol use could have contributed to the accident, injury or illness, a drug and alcohol post-accident test will be performed.

A post-accident drug test shall be conducted on each employee as soon as possible but no later than 32 hours after the accident. A post-accident alcohol test shall be conducted on each employee as soon as possible but no later than 8 hours after the accident. The Employer shall take all reasonable steps to test the employee(s) after an accident, but any injury will be treated first. The employer will not delay necessary medical attention for an injured employee following an accident, prohibit an employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care.

An employee who is subject to post-accident testing who fails to remain readily available for such testing, including notifying the Employer or Employer's representative of their location if they leave the scene of the accident prior to submission to such test, may be deemed by the Employer to have refused to submit to testing. Depending on the circumstances of the accident, and if feasible, the employee will not be allowed to perform any safety-sensitive functions pending the results of the drug test.

In situations where an accident occurs away from the Employer's principal place of business (e.g." on the road") the responsibility of accomplishing the post-accident test falls on the employee. The employee must immediately contact the Employer, the DER, or other designated Employer representative for information and instruction on how to get the test done.

4. Random Testing

The primary purposes of random testing are to deter prohibited drug and alcohol use and to ensure a drug and alcohol-free workplace. Employees subject to random testing will be tested on an unannounced and random basis.

The Employer shall notify CMI what percentage of drug and/or alcohol tests will be conducted, which employees will be subject to random testing, and when random selections will be generated.

Specimen collections may be conducted at all times of the work day, on different days of the work week throughout the annual cycle to prevent employees from matching their drug use patterns to the schedule for collection. Random selections will be spread reasonably throughout the year. Each employee selected for testing shall be tested during the selection period.

The appropriate Employer representative will notify the employee that they have been randomly selected for testing. The employee will not be notified of the test until after reporting for duty.

As soon as practicable after notification, the employee will report to the collection site for testing. A guideline of a minimum of 15 minutes and a maximum of 2 hours is often cited as a reasonable window. However, the actual amount of time depends on how long it will take the employee to go directly to the collection site as determined by the Employer.

5. Reasonable Suspicion Testing

The Employer shall require an employee to submit to a drug and/or alcohol test when the Employer has reasonable suspicion to believe that the employee has violated the prohibitions of this policy concerning drugs and/or alcohol. The Employer's determination that reasonable suspicion exists to require the employee to undergo a drug and/or alcohol test will be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the employee. With respect to reasonable suspicion drug testing, the observations may include indications of the chronic and withdrawal effects of controlled substances.

The required observations for reasonable suspicion testing shall be made by a supervisor or employer official who is trained in detecting the signs and symptoms of drug use and alcohol misuse. The person who makes the determination that reasonable suspicion exists to conduct an alcohol test shall not conduct the alcohol test of the employee.

Reasonable Suspicion alcohol testing is applicable only if the observations are made during, just preceding, or just after the period of the work day that the employee is required to be in compliance with this policy. Alcohol testing will be conducted as soon as possible after the observations have been made. If a test is not administered within 8 hours following the determination, the Employer shall cease all attempts to conduct an alcohol test and shall prepare and maintain on file written documentation indicating why the alcohol test was not conducted.

A written record (Refer to Forms section of this policy manual) shall be made of the observations leading to a reasonable suspicion drug and/or alcohol test. This record will be signed by the supervisor or Employer official who made the observations within 24 hours of the observed behavior or before the results of the drug and/or test are released, whichever is earlier.

The potentially affected employee will not be allowed to proceed alone to or from the collection site. After returning from the collection site, the employee will not be allowed to perform duties pending the receipt of the drug and/or alcohol results and should make arrangements to be transported home. The employee will be instructed not to drive any motor vehicle due to the reasonable belief that they may be under the influence of drugs and/or alcohol. If the employee insists on driving, the Employer will take appropriate measures to discourage the employee from doing so, up to and including notifying local law enforcement officials that an employee who the Employer believes may be under the influence of drugs and/or alcohol is leaving the Employer premises driving a motor vehicle.

6. Return-to-Duty Testing

An employee whose drug and/or alcohol test is determined to be positive will be subject to disciplinary action up to and including termination. See Section XII and Appendix B for more information concerning disciplinary action(s).

The employee may be given an opportunity to retain employment on the condition that the employee first passes a return-to-duty drug and/or alcohol test.

The Employer shall ensure that before an employee returns to work after engaging in conduct prohibited by this plan concerning alcohol, the employee shall undergo a return-to-duty alcohol test with a result indicating an alcohol concentration of less than 0.02.

The Employer shall ensure that before an employee returns to work after engaging in conduct prohibited by this plan concerning drugs, the employee shall undergo a return-to-duty drug test with a verified negative result.

Unless restricted by State or local laws, the employee may be required to pay for their return-to-duty drug and/or alcohol test.

7. Follow-Up Testing

An employee that has been given the opportunity to return to work following a negative result on the return-to-duty drug and/or alcohol test shall be subject to a reasonable program of unannounced follow-up drug and/or alcohol testing after the employee's return to work.

Unless restricted by State or local laws, the employee may be required to pay for their return-to-duty drug and/or alcohol test.

8. Pre-Access Testing

Certain clients of the Employer require that before an employee is able to gain access to their property, the employee must first receive a negative result on a pre-access drug and/or alcohol test.

9. Periodic Testing

Periodic testing may be required by either the Employer or certain clients of the Employer. Periodic testing may be conducted on a specific group of employees, or on all employees, as determined by the Employer or by a client of the Employer.

10. Annual Testing

Employees who have not been drug and/or alcohol tested within a 12-month period may be required to submit to an annual drug and/or alcohol test. Certain clients of the Employer may also require that employees must be subject to an annual drug and/or alcohol test every 12 months regardless of previous testing.

VI. Collection Sites and Collectors

Various collection sites and collectors may be utilized for collection of specimens/samples for drug and alcohol tests. Each collection site will be evaluated to ensure it meets the criteria required to act as an approved site.

CMI will contract with each collection site and the collectors to perform collections. CMI will then provide the Employer with a list of approved collection sites and collectors.

VII. Notification and Testing

1. Employee Notification

The appropriate manager or supervisor will notify the employee to be tested. The employee will not be notified of the test until after reporting for duty.

As soon as practicable after notification, the employee will report to the collection site for testing. A guideline of a minimum of 15 minutes and a maximum of 2 hours is often cited as a reasonable window. However, the actual amount of time depends on how long it will take the employee to go directly to the collection site as determined by the Employer.

2. Drug Testing

All drug tests will be collected following strict chain-of-custody procedures utilizing various sample types (e.g., urine, hair, saliva).

Initial testing of all specimens will be conducted using approved and accepted scientific methodologies. All confirmation testing will be done by a second more specific test known as gas chromatography/mass spectrometry (GC/MS).

Any sample requiring laboratory processing will be collected, sealed and monitored by trained collection personnel. After the specimens have been prepared for shipment, they will be transported to a laboratory that is certified and monitored by the DHHS.

For additional information regarding drug test collection procedures refer to Appendix C.

3. Alcohol Testing

All alcohol tests will be conducted following strict chain-of-custody procedures. Alcohol testing will be conducted by saliva strip or breathalyzer. Blood specimens may be taken if breath or saliva specimens cannot be provided.

Alcohol tests conducted by an Evidential Breath Testing Device (EBT) will be collected by certified Breath Alcohol Technicians (BATs). For more information regarding EBT collection procedures refer to Appendix D.

Alcohol tests collected by saliva strip will be conducted in accordance with the manufacturer's guidelines.

All confirmation alcohol tests will be conducted utilizing an Evidential Breath Testing Device.

Alcohol test results will be reported directly to the Employer or the Employer's representative. The collector will then transmit, in a confidential manner, the alcohol test result to CMI.

VIII. Laboratory

Drug test specimens requiring laboratory processing will be conducted at laboratories certified by the Department of Health and Human Services (DHHS) under the National Laboratory Certification Program (NLCP).

The Employer uses the laboratory listed in Appendix A as the primary laboratory for urine specimen processing. Other certified laboratories may be utilized when conducting screening on specimens other than urine (e.g., hair, saliva).

IX. Medical Review Officer (MRO)

The Employer has designated the Medical Review Officer (MRO) listed in Appendix A to receive, report, and store drug testing information transmitted by the laboratory.

The MRO is a licensed physician with detailed knowledge of possible alternate medical explanations and of substance abuse disorders. The licensed physician is properly trained and licensed to act as an MRO.

The MRO shall review drug test results as requested by the Employer or required by law. An essential part of the drug testing program is the final review of test results reported by the laboratory.

The MRO may talk with the employee or applicant by telephone upon exchange of acceptable identification.

When the MRO makes a final determination of the result of a drug test, the MRO will transmit, in a confidential manner, the test result to CMI. CMI will then transmit the test result, in a confidential manner, to the Employer or the Employer's designated representative authorized to receive drug test results.

The MRO will mail the original signed MRO letter reporting results of non-Negative test results to the Employer's Substance Abuse Program Manager.

X. Employee Notifications

The Employer shall notify an applicant of the results of a pre-employment drug test, if the applicant requests such results within 60 calendar days of being notified of the disposition of the employment application.

The Employer shall notify an employee of the results of their drug tests if the test results are verified and/or confirmed positive. The Employer shall also inform the employee of the specific substances verified as positive.

If a test is reported as positive by the laboratory, the MRO, if applicable, will attempt to contact the employee to discuss the results of the test. If, after making reasonable attempts, the MRO is unable to successfully contact the employee, the designated Employer representative shall make reasonable efforts to contact the employee to request that the employee contact the MRO immediately, but not later than 72 hours, to discuss the results of the drug test.

Once the designated Employer representative has contacted the employee, the designated Employer representative shall immediately notify the medical review officer that the employee has been notified to contact the medical review officer within 72 hours.

XI. Re-Analysis Procedures

Drug Tests - If a drug test is confirmed positive, adulterated, or substituted and there is no legitimate medical reason, the split specimen, if applicable, may be analyzed if the employee or applicant makes a written request for such screening within 72-hours of the receipt of the final test result. The re-analysis will be at the employee's or applicant's expense. The re-analysis may be conducted at the same laboratory or any other DHHS approved laboratory.

The result of the re-analysis will be reported to the MRO, if applicable, who will review the result and make the final determination. If there will be no MRO review, the result will be transmitted to CMI for final transmission to the Employer.

Alcohol Tests - There is no option for re-analysis.

XII. Consequences for Employees Engaging in Prohibited Conduct

Compliance with this policy is a condition of employment. Any applicant who refuses to test or tests positive will be denied employment. Any employee who refuses to test or tests positive will be removed from their duties and may be subject to disciplinary action up to and including termination.

The Employer may consider the following factors in determining the appropriate disciplinary action:

- The employee's work history;
- The length of employment;
- Current work assignment;
- Current job performance; and
- Past disciplinary actions.

If the Employer chooses to provide an employee with an opportunity to return to work, the Employer may require the employee to comply with any or all of the following:

a) Be evaluated, face to face, by a Substance Abuse Professional (SAP) and complete any treatment recommended by the SAP;

b) Enter into an Employer approved rehabilitation program and successfully complete the program; and/or

c) Take and pass a return-to-duty test and submit to a program of unannounced follow-p testing. Refer to Section V. of this plan for additional information regarding Return-to-Duty and Follow-up Testing.

The Employer will comply with all of its clients' requirements regarding violations of their substance abuse prevention policies (i.e., if a client's policy is to not allow on its property an employee who has previously tested positive, the employee will not be authorized access to the client's property).

Additional information regarding disciplinary actions after engaging in prohibited conduct, refer to Appendix B.

XIII. Re-Employment Eligibility

If an employee is terminated as a result of violating this policy, the Employer may consider the employee for rehire if the employee agrees to comply with the following stipulations:

a) Face to face evaluation by a Substance Abuse Professional (SAP) and complete or engage in treatment program as recommended by the SAP;

b) Entrance into an Employer approved rehabilitation program and successful completion of the program (not applicable if treatment is not prescribed/required by a SAP);

c) During the re-employment period there must be no indication that the employee is violating this policy on or off the job;

d) Take and pass any return-to-duty test and submit to a program of unannounced follow-up testing.

XIV. Employee Assistance Program (EAP)

An Employee Assistance Program (EAP) including education, training, and literature is available to help employees address substance abuse problems by providing educational information concerning the effects and consequences of substance abuse on personal health, safety and work environment. (See Appendix E for Drug Abuse and Alcohol Misuse Information).

It is the Employer's desire that employees voluntarily seek assistance under a program designed for substance abuse rehabilitation when such action is determined to be in the best interest of the employee. To assist in this, a listing of assistance groups will be maintained, including a twenty-four (24) hour community service Hot-Line for crisis assistance.

An employee's decision to seek assistance will not be used as the basis for disciplinary action and will not be used against the employee in any disciplinary proceeding. However, it will not be a defense to the imposition of disciplinary action where the facts proving a violation of this policy are obtained outside of the Employee Assistance Program. An employee must also seek assistance prior to being notified that they must submit to a drug and/or alcohol test.

Accordingly, the purposes and practices of this plan and the Employee Assistance Program are not in conflict and are distinctly separate.

All employees who participate or who have participated in the Employee Assistance Program will still be expected to maintain satisfactory job performance and fully comply with this policy.

Confidentiality, in accordance with the Employer's policies, will be guaranteed in all aspects of the counseling and/or medical treatment conducted under the auspices of the Employee Assistance Program. When it becomes necessary for an employee to undergo appropriate treatment or rehabilitation, absences will be handled in accordance with the Employer's standard policies regarding disability, sick leave or leave of absence.

The Employer requires those persons it employs to perform their respective duties and functions in a proper workmanlike manner, unimpaired by the side effects of substance abuse. While no system or program will eliminate such usage entirely, it is believed that the program outlined here will greatly reduce the risks associated with substance abuse.

The Employer realizes that those employees, applicants, and others with substance abuse problems may make up only a fraction of the work force and regrets any inconvenience that may be caused to the non-abusers by the reckless behavior of a few; however, the Employer must comply with Federal and State laws, and the benefits derived from the prevention of accidents, the greater safety of employees, customers, and the counseling/rehabilitation or discharge of those whose substance abuse problems are a potential danger to others, will more than make up for any inconvenience.

The Employer will abide by any restrictions or requirements set forth in applicable State and/or local laws.

XV. Privacy and Confidentiality

Employee's expectations of privacy and confidentiality will be carefully considered in maintaining a record retention program. Contractual arrangements between the Employer, CMI, collectors, laboratories, and the MRO, if applicable, require all test records to be maintained in confidence and to prohibit the release of any drug and/or alcohol test result to any other person except under written authorization from the employee or applicant, unless such results are necessary in the process of resolution of accident (incident) investigations, required by court order, or required to be released to parties having a legal right-to-know as determined by State and Federal law.

Any employee who is the subject of a drug and/or alcohol test conducted under this policy shall, upon written request, have access to any records relating to the employee's drug and/or alcohol test and any records relating to the results of any relevant certification, review or revocation-of-certification proceedings.

To maintain confidentiality, written requests regarding the employee's drug and/or alcohol tests will be stored in a secure manner. The employee's drug and/or alcohol testing records will not be made a part of the employee's personnel file.

Unless an employee gives consent, the employee's counseling/rehabilitation or drug and/or alcohol test records will not be released to a subsequent Employer.

XVI. Record Keeping

Security - All records will be maintained in a secure manner.

Types of Records - Specific types of records to be maintained include, but are not limited to, the following:

- Chain-of-custody forms
- Laboratory test results
- Alcohol testing forms
- Signed Acknowledgment of Receipt forms
- Laboratory certification documentation
- MRO reports (if applicable)
- SAP Documentation (if applicable)

SECTION 2 – DOT Requirements

I. General

1. Policy

Amsys Energy, LLC (hereinafter known as the Employer) is committed to providing a workplace environment that is safe, efficient, and drug free, as we cannot afford the loss that substance abuse in the workplace will cost via on the job accidents, absenteeism, low-productivity, or poor quality of work, and to be in compliance with applicable DOT agency regulations and requirements.

The Employer is committed to maintaining a drug-free environment.

The possession, use, or sale of alcohol on the Employer's premises during work hours is strictly prohibited. Further, the possession, use, or sale of illegal drugs is prohibited at any time.

The purpose of this policy is to promote an alcohol and drug-free work environment for all covered employees and the general public. Confidentiality, consistent with legal, safety, and security considerations, is also fundamental to this policy.

Except as expressly provided by applicable Federal, State, and local regulations and laws, nothing in this policy shall be construed to affect the authority of the Employer, or the rights of employees, with respect to the use of drugs or the use of alcohol, including authority and rights with respect to testing and rehabilitation.

II. Applicability / Categories of Employees Subject to Testing

This policy applies to all individuals who perform or are subject to perform DOT regulated safety-sensitive functions for the Employer. All applicable DOT agency safety-sensitive function definitions are described below.

FMCSA

DOT/FMCSA Safety-sensitive functions

All time from the time a driver begins to work or is required to be in readiness to work until the time the driver is relieved from work and all responsibility for performing work. Safety-sensitive functions shall include:

All time at an employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the Employer;

All time inspecting equipment as required by 49 CFR Part 392.7 and 392.8 or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;

All time spent at the driving controls of a commercial motor vehicle in operation;

All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth (a berth conforming to the requirements of 49 CFR Part 393.76);

All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; and

All time repairing, obtaining assistance, or remaining in attendance upon a disable vehicle.

DOT/FMCSA Driver (Covered employee)

Any person who operates a commercial motor vehicle. This includes, but is not limited to: full time, regularly employed drivers; casual, intermittent or occasional drivers; leased rivers and independent owner-operator contractors.

DOT/FMCSA Commercial Motor Vehicle

A motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the vehicle:

Has a gross combination weight rating of 11,794 or more kilograms (26,001 or more pounds); or

Is designed to transport 16 or more passengers, including the driver; or

Is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act (49 U.S.C. 5103(b)) and which require the motor vehicle to be placarded under the Hazardous Materials Regulations (49 CFR Part 172, Subpart F).

III. Key Personnel / Designated Employer Representative (DER)

See Appendix A for the identity of the person designated to answer covered employee questions about the Employer's Substance Abuse Prevention Plan.

IV. Prohibited Conduct / Violations

1. Drug Violation / Prohibited Conduct

a. A verified positive drug test result;

b. A refusal to be tested, determined by:

1) Having a verified adulterated or substituted drug test result;

2) Failing to appear for any drug test (except a pre-employment test) within a reasonable time, as determined by the Employer, after being directed to do so by the Employer;

3) Failing to remain at the drug testing site until the testing process is complete;

4) Failing to provide a urine specimen for any drug test;

5) Failing to allow a directly observed or monitored collection in a drug test that requires such a collection procedure;

6) Failing to provide a sufficient amount of urine for a drug test when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;

7) Failing or declining to take an additional drug test the employer or collector has directed you to take;

8) Failing to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER; or,

9) Failing to cooperate with any part of the testing process (e.g., refuse to empty pockets or failure to wash hands when so directed by the collector, behave in a confrontational way that disrupts the collection process, tampering with a specimen).

10) For an observed collection, fail to follow the observer's instructions to raise clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if there is any type of prosthetic or other device that could be used to interfere with the collection process.

11) Possess or wear a prosthetic or other device that could interfere with the collection process.

12) Admit to the collector or MRO that a specimen has been adulterated or substituted.

13) Failure to remain available for testing following an accident.

c. On-duty use of any controlled substance, except when the use is pursuant to the instructions of a licensed medical practitioner who has advised the covered employee that the substance will not adversely affect the covered employee's ability to safely perform safety-sensitive function.

d. Use of illegal drugs at any time.

e. Use of any controlled substance without a proper prescription from a licensed medical practitioner.

2. Alcohol Violations and Prohibited Conduct

a. A test result of 0.04 or higher alcohol concentration;

b. A refusal to be tested, determined by:

1) Failing to appear for any alcohol test (except a pre-employment test) within a reasonable time, as determined by the Employee, after being directed to do so by the Employer;

2) Failing to remain at the alcohol testing site until the testing process is complete;

3) Failing to provide an adequate amount of saliva or breath for an alcohol test;

4) Failing to provide a sufficient amount of breath for an alcohol test when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;

5) Failing or declining to take an additional alcohol test as directed by the Employer, Screening Test Technician (STT), or Breath Alcohol Technician (BAT);

6) Failing to undergo a medical examination or evaluation, as directed by the DER;

7) Failing to sign the certification statement (step 2) on the Alcohol Testing Form; or,

8) Failing to cooperate with any part of the testing process.

9) Failure to remain available for testing following an accident.

c. On-duty use of alcohol while performing safety-sensitive functions.

d. Pre-duty use of alcohol within four (4) hours prior to performing safety-sensitive functions.

e. Use of alcohol by "on-call" employees for the entire period the employee is "on-call" by the Employer.

1) Employees will have the opportunity to report any use of alcohol at the time they are called to report for duty and the inability to perform safety-sensitive duties.

2) If the employee has reported use of alcohol while on-call, but claims they can safely perform their safety-sensitive duties, the employee will be required to take an alcohol test prior to performing such duties.

f. Use of alcohol within eight (8) hours following an accident unless the covered employee has already been given a post-accident alcohol test.

g. While not a violation of DOT regulations, a test result of 0.02 or greater alcohol concentration, but less than 0.04 is considered prohibited conduct.

3. Violation Consequences and Employer Actions

After DOT Rule Violations. The Employer will not allow any covered employee who has a DOT drug or alcohol violation to perform safety-sensitive functions for the Employer. Immediately, upon learning of the violation, the DER shall assure the removal of the covered employee from all safety-sensitive duties. That covered employee will be ineligible to work in any DOT safety-sensitive function for the Employer until the covered employee has successfully completed the DOT return-to-duty process. The Employer will refer the covered employee to a Substance Abuse Professional (SAP) as soon as practicable after the verified violation report.

After DOT Alcohol Prohibited Conduct**.** The Employer will not allow any covered employee to perform, or continue to perform, any safety-sensitive functions when the covered employee is found to have an alcohol concentration of 0.02, or higher, but less than 0.04. The Employer may not use the covered employee in a safety-sensitive function until a subsequent test result measures less than 0.02 or the employee has been removed from duty for at least 24 hours following the test that indicated "prohibited conduct".

For additional information regarding disciplinary action, please refer to Appendix B.

V. Testing Requirements

All covered employees are required to submit to the drug and alcohol testing administered in accordance with DOT requirements. DOT Drug tests test for the following drugs and/or drug metabolites: Marijuana, Cocaine, Amphetamines, Opioids, and PCP. Employees will be subject to the following drug and alcohol tests:

Pre-Employment Testing. A pre-employment drug test will be conducted before an individual is hired or used to perform safety-sensitive functions, this includes employees who may be transferred from a Non-regulated (i.e. non safety sensitive) function into a regulated (i.e. safety-sensitive) function. Pre-employment tests are also required of covered employees returning from a leave of absence greater than 90 days who have not been participating in the Employer's drug and alcohol program and subsequently subject to the random selection process. A negative DOT drug test result is required prior to performing safety-sensitive functions. DOT does not allow the use of a "quick test" or any other methodology other than laboratory-based urine testing.

The Employer will not hire or use any covered employee to perform safety-sensitive functions who has had a past DOT violation and has not complied with DOT eligibility standards for returning to safety-sensitive work; and any additional Employer policies outside of DOT requirements.

Post-Accident Testing. Post-Accident drug testing shall be conducted as soon as possible, but no later than 32 hours after the accident. Post-Accident alcohol testing shall be conducted on each covered employee as soon as possible, but no later than 8 hours after the accident. If an alcohol test is not administered within 2 hours following the accident, the Employer will prepare and maintain on file a record indicating why the alcohol test was not promptly administered. If the alcohol test is not administered within 8 hours following the accident, the Employer will cease its attempts to administer the alcohol test. The Employer will prepare and maintain on file a record indicating why the alcohol test was not conducted within the 8 hour time frame.

The Employer shall take all reasonable steps to test the employee(s) after an accident, but any injury should be treated first. The Employer will not delay necessary medical attention for an injured employee(s) following an accident, prohibit an employee(s) from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care.

An employee who is subject to post-accident testing who fails to remain readily available for such testing, including notifying the Employer or Employer's representative of their location if they leave the scene of the accident prior to submission to such test, may be deemed by the Employer to have refused to submit to testing. An employee who is subject to post-accident testing is prohibited from consuming alcohol for 8 hours following the accident, or until the post-accident test has been conducted, whichever comes first. Depending on the circumstances of the accident, and if feasible, the employee will not be allowed to perform safety-sensitive functions pending the results of the drug test.

The circumstances that require Post-Accident Testing are listed below:

FMCSA Post-Accident Testing. The Employer will conduct both a drug test and an alcohol test after an accident. As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, the Employer shall test for drugs and alcohol for each of its surviving drivers:

a) Who was performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life; or

b) Who receives a citation within 8 hours of the occurrence under State or local law for a moving traffic violation arising from the accident, if the accident involved:

   1) Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or

   2) One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle. Table 1 notes when a post-accident test is required.

Random Testing. The Employer will conduct a number of random drug and alcohol tests each calendar year that meets or exceeds the current minimum annual percentage random testing rate. The Employer may use the services of the C/TPA to manage all aspects of the Employer's random testing program. If the Employer conducts random testing through a C/TPA, the number of covered employees to be tested may be calculated for each individual Employer or may be based on the total number of covered employees covered by the C/TPA who are subject to random testing.

All covered employees will be immediately placed in a drug and alcohol random pool after obtaining a negative result on their pre-employment test. Covered employees will remain in the random selection pool at all times, regardless of whether or not they have been previously selected for testing. The selection of covered employees shall be made by using a computer-based, scientifically valid method (e.g., random number generator or equivalent random selection method) that is matched with a covered employee's social security number or other employee ID number. The DER will assure the pools contain covered employees social security numbers or driver identification numbers that are current, complete, and correct. Covered employees will have an equal chance of being selected for testing. Covered employees are subject to both random alcohol and drug testing.

Random testing will occur on a quarterly basis. Prior to selection, the DER shall ensure that the random testing pool has been updated to include all current covered employees in the Employer's workforce. The number of tests to be conducted will be based on the number of covered employees at the beginning of each quarter's test cycle. The DER, or C/TPA, shall use the random selection procedures to compile lists of covered employees selected for drug and alcohol testing in each testing cycle. The number of covered employees selected on each list shall be sufficient to assure that the minimum number of required tests can be achieved for both drugs and alcohol. The list of covered employees selected will be retained by the DER in a secure location until the time of testing when the list will then be provided to the appropriate division manager, department head, or supervisor who will, in turn, notify the covered employee(s) to report for testing.

Random testing is unannounced, with covered employees being notified that they have been selected for testing after they have reported for duty on the day of collection. All testing will be conducted on different days of the week, at different times of the day throughout each test cycle to prevent covered employees from matching their substance use patterns to the schedule for testing.

Once notified by the appropriate Employer official, covered employees will be instructed to report immediately to the collection site.

Reasonable Suspicion/Cause Testing. The Employer will conduct reasonable suspicion testing, also known as reasonable cause testing, based on the Employer's observation of "signs and symptoms" of specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the employee.

The supervisor making the determination to test shall be trained in detecting the signs and symptoms of drug use and alcohol misuse. The supervisor making the determination to test shall document, in writing, the behavioral signs and symptoms that support the determination to conduct a reasonable suspicion/cause test. This documentation shall be prepared and signed within 24 hours of the observations or before the results of the tests are released, whichever is earlier

The covered employee will be tested for drugs if the supervisor believes the covered employee may have violated the prohibitions of this Plan concerning drugs. The covered employee will be tested for alcohol if the supervisor reasonably believes the covered employee may have violated the prohibitions of this Plan concerning alcohol. In situations where the supervisor is sure of the signs and symptoms but unsure of the substance, the covered employee will be tested for both drugs and alcohol.

The potentially affected covered employee will not be allowed to proceed alone to or from the testing site. In addition to the safety concerns for the covered employee, accompanying the covered employee also assures that there is no opportunity en route to the testing site for the covered employee to compromise the test through any method of tampering that could affect the outcome of test result.

The covered employee shall not perform a safety-sensitive function pending the receipt of the drug test results. After submitting to the drug test, the covered employee should make arrangements to be transported home. The covered employee should be instructed not to drive any motor vehicle due to the reasonable belief that they may be under the influence of a drug. If the covered employee insists on driving, a supervisor should notify the proper local law enforcement authority that an employee believed to be under the influence of a drug or alcohol is leaving the Employer premises driving a motor vehicle.

Return-to-Duty Testing. The Employer will conduct a return-to-duty test prior to a covered employee returning to safety-sensitive duty following a DOT violation. When a covered employee has a DOT violation they cannot work again in any DOT safety-sensitive function until successfully

completing the Substance Abuse Professional (SAP) return-to-duty requirements. Only after the SAP has reported to the Employer that the covered employee is eligible to return to safety-sensitive duties is the Employer authorized to return the covered employee to a safety-sensitive function. However, whether or not to do so is a business decision of the Employer, not the DOT. When the Employer makes the decision to return the covered employee to safety-sensitive duty, the Employer will initiate the order for the return-to-duty test. All return-to-duty drug tests will be conducted using direct-observation collection procedures.

A return-to-duty test, as a minimum, will be for the substance associated with the violation. A return-to-duty test may, however, be for both drugs and alcohol. The decision belongs solely to the SAP from information gained during the SAP-evaluation/treatment processes. The results of a return-to-duty test must be negative for drugs and less than .02 for alcohol in order "to count" and allow the covered employee to return to work. A cancelled test must be recollected. A positive drug test, an alcohol test of .04 or higher, or a refusal-to-test will be considered as a new, separate violation. When the covered employee "passes" his return-to-duty test, their name is immediately placed into the Employer's random testing pool.

Follow-up Testing. The Employer will conduct follow-up testing, as a series of tests that occur after a covered employee returns to safety-sensitive work, following a negative result on the return-to-duty drug and/or alcohol tests. Follow-up testing, as a minimum, will be for the substance associated with the violation. In addition, follow-up testing may be for both drugs and alcohol, as directed by the SAP's written follow-up testing plan.

Follow-up testing is the Employer's responsibility to conduct. Follow-up testing will run concurrently with random testing. All follow-up drug tests will be conducted using direct-observation collection procedures. The results of a follow-up must be negative for drugs and less than .02 for alcohol. A cancelled test must be recollected. A positive drug test, an alcohol test of .04 or higher, or a refusal-to-test will be considered as a new, separate violation.

The number and frequency of the follow-up tests will be determined by the SAP, but shall consist of at least six tests in the first 12 months following the covered employee's return-to-duty test. The follow-up plan will give both the number of tests and their frequency; the Employer will select the actual day and time of the test and the tests are unannounced. Follow-up testing shall not exceed 60 months from the date of the covered employee's return to duty. The SAP may terminate the requirement for follow-up testing at any time after the first six tests have been administered, if the SAP determines that such testing is no longer necessary.

Appendices

Appendix A - Designated Personnel and Service Agents

CONSORTIUM/THIRD PARTY ADMINISTRATOR (C/TPA)

Name: CMI
Address: 6704 Guada Coma, Schertz, TX 78154
Phone Number: (210) 967-6169

DESIGNATED EMPLOYER REPRESENTATIVE (DER)/ALCOHOL & DRUG PROGRAM MANAGER

Name: Twila Minter
Address: 8300 Bissonnet St Ste 570, Houston Tx 77074-3915
Phone Number: (210) 454-5239

MEDICAL REVIEW OFFICER (MRO)

Name: William Buhrow, M.D.
Address: 6704 Guada Coma, Schertz, TX 78154
Phone Number: (888) 844-9806 or (210) 967-9806

SUBSTANCE ABUSE & MENTAL HEALTH ADMINISTRATION (SAMHSA/HHS) LABORATORY

Name: Clinical Reference Laboratory
Address: 8433 Quivira Rd, Lenexa, KS 66215
Phone Number: (800) 445-6917

COLLECTION SITE(s) - DRUG AND BREATH ALCOHOL

Name: Texas Med Clinic-Forum
Address: 8341 Agora Pkwy, Selma, Tx 78154
Phone Number: (210) 659-5533

Various collectors/collection sites may be used, CMI will provide client with list of additional or alternate collectors/collection sites.

LIST OF APPROVED EVIDENTIAL BREATH TESTING DEVICES (EBTS) UTILIZED:

EBT Manufacture Name and EBT Model Name: Intoxilyzer 400PA*

**Various EBTs may be utilized.*

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Name: Twila Minter
Address: 8300 Bissonnet St Ste 570, Houston Tx 77074-3915
Phone Number: (210) 454-5239

SUBSTANCE ABUSE PROFESSIONAL (SAP) – Referrals

Name: CMI
Address: 6704 Guada Coma, Schertz, TX 78154
Phone Number: (210) 967-6169

Appendix B – Employer Additional Requirements, Protocols, and Disciplinary Actions

Policy Statement. The Employer is committed to maintaining a drug-free environment. Violations to this Plan include:

1. The presence in the body, possession, use, distribution, dispensing, and/or unlawful manufacture of prohibited drugs and the misuse of alcohol is not condoned while conducting Employer business, or while in work areas or Employer vehicles on or off Employer premises. No employee will work under the influence of prohibited drugs and alcohol.

2. An employee or applicant who tests positive for drugs, has an alcohol concentration of 0.04 or higher, or refuses to take any drug or alcohol test as directed by the Employer.

Compliance with All Laws. This policy statement will be amended from time to time to comply with changes in Federal and State laws.

Reservation of Rights. Amsys Energy, LLC reserves the right to interpret, amend, or revise this policy statement in whole or in part without notice. Nothing in this policy statement is to be construed as an employment contract nor does this alter an employee's employment at-will status. The employee remains free to resign his/her employment at any time for any or no reason, without notice. Similarly, the Employer reserves the right to terminate any employee's employment, for any or no reason, without notice.

Employer Requirements

Pre-Employment Alcohol Testing. DOT does not mandate a pre-employment alcohol test for covered employees. DOT does, however, give regulated employers, such as this Employer, the authority to conduct such testing. With respect to this option, **Amsys Energy, LLC does not require covered employees to submit to DOT Pre-employment alcohol testing**.

Disciplinary Actions

Amsys Energy, LLC has established a **2nd Chance Policy**. The Employer has established a 2nd Chance Policy. Barring any extenuating circumstances that may impact the Employer's decision with respect to the employee's continued employment, employees who are determined to be first-time violators of this policy will be provided an opportunity to retain their employment contingent upon the employee's completion of any prescribed rehabilitation and return-to-duty requirements as specified by a DOT Qualified Substance Abuse Professional (SAP).

Prior to being placed back into a safety-sensitive function, the employee must comply with the Return to Duty testing requirements of this Plan. Once the employee has been placed back into a safety-sensitive function, the employee will be subject to applicable unannounced Follow-up testing as directed by a DOT Qualified Substance Abuse Professional (SAP).

If an employee is determined to have a subsequent violation of this plan, the employee will be subject to disciplinary actions up to and including termination.

Additional Employer Protocols

Alcohol Test result of 0.02 or greater, but less than 0.04. Amsys Energy, LLC considers this prohibited conduct. Any DOT employee will be removed from their DOT safety-sensitive function for no less than 24 hours following the test. This may also include disciplinary action up to and including termination.

Negative drug test reported as dilute with creatinine concentration greater than 5 mg/dL: DOT does not consider this type of result to be a violation but does give Employers options regarding requiring employees who receive a test result of this nature to submit to a 2nd test. **Employer will require a retest.**

Negative drug test reported as dilute with creatinine concentration greater than 2 md/dL but less than 5 md/dL: The MRO will require a recollection under direct observation.

Appendix C: Urine Specimen Collection

Security, Integrity and Privacy

Collection site personnel shall be responsible for maintaining specimen collection and transfer process integrity. The modesty and privacy of the donor shall be carefully ensured at all times. Conduct or remarks that might be construed as accusatorial, offensive, or inappropriate will not be permitted, and must be avoided.

Any person requested to undergo a drug test will be required to provide a urine specimen at a designated collection site. In order to ensure integrity of the specimen collection procedures, a standard Urine Custody and Control Form (CCF) will be used, with an appropriate form for split sample procedures, if applicable. This form shall be completed by the employee and the collection site personnel. The form will be completed by the person responsible for collecting the urine specimen and then will be forwarded along with the urine specimen to a designated laboratory, which will analyze the specimen. The laboratory will then forward a copy of the CCF to CMI, the Substance Abuse Program Administrator, who will review it along with the test result. CMI will retain a copy of the CCF for each drug test it conducts. The chain-of-custody portion of the Urine CCF must be completed by every person who handles or otherwise comes in contact with the urine specimen.

All urine specimens will be collected in a clean, single-use specimen bottle that is securely wrapped until filled with the specimen. A clean single-use collection container that is securely wrapped until used may also be employed. If urination is directly into the specimen bottle, the specimen bottle shall be provided to the employee still sealed in its wrapper or shall be unwrapped in the employee's presence immediately prior to its being provided. If a separate collection container is used for urination, the collection container shall be provided to the employee still sealed in its wrapper or shall be unwrapped in the employee's presence immediately prior to its being provided; and the collection site person shall unwrap the specimen bottle in the presence of the employee at the time the urine specimen is presented.

If the donor is unable to provide a sufficient amount of urine for the drug test:

1) The insufficient specimen shall be discarded unless the insufficient specimen was out of temperature range or showed evidence of adulteration of tampering, will be discarded.

2) The donor is to remain at the designated collection site and urged to drink up to 40 ounces of fluid, distributed reasonably throughout a period of up to three hours, or until the individual has provided a sufficient urine specimen, whichever occurs first. It is not a refusal to test if the employee declines to drink.

3) If the donor has not provided a sufficient specimen within three hours of the first unsuccessful attempt to provide the specimen, the collection process will be discontinued, noted on the chain-of-custody control form; and the DER will be immediately notified.

Unauthorized personnel shall not be permitted access to any part of the designated collection site. In order to ensure accuracy and security, only one donor shall be under the supervision of the collection site person at any time.

Collection Procedures

Designated Collection Sites - The Employer will utilize an approved collection site which will have the personnel, materials, equipment, facilities and supervision necessary to provide for the collection, security, temporary storage and shipping of urine specimens to a SAMHSA-certified laboratory for testing.

The Employer will designate specimen collection sites that have:

1) An enclosure for urinating in private

2) A toilet or receptacle large enough to contain a complete void

3) A source for washing hands

4) A suitable surface for writing

5) The collection site will be secure to prevent unauthorized access during the collection process.

Supervisory Collections - A direct supervisor of an employee shall not serve as the collection site person for a drug test, unless a trained collector is not available to do the collection.

Alternative Collection Sites - If one of the Employer's designated collection site facilities cannot be used to collect a specimen, the Employer and /or the employee will attempt to use another collection site facility which is familiar with collection procedures. In the event such an alternative collection site is not available, the urine specimen must still be collected in a secure manner, described as follows:

1) Procedures shall be provided for the collection site to be secure. If a collection site facility is dedicated solely to urine collection, it shall be secure at all times. If a facility cannot be dedicated solely to drug testing, the portion of the facility used for testing shall be secured during drug testing.

2) A facility normally used for other purposes, such as a public restroom, may be secured by visual inspection to ensure other persons are not present and undetected access is not possible. Security during collection may be maintained by effective restriction of access to collection materials and specimens. In the case of a public restroom, the facility must be posted against access during the entire collection procedure to avoid embarrassment to the employee or distraction of the collection site person.

3) If it is impractical to maintain continuous physical security of a collection site form the time the specimen is presented until the sealed shipping container is transferred for shipment, the following minimum procedures shall apply. The specimen shall remain under the direct control of the collection site person from delivery to its being sealed in the shipping container. The shipping container shall be immediately shipped, maintained in secure storage, or remain until shipped under the personal control of the collection site person.

Individual Privacy - Collection procedures allow urine specimens to be provided by the individual in private, unless there is reason to believe that the individual may alter or substitute the specimen.

Circumstances Requiring Direct Observation - A second specimen of urine will be obtained as soon as possible under the direct observation of a same gender collection site person whenever:

1) There is reason to believe that a particular donor has altered or substituted the specimen under the following circumstances; or

2) The donor has presented a specimen which falls outside the allowable temperature ranges (32° - 38° C / 90° - 100° F); and/or

3) The collection site person observes donor conduct clearly and unequivocally indicating an attempt to substitute or adulterate the specimen.

When it is necessary to collect a second specimen of urine, the donor may find it difficult to immediately give another specimen. In such cases, the donor is to remain at the designated collection site (up to three hours), and urged to drink up to 40 ounces of fluid.

Circumstances When Direct Observation of Collection will be OPTIONAL - Under certain circumstances, collection of a second specimen of urine may be optional. A collector of the same gender as the donor will observe this second collection of urine. The circumstances are as follows:

1) The last urine specimen provided by the donor on a previous occasion was determined by the SAMHSA certified laboratory to have a specific gravity of less than 1.003 and a creatinine concentration below 0.2g/L; or

2) The donor has tested positive in a prior drug test and the particular test being conducted was either a return to duty test or an unannounced follow-up test.

Specimen Integrity and Identity - The Employer, the employee and the collection site person shall take appropriate precautions to preserve the integrity and identity of the urine specimen by ensuring that it is not adulterated or diluted during the collection procedure and that the urine specimen tested is that of the person from whom it was collected. Collection site personnel will be responsible for maintaining the integrity of the specimen collection and transfer process, but employees are expected to cooperate with collection site personnel and to exercise good faith in conjunction with the written specimen collection procedures.

To deter the dilution of specimens at the collection site, toilet bluing agents shall be placed in the toilet tanks, so the reservoir of water in the toilet bowl always remains blue. Where practical, there shall be no other source of water in the enclosure where urination occurs. If there is another source of water in the enclosure, it shall be effectively secured or monitored to ensure it is not used as a source for diluting the specimen.

When an individual arrives at the collection site, the collection site personnel shall ensure that the individual is positively identified as the employee selected for testing through presentation of valid photo identification or identification by an Employer management official. If the individual's identity cannot be established, the collection site person shall not proceed with the collection.

If the employee asks, the collector must provide his/her identification to the employee. The collector's identification must include name and Employer's name, but does not have to include the collector's picture, address, or telephone number.

Collection Control - The collection site person shall keep the individual's specimen bottle within sight both before and after the individual has urinated. After the specimen is collected, it shall be properly sealed and labeled. The Urine Custody and Control form shall be used for maintaining control and accountability of each specimen from the point of collection to the final disposition of the specimen. The date and purpose shall be documented on an approved Chain-of-Custody form each time a specimen is handled or transferred and every individual in the chain shall be identified. Every effort shall be made to minimize the number of persons handling the specimens.

Transportation to Laboratory - Collection site personnel shall arrange to ship the collected specimens to the drug testing laboratory. The specimens shall be placed in a container designed to minimize the possibility of damage during shipment and those containers shall be securely sealed to eliminate the possibility of undetected tampering. On the tape sealing the container, the collection site person shall sign and enter the date the specimens were sealed in the containers for shipment. The collection site person shall ensure that the chain-of-custody documentation is attached to each container sealed for shipment to the drug testing laboratory.

Failure to Cooperate - If the employee refuses to cooperate during the collection process (e.g., refusal to provide a complete specimen, complete paperwork, and initial specimen) the collection site person shall inform the Employer and shall document the non-cooperation in the Urine Custody and Control Form. Employees are expected to exercise good judgment and cooperate during the collection process and failure to do so will be treated the same as a positive drug test, the employee will be removed from

his/her safety-sensitive position, and may be terminated from employment, independent and regardless of the results of any subsequent drug test.

Any employee required to provide a urine specimen will be expected to complete any necessary forms required by the collection site person or the Employer, including those authorizing the disclosure of test results to the Employer and the Substance Abuse Program Administrator. Failure or refusal to do so may result in discharge as set forth in the Employer Policy.

Employees Requiring Medical Attention - If the specimen is being collected from an employee in need of medical attention, necessary medical attention shall not be delayed in order to collect the specimen.

Appendix D: Evidential Breath Testing (EBT) Procedures

General

Alcohol Testing Form (ATF) - The Screening Test Technicians (SSTs) or the Breath Alcohol Technician (BAT) shall utilize a standard Breath Alcohol Testing form. The Employer may utilize a form that is directly generated by an EBT and may omit the space for affixing a separate printed result to the testing form. The form shall provide triplicate or three consecutive identical copies with copy 1 (white copy) being retained by the Employer, copy 2 (green copy) shall be provided to the employee, and copy 3 (blue copy) shall be retained by the BAT.

The breath alcohol testing form may include such additional information as may be required for billing or other legitimate purposes necessary to the testing, provided that personal identifying information on the individual (other than the social security number or employee identification number) may not be provided.

Breath Testing Locations - The Employer shall conduct the testing in a location that affords visual and aural privacy to the employee being tested. The location shall be secured as to prevent unauthorized personnel from seeing or hearing test results. All necessary equipment, personnel, and materials for conducting the alcohol testing shall be provided at the testing site. A mobile collection facility, such as a van that is equipped for alcohol testing, maybe utilized. No unauthorized persons shall be permitted access to the testing site when the EBT remains unsecured, or in order to prevent such individuals from seeing or hearing a test result. In some circumstances the Employer may have to conduct such alcohol testing outdoors at the scene of an accident that does not meet the requirements above. In such cases, the STT or BAT shall provide the necessary visual and aural privacy to the employee to the greatest extent practicable.

The STT or BAT shall supervise only one employee's use of the EBT at a time. The BAT shall not leave the alcohol testing site while the testing process is in progress.

Conducting the Alcohol Test

Breath Alcohol Testing Preparations - When an employee arrives at the alcohol testing site, the STT or BAT shall ensure that the individual is positively identified as the employee selected for alcohol testing (e.g. through presentation of photo identification or identification by the Employer's representative). If the employee's identity cannot be established, the BAT shall not proceed with the alcohol test. Upon request by the employee, the STT or BAT shall show proper identification to the employee.

The STT or BAT shall explain the alcohol testing process to the employee.

If the employee fails to arrive at the assigned time, the STT or BAT will contact the appropriate authority to obtain guidance on any action to be taken.

Screening Test Procedures - The STT or BAT shall begin the alcohol testing process by completing Step 1 on the Alcohol Breath Testing form. The employee shall then complete Step 2 by signing the certification. Refusal by the employee to sign the certification shall be regarded as a refusal to take the alcohol test.

Breath Alcohol Testing Procedures - The BAT shall select an individually-sealed mouthpiece and it shall be opened in full view of the employee and the BAT and attached to the EBT in accordance with the manufacturer's instructions.

The BAT shall instruct the employee to blow forcefully into the mouthpiece for at least 6 seconds or until the EBT instrument indicates that an adequate amount of breath has been obtained.

If the EBT does not meet the requirements listed on the NHTSA CPL, the BAT shall ensure before a screening test is administered to each employee that (s) he and the employee read the sequential test number displayed on the EBT. The BAT shall record the displayed result, test number, testing device, serial number of the testing device, and the time in step 3 of the form.

Appendix E: Drug Abuse and Alcohol Misuse Information

1. What Employees Can Do to Support a Safe, Healthy, and Productive Workplace

Every employee has a stake in creating a workplace that is a good place to be. We all want to work in a setting that is safe and healthy with people we can trust and rely on. Co-workers who fail to show up because they have a hangover, are too tired to work, or who show up impaired are not reliable. A worksite where this behavior is allowed is not safe. Your employer, human resources director, and supervisors all have key parts to play. Your role is equally important.

Creating a drug- and alcohol-free workplace that is safe, healthy, and productive is EVERYBODY'S JOB!

Use of illicit drugs, alcohol abuse, and misuse of prescription medications can have a negative effect on our daily lives. People with drug and alcohol problems are not likely to leave those problems behind when they come to work.

About 75% of those 18 and older who use illegal drugs also work.

Non-medical use of prescription medications continues to be a concern. The *2004 National Survey on Drug Use and Health* estimated that 6 million people were current users of psychotherapeutic drugs taken non-medically. SAMHSA's Drug Abuse Warning Network reported that of the nearly 2 million drug-related emergency department visits in 2004, over 25% were related to nonmedical use of prescription and over-the-counter pharmaceuticals.

In a large study of illicit drug use in highly educated employees, 42% of respondents reported using mood-altering prescription medications.

Most binge drinkers and heavy alcohol users are employed. Of adult binge drinkers, 79.3% are employed either full or part time. Of adult heavy drinkers, 79.5% are employed.

Workplace alcohol use and impairment affect an estimated 15% of the U.S. workforce, or 19.2 million workers.

Over 7% of American workers drink during the workday, mostly at lunch, and even more, 9%, have nursed a hangover in the workplace.

Drinking does not have to occur on the job to affect the job. Hangovers account for many workplace productivity losses.

On-the-job alcohol and drug use can lead to an increased risk of accidents and injuries. It can also lead to lower levels of productivity and employee morale, not only for those with substance abuse problems, but also for those working alongside them.

The addictions of coworkers' family members may also affect the workplace. In a national survey of employees, more than one third said that at least one of their coworkers had been distracted, less productive, or missed work because of alcohol or other drug addiction in their family.

2. What are My Responsibilities?

You can help achieve and maintain a drug-free workplace by:

Understanding the Employer's Policy - All employees are responsible for understanding the Employer's Substance Abuse Policy. Knowing what is required of you, and knowing what the consequences are for not complying will help protect everyone involved from complications attributable to misunderstandings.

Understanding and supporting the program - Your Employer wants to include you as part of a team effort. Everyone is responsible for helping create a safe, healthy, productive, and drug-free workplace. At a minimum this means:

a) Know the rationale for the policy. You should know why the policy is important to you, your coworkers, and your Employer.

b) Know the resources for getting help. Be informed about the Employee Assistance Program, benefits offered by your health insurance plan, and local resources that may be available. This can be a resource for you, a coworker, or a family member.

c) Participate fully in any training that the Employer makes available. No matter how much you think you already know, and no matter how much you read, you can probably learn more by participating fully in any training or education activities that are offered.

3. How Does Drug and Alcohol Abuse Affect Me?

Drug and Alcohol abuse has three dimensions that impact the workplace. First and most importantly, is the effect of drug and alcohol abuse on the health and personal life of an individual. Second is the accident risk that impairment poses to everyone. Third is the loss of efficiency and productivity in work performance.

Health and Personal Life - Substance abusers experience a wide array of physical effects. The longer a person abuses a substance the more dependent they become on the substance and the more serious the situation becomes. Some of the signs of a substance abuse are:

a) Memory loss;

b) Lack of interest in food, sex, and personal hygiene; and

c) Mood swings ranging from lethargy to hyperactivity

A substance abuser will cause damage to the family unit and social relationships. The destruction of the home and social environment often begin with bickering in the home, followed by bitter arguments, neglect and mistreatment of children, and embarrassment among relatives and caring friends. Finally the abuser will organize their life around drugs and/or alcohol, and being in the company of other abusers.

Safety - The Employer is expected to maintain a safe working environment for employees, people who enter the work premises, and for anyone who could be affected by the performance of employees. The abuse of drugs and/or alcohol by an employee can impair employee's ability to think clearly and perform tasks safely. Statistics point clearly to a connection between the abuse of drugs and alcohol and on-the job injuries, deaths, and major losses.

Efficiency and Productivity - An employee who regularly uses alcohol or drugs cannot perform at full capacity, and is often someone who cannot get along with others. Abuse is linked with mistakes in judgment, loss and waste, theft, tardiness, absenteeism, turnover, and insurance costs.

4. Substance Abuse at Work

Economic Cost - Studies consistently indicate that drug abuse carries an extremely high cost to American industry. Why is drug abuse costly to business? The answer is that employees who use drugs have higher rates of absenteeism, turnover, sick days off, medical claims, and accident rates. Drug-abusing employees are associated with lower productivity, product loss and waste, as well as the use of poor judgment. Drug abusers also cause a greater number of problems for supervisors, such as insubordination and stealing to support a habit.

Human Costs - Substance abuse in the workplace cannot be viewed only in economic terms. The problem has a human side: health damage to the user; neglect, shame, and loss of affection within the user's family; injuries and deaths caused by impaired employees.

In some industries, there is great potential for widespread damage to the public health and ecology. The incidents at Bhopal, Chernobyl, and Valdez prove that human failure can produce catastrophic results. We should all ask a fundamental question, "Can we afford to allow on-the- job substance abuse to be a contributing factor to human failure?"

Drug Abuse Affects Everyone - Back in the 1960's and 1970's, drug abuse was largely associated with the hippie life-style. Not today. Drug abuse cuts across all segments of society - young and old, male and female, rich and poor. Drugs are just as likely to be taken at work or before going to work as at any other place or time.

The preferences for drugs have also changed. Although marijuana continues to be the most widely abused drug among the total population of users, cocaine has become the preferred drug of many. "Crack", an inexpensive but potent and potentially lethal form of cocaine, is becoming a favorite of the young and of those who cannot afford more expensive drugs.

To believe that substance abuse does not occur on the job is to ignore reality. Substance abuse is occurring and it is having a negative impact on the quality of the workplace.

5. Effects of Alcohol and Drugs on the Body

Drugs and the Brain

How do drugs work in the brain? Drugs are chemicals. They work in the brain by tapping into the brain's communication system and interfering with the way nerve cells normally send, receive, and process information. Some drugs, such as marijuana and heroin, can activate neurons because their chemical structure mimics that of a natural neurotransmitter. This similarity in structure "fools" receptors and allows the drugs to lock onto and activate the nerve cells. Although these drugs mimic brain chemicals, they don't activate nerve cells in the same way as a natural neurotransmitter, and they lead to abnormal messages being transmitted through the network.

Other drugs, such as amphetamine or cocaine, can cause the nerve cells to release abnormally large amounts of natural neurotransmitters, or prevent the normal recycling of these brain chemicals, which is needed to shut off the signal between neurons. This disruption produces a greatly amplified message, ultimately disrupting communication channels. The difference in effect can be described as the difference between someone whispering into your ear and someone shouting into a microphone.

How do drugs work in the brain to produce pleasure? -All drugs of abuse directly or indirectly target the brain's reward system by flooding the circuit with dopamine. Dopamine is a neurotransmitter present in regions of the brain that regulate movement, emotion, cognition, motivation, and feelings of pleasure. The overstimulation of this system, which rewards our natural behaviors, produces the euphoric effects sought by people who abuse drugs and conditions them to repeat the behavior.

How does stimulation of the brain's pleasure circuit condition us to keep taking drugs? Our brains are wired to ensure that we will repeat life-sustaining activities by associating those activities with pleasure or reward. Whenever this reward circuit is activated, the brain notes that something important is happening that needs to be remembered, and teaches us to do it again and again, without thinking about it. Because drugs of abuse stimulate the same circuit, we learn to abuse drugs in the same way.

Why are drugs more addictive than natural rewards? When some drugs of abuse are taken, they can release 2 to 10 times the amount of dopamine that natural rewards do. In some cases, this occurs almost immediately (as when drugs are smoked or injected), and the effects can last much longer

than those produced by natural rewards. The resulting effects on the brain's pleasure circuit dwarfs those produced by naturally rewarding behaviors such as eating. The effect of such a powerful reward strongly motivates people to take drugs again and again.

What happens to your brain if you keep taking drugs? Just as we turn down the volume on a radio that is too loud, the brain adjusts to the overwhelming surges in dopamine (and other neurotransmitters) by producing less dopamine or by reducing the number of receptors that can receive and transmit signals. As a result, dopamine's impact on the reward circuit of a drug abuser's brain can become abnormally low, and the ability to experience any pleasure is reduced. This is why the abuser eventually feels flat, lifeless, and depressed, and is unable to enjoy things that previously brought them pleasure. Now, they need to take drugs just to bring their dopamine function back up to normal. They must take larger amounts of the drug than they first did to create the dopamine high - an effect known as tolerance.

How does long-term drug taking affect brain circuits? We know that the same sort of mechanisms involved in the development of tolerance can eventually lead to profound changes in neurons and brain circuits, with the potential to severely compromise the long-term health of the brain. For example, glutamate is another neurotransmitter that influences the reward circuit and the ability to learn. When the optimal concentration of glutamate is altered by drug abuse, the brain attempts to compensate for this change, which can cause impairment in cognitive function. Similarly, long-term drug abuse can trigger adaptations in habit or non-conscious memory systems. Conditioning is one example of this type of learning, whereby environmental cues become associated with the drug experience and can trigger uncontrollable cravings if the individual is later exposed to these cues, even without the drug itself being available. This learned "reflex" is extremely robust and can emerge even after many years of abstinence.

What other brain changes occur with abuse? Chronic exposure to drugs of abuse disrupts the way critical brain structures interact to control behavior - behavior specifically related to drug abuse. Just as continued abuse may lead to tolerance or the need for higher drug dosages to produce an effect, it may also lead to addiction, which can drive an abuser to seek out and take drugs compulsively. Drug addiction erodes a person's self-control and ability to make sound decisions, while sending intense impulses to take drugs.

Alcohol - Alcohol, a central nervous system depressant, is the most widely abused drug. About half of all auto accident fatalities in this country are related to alcohol abuse.

A 12-ounce can of beer, a 5-ounce glass of wine and a 1 1/2 ounce shot of hard liquor all contain the same amount of alcohol. Coffee, cold showers, and exercise do not quicken sobriety. Each one-half ounce of alcohol takes the average body about one hour to process and eliminate.

Alcohol first acts on those parts of the brain that affect self-control and other learned behaviors. Low self-control often leads to the aggressive behavior associated with some people who drink. In large doses, alcohol can dull sensation and impair muscular coordination, memory, and judgment. Taken in larger quantities over a long period of time alcohol can damage the liver and heart and can cause permanent brain damage. On the average, heavy drinkers shorten their life span by about ten years.

Alcohol, especially in excess, is responsible for altering brain activity and affecting concentration and reflexes. As a result, individuals under the influence of alcohol are more susceptible to accidents especially while driving. Other side effects include insomnia (the inability to fall asleep and stay asleep), heartburn and high blood pressure.

Adverse short-term health problems arise with your body's attempt to deal with excess alcohol—the hangover. Alcohol is a diuretic and dehydration almost always accompanies excess drinking.

Excessive use or abuse of alcohol can contribute to increased levels of triglycerides in the blood that can then lead to heart disease. Other complications include osteoporosis, obesity, or liver damage. Some documentation connects excessive drinking with increased risk of cancers of the mouth, pharynx, larynx, esophagus, liver, and breast.

Other Effects:

- Greatly impaired driving ability
- Reduced coordination and reflex action
- Impaired vision and judgment
- Inability to divide attention
- Lowering of inhibitions
- Overindulgence (hangover) can cause:
  - Headaches
  - Unclear thinking
  - Nausea
  - Unsettled digestion
  - Dehydration
  - Aching muscle

What You Might See:

- Slurred speech
- Bloodshot, watery eyes
- Poor balance
- Odor on breath
- Involuntary sudden movement of the eyes

Quick Facts:

Drinking among U.S. workers can threaten public safety; impair job performance; and result in costly medical, social, and other problems affecting employees and employers alike. Productivity losses attributed to alcohol were estimated at $119 billion for 1995. Employers are in a unique position to mitigate some of these factors and to motivate employees to seek help for alcohol problems.

1 out of every 10 people in the United States has a drinking problem, and 68% are full-time workers.

1 in 5 workers have covered for a fellow employee's drinking at one time during their career.

Alcoholism causes an estimated 500 million lost workdays annually.

The majority of adults are employed, making the workplace an ideal setting to reach a large population for implementing alcohol and other drug abuse prevention strategies.

Source: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Marijuana - You may have heard it called 'grass,' 'pot,' 'weed,' 'Mary Jane,' 'Acapulco Gold,' 'joint,' 'roach,' among other street names.

Did you know marijuana can cause some people to lose focus on events around them? It makes others more aware of their physical sensations, and it has still more effects on other people. All these different changes are caused by chemicals that affect the brain. More than 400 chemicals are in the average marijuana plant. When smoked, heat produces even more of them!

Marijuana causes some parts of the brain – such as those governing emotions, memory, and judgment – to lose balance and control.

How do the chemicals in marijuana change the way a person sees, hears, smells, tastes, and feels things?

When someone uses marijuana, these chemicals travel through the bloodstream and quickly attach to special places on the brain's nerve cells. These places are called receptors, because they receive information from other nerve cells and from chemicals. When a receptor receives information, it causes changes in the nerve cell.

The chemical in marijuana that has a big impact on the brain is called THC -- tetrahydrocannabinol. Scientists recently discovered that some areas of the brain have numerous THC receptors, while others have very few or none. These clues are helping researchers figure out exactly how THC works in the brain.

Marijuana may cause some parts of the body to react in different ways. What do you know about:

- Rapid heartbeat – up to how may beats per minute? Is it 100, 130, or 160? Marijuana can speed the heart rate up to 160 beats per minute.
- Dilated blood vessels – can be seen in what part of the body? Is it the face, the eyes, the feet? Dilated blood vessels make the whites of the eyes turn red.
- A feeling of panic – accompanied by what kind of sensations? Is it sweating, dry mouth, breathing difficulties or all of these? Panic feelings may be accompanied by sweating, dry mouth, and trouble breathing.
- Daily cough and more frequent chest colds very much like who? Is it tobacco smokers, construction workers, or the elderly? Tobacco smokers.

One region of the brain that contains many of THC receptors is the hippocampus, which processes memory. When THC attaches to receptors in the hippocampus, it weakens short-term memory.

The hippocampus also communicates with other brain regions that process new information into long-term memory. (That's how you can remember today's work schedule or a new friend's phone number.) In the brain, under the influence of marijuana, new information may never register - and may be lost from memory.

Maybe you've heard that in some people marijuana can cause uncontrollable laughter one minute and paranoia the next. That's because THC also influences emotions, probably by acting on a region of the brain called the limbic system.

And don't forget this: THC can make something as simple as driving a car really dangerous.

Other Effects:

- Driving ability impaired for at least 4-6 hours after smoking one ‘joint’ (cigarette)
- Restlessness
- Inability to concentrate
- Rapidly changing emotions and erratic behavior
- Altered sense of identity
- Impaired memory
- Dulling of attention
- Hallucinations, fantasies, and paranoia
- Reduction or temporary loss of fertility

What You Might See:

- Very bloodshot eyes
- Muscular tremors (involuntary quivering)
- Impaired time and distance perception
- Short attention span
- Disoriented behavior
- Unable to divide attention

> ***Quick Facts:***
> *While alcohol dissipates in a matter of hours, marijuana stays in the body for 28 days.*
>
> *In 2008, 25.8 million Americans age 12 and older had abused marijuana at least once in the year prior to being surveyed. - Source: National Survey on Drug Use and Health, U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism (NIAAA)*

Cocaine - Cocaine is a stimulant drug which increases heart rate and blood pressure. As a powder, cocaine is inhaled (snorted), ingested, or injected. It is known as “coke”, “snow”, “nose candy”, and “lady”. Cocaine is also used as free-base cocaine known as “crack” or “rock”, which is smoked. It acquired its name from the popping sound heard when it is heated.

The most dangerous effects of crack are that it can cause vomiting, rapid heartbeat, tremors, and convulsive movements. All of this muscle activity increases the body’s demand for oxygen, which can result in cocaine-induced heart attack. Since the heat-regulating center in the brain is also disrupted, dangerously high body temperatures can occur. With high doses, brain functioning, breathing, and heart beat are depressed leading to death.

The drug creates a strong sense of exhilaration. Users generally feel invincible, carefree, alert, euphoric, and have a lot of energy. This is usually followed by agitation, depression, anxiety, paranoia, and decreased appetite. The effects of cocaine generally last about two hours.

The long-term effects of using cocaine can include extreme agitation, violent mood swings, and depression. Prolonged use of snorting cocaine causes ulcerations in the mucous membrane of the nose and holes and in the barrier separating the nostrils.

It can also result in a loss of appetite, extreme insomnia, and sexual problems. Heart disease, heart attacks, respiratory failure, strokes, seizures, and gastrointestinal problems are not uncommon among long-term users of cocaine and crack.

Other Effects:

- A “rush” of pleasurable sensations
- Heightened, but momentary, feeling of confidence, strength, and endurance
- Accelerated pulse, blood pressure, and respiration
- Impaired driving ability
- Paranoia, which can trigger mental disorders in users prone to mental instability
- Repeated sniffing/snorting causes irritation of the nostrils and nasal membrane
- Mood swings
- Anxiety
- Reduced sense of humor
- Compulsive behavior such as teeth grinding or repeated hand washing

What You Might See:

- Uncontrolled talkativeness

- Difficulty in focusing the eyes
- Extremely excitable behavior
- Dilated pupils
- Body tremors
- Teeth grinding
- Distorted thinking

Quick Facts:
Cocaine is the second most commonly used illicit drug in the U.S. Nearly 1% of Americans are currently using cocaine. Users can be from all economic classes, ages, and genders.

Many people think that because crack is smoked, it is "safer" than other forms of cocaine use. It is not. Crack cocaine is one of the most addictive substances known today. The crack "high" is reached in 4-6 seconds and lasts about 15 minutes.

Source: National Survey on Drug Use and Health, U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Amphetamines - Amphetamines are drugs that stimulate the central nervous system and promote a feeling of alertness and an increase in speech and general physical activity. Some common street names for amphetamines are "speed", "uppers", "black beauties", "bennies", "wake-ups", "footballs", and "dexies".

Amphetamines belong to a group of drugs called "psychostimulants". Amphetamines stimulate the central nervous system and speed up the messages going to and from the brain.

Most amphetamines are produced in backyard laboratories and sold illegally. People who buy amphetamines illegally are often buying these drugs mixed with other substances that can have unpleasant or harmful effects.

People use amphetamines for different reasons. Some use the drugs to get "high" and dance all night. Others use the drugs to help stay awake for long periods of time, to improve performance in sports or at work, or to boost their self-confidence. Amphetamines can reduce tiredness and increase endurance.

For medical purposes, amphetamines are prescribed to treat narcolepsy (where a person has an uncontrollable urge to sleep) and attention-deficit hyperactivity disorder (ADHD).

The effects of any drug (including amphetamines) vary from person to person, depending on the individual's size, weight and health, how much and how the drug is taken, whether the person is used to taking it and whether other drugs are taken. It also depends on the environment in which the drug is used; for example, whether the person is alone, with others, or at a party.

Even small, infrequent doses can produce toxic effects in some people. Restlessness, anxiety, mood swings, panic, heart beat disturbances, paranoid thoughts, hallucinations, convulsions, and coma have been reported. Long-term users often have acne resembling measles, trouble with their teeth, gums, and nails, and dry, dull hair. Heavy, frequent doses can produce brain damage resulting in speech disturbances.

Soon after taking amphetamines, the following effects may be experienced:

a) Speed up of bodily functions - Amphetamines speed up the body's activity. Heart rate, breathing and blood pressure increase. A dry mouth, increased sweating, enlargement of the eye's pupils, and headaches may occur.

b) More energy and alertness - Users may feel energetic and full of confidence, with a heightened sense of well-being. Other effects include feeling wide awake and alert, becoming talkative, restless, and excited, and having difficulty sleeping. Panic attacks may also be experienced.

c) Reduced appetite

d) Irritability - Some users become anxious, irritable, hostile, and aggressive. Sometimes people feel a sense of power and superiority over others.

Most amphetamines sold illegally contain a mixture of pure amphetamines and other substances such as sugar, glucose, bicarbonate of soda, and ephedrine. These additives can be highly poisonous. They can cause collapsed veins, tetanus, abscesses, and damage to the heart, lungs, liver, and brain. Because the person doesn't know whether they are using 5% or 50% pure amphetamines, it is easy to overdose.

Very high quantities of amphetamines can cause paleness, headaches, dizziness, blurred vision, tremors, irregular heartbeat, stomach cramps, sweating, restlessness, irregular breathing, and loss of coordination. Some users have collapsed after taking amphetamines. High quantities can also create an "amphetamine psychosis", characterized by paranoid delusions, hallucinations, and aggressive or violent behavior.

Due to the unknown strength and mix of street amphetamines, some users have overdosed and experienced strokes, heart failure, seizures, and high body temperature. Some have died as a result. Injecting runs a greater risk of overdosing due to large amounts of the drug entering the blood stream and quickly travelling to the brain.

As the effects of amphetamines begin to wear off, a person may experience a range of symptoms including uncontrolled violence, tension, radical mood swings, depression, and total exhaustion.

Regular use of amphetamines may result in chronic sleeping problems, anxiety, tension, high blood pressure, and a rapid and irregular heartbeat. In order to combat these drug-related effects, people who use amphetamines may also use alcohol, benzodiazepines, other sedatives or hypnotics, cannabis and opioids.

Other possible long-term effects include:

- Malnutrition - Amphetamines reduce appetite, resulting in people being less likely to eat properly.
- Psychosis - Frequent heavy use can cause "amphetamine psychosis". Symptoms may include paranoia as well as delusions, hallucinations, and bizarre behavior. These symptoms usually disappear a few days after the person stops using amphetamines.
- Reduced resistance to infections - Regular amphetamine users often don't eat or sleep properly and are generally run down, so their resistance to infections is reduced.
- Violence - People who use amphetamines regularly or in high quantities may suddenly become violent for no apparent reason.
- Brain damage - There is some evidence that amphetamine use may damage brain cells. This damage can result in reduced memory function and possibly other impairments in thinking.

People who are physically dependent on amphetamines usually develop tolerance to the drug, making it necessary to take more and more to get the same effect. The quantity taken can reach a stage at which no further increase in the amount taken will produce the desired effect.

Dependence on amphetamines can be psychological, physical, or both. People who are psychologically dependent on amphetamines find that using them becomes far more important than other activities in their life. They crave the drug and will find it very difficult to stop using it. People who are physically

dependent on amphetamines find that their body has become used to functioning with amphetamines present.

Other Effects:

- Loss of appetite
- Irritability, anxiety, apprehension
- Increased heart rate or blood pressure
- Difficulty in focusing eyes
- Exaggerated reflexes
- Distorted thinking
- Perspiration, headaches and dizziness
- Short term insomnia

What You Might See:

- Dilated pupils
- Distorted thinking
- Exaggerated reflexes

Quick Facts:

People with a history of sustained low dose use quite often become dependent and believe they need the drug to get by. These users frequently keep taking amphetamines to avoid the "down" mood they experience when the "high" wears off.

Source: National Survey on Drug Use and Health, U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Opioids - Opioids, including heroin, morphine, and codeine are narcotics used to relieve pain and induce sleep. Common street names are "horse", "hard stuff", "morpho", "M", "brown sugar", "Harry", and "Mr. H.".

If you've ever seen "The Wizard of Oz", then you've seen the poppy plant – the source of the drug called opioids. When Dorothy lies down in a field of poppies, she falls into a deep sleep. No wonder the Latin name of the plant, Papaver somniferum, means "the poppy that makes you sleepy".

Opioids are made from opium, a white liquid in the poppy plant. They're also referred to as narcotics. Maybe you've heard of drugs called heroin, morphine or codeine. These are examples of opioids.

Opioids can produce a quick, intense feeling of pleasure followed by a sense of well-being and a calm drowsiness. They can become addictive. If someone uses opioids again and again, his or her brain is likely to become dependent on them.

What happens to make a person and his or her brain become addicted to an opiate?

- Long term opiate use changes the way nerve cells in the brain work. These cells grow so used to having the opiate around that they actually need it to work normally.
- If opioids are taken away from dependent nerve cells, many cells become overactive. Eventually, these cells will work normally again, but in the meantime, they cause a wide range of symptoms in the brain and body. These are known as withdrawal symptoms.
- Have you ever had the flu? You probably experience symptoms such as aching, fever, sweating, shaking, or chills. These are similar to withdrawal symptoms, but withdrawal symptoms are much worse.

Did you know that some opioids can have important medical issues?

They're powerful pain killers. They are often contained in cough medicines. Doctors sometimes prescribe them to control severe diarrhea.

When used properly for medical purposes, opioids don't produce an intense feeling of pleasure, and patients have very little chance of becoming addicted.

Sometimes narcotics found in medicines are abused. This includes pain relievers containing opium and cough syrups containing codeine. Heroin is illegal and cannot even be obtained with a physician's prescription.

Most medical problems are caused by the uncertain dosage level, use of contaminated needles, contamination of the drug, or combination of a narcotic with other drugs. These dangers depend on the specific drug, its source and the way it is used.

Other Effects:

- Short-lived state of euphoria
- Impaired driving ability
- Drowsiness followed by sleep
- Constipation
- Decreased physical activity
- Reduced vision
- Change in sleep habits
- Possible death

What You Might See:

- Constricted pupils
- Droopy eyelids
- Dry mouth
- Low raspy speech
- Depressed reflexes
- Poor coordination

Quick Facts:
Heroin, also called "junk" or "smack" accounts for 90% of the narcotic abuse in the U.S.

Source: National Survey on Drug Use and Health, U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism (NIAAA)

PCP - Phencyclidine or PCP, also called "angel dust", "rocket fuel", "super kools", and "killer weed" was developed in the 1950s as an intravenous anesthetic. Its use in humans was discontinued in 1965 because patients often became agitated, delusional, and irrational while recovering from its anesthetic effects. It was restricted for use as a veterinary anesthetic and tranquilizer. Today it has no lawful use and is no longer legally manufactured.

PCP is a "dissociative drug", meaning that it distorts perceptions of sight and sound and produces feelings of detachment (dissociation) from the environment and self. Dissociative drugs act by altering distribution of the neurotransmitter glutamate throughout the brain. Glutamate is involved in a person's perception of pain, responses to the environment, and memory.

PCP is a white crystalline powder that is readily soluble in water or alcohol. It has a distinctive bitter chemical taste. PCP can be mixed easily with dyes and turns up on the illicit drug market in a variety of tablets,

capsules, and colored powders. It is normally abused in one of three ways: snorted, smoked, or ingested. For smoking, PCP is often applied to a leafy material such as mint, parsley, oregano, or marijuana.

Health Hazards:

PCP is addictive—its repeated abuse can lead to craving and compulsive PCP-seeking behavior. First introduced as a street drug in the 1960s, PCP quickly gained a reputation as a drug that could cause bad reactions and was not worth the risk. After abusing PCP once, many people will not knowingly abuse it again. Others attribute their continued abuse to feelings of strength, power, invulnerability, and a numbing effect on the mind.

Many PCP abusers are brought to emergency rooms because of PCP overdose or because of the drug's unpleasant psychological effects. In a hospital or detention setting, these people often become violent or suicidal and are very dangerous to themselves and others. They should be kept in a calm setting and not be left alone.

At low to moderate doses, physiological effects of PCP include a slight increase in breathing rate and a pronounced rise in blood pressure and pulse rate. Breathing becomes shallow, and flushing and profuse sweating occurs. Generalized numbness of the extremities and loss of muscular coordination also may occur.

At high doses of PCP, blood pressure, pulse rate, and respiration drop. This may be accompanied by nausea, vomiting, blurred vision, flicking up and down of the eyes, drooling, loss of balance, and dizziness. High doses of PCP can also cause seizures, coma, and death (though death more often results from accidental injury or suicide during PCP intoxication). High doses can cause symptoms that mimic schizophrenia, such as delusions, hallucinations, paranoia, disordered thinking, a sensation of distance from one's environment, and catatonia. Speech is often sparse and garbled.

People who abuse PCP for long periods report memory loss, difficulties with speech and thinking, depression, and weight loss. These symptoms can persist up to a year after stopping PCP abuse. Mood disorders also have been reported. PCP has sedative effects, and interactions with other central nervous system depressants, such as alcohol and benzodiazepines, can lead to coma.

Other Effects:

- Extreme agitation
- Drowsiness
- Perspiration
- Repetitive speech patterns
- Incomplete verbal responses
- Blank stare

What You Might See:

- Impaired driving ability
- Thick, slurred speech
- Poor coordination
- Violent, combative behavior
- Behavior recurring in cycles
- Involuntary eye movement
- Confusion, loss of memory
- Disorientated to time and environment

Quick Facts:

PCP is a very dangerous drug. It can produce violent and bizarre behavior even in people not otherwise prone to such behavior. More people die from accidents caused by the erratic and unpredictable behavior produced by the drug than from the drug's direct effect on the body.

Source: National Survey on Drug Use and Health, U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Appendix F: Definitions

The words and terms used in this policy have their ordinary meaning unless specifically defined below:

Alcohol	The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols, including methyl or isopropyl alcohol.
Alcohol Concentration	The alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by a breath test.
Alcohol Use	The drinking or swallowing of any beverage, liquid mixture or preparation (including any medication), containing alcohol.
Applicant	Any person applying to work for the Employer.
Confirmatory Drug test	A second analytical procedure performed on a urine specimen to identify and quantify the presence of a specific drug or drug metabolite.
Confirmatory Validity Test	A second test performed on a urine specimen to further support a validity test result.
Confirmed Drug test	A confirmation test result received by an MRO or the Employer from a laboratory.
Consortium/Third-party Administrator (C/TPA)	A service agent that provides or coordinates the provision of a variety of drug and alcohol testing services to Employers. C/TPAs typically perform administrative tasks concerning the operation of the Employers' drug and alcohol testing programs. C/TPAs are not "Employers" for the purposes of this program.
Designated Employer Representative (DER)	An employee authorized by the Employer to take immediate action(s) to remove employees from their duties, or cause employees to be removed from such duties, and to make required decisions in the testing and evaluation processes. The DER also receives test results and other communications for the Employer, consistent with the requirements of this policy. Service agents cannot act as DERs.
Employer	A person or entity that employs one or more employees (including an individual who is self-employed). The term includes an Employer's officers, representatives, and management personnel. Service agents are not Employers for the purpose of this policy.
Department of Health and Human Services (HHS)	The Department of Health and Human Services or any designee of the Secretary, Department of Health and Human Services.
Licensed Medical Practitioner	A person who is licensed, certified, and/or registered, in accordance with applicable Federal, State, local, or foreign laws and regulations, to prescribe medications.
Medical Review Officer	A person who is a licensed physician and who is responsible for receiving and reviewing laboratory results generated by an

(MRO)	Employer's drug testing program and evaluating medical explanations for certain drug test results.
Prohibited Drugs	Substances identified as Schedule I or Schedule II in the Controlled Substances Act (21 U.S.C. 812). These substances include, but are not limited to: Marijuana, Cocaine, Opioids, Phencyclidine (PCP), and Amphetamines.
Prohibited Substances	See Prohibited Drugs
Refuse to Submit (to a Drug and/or Alcohol Test)	Refuse to submit means that an employee: Failed to appear for any test (except a pre-employment test) within a reasonable time, as determined by the Employer after being directed to do so by the Employer; Failed to remain at the testing site until the testing process is complete, provided that an employee who leaves the testing site before the testing process commences for a pre-employment test is not deemed to have refused a test; Failed to provide a urine specimen for any drug test required under this plan; In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of the employee's provision of a specimen; Failed to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure; Failed or declines to take a second test the Employer or collector has directed the employee to take; Failed to undergo a medical examination or evaluation, as directed by the MRO as part of the verifications process, or as directed by the DER under this policy; Failed to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process); or Is reported by the MRO as having a verified adulterated or substituted test result.
Screening Test (or Initial Test)	The first test used to differentiate a negative specimen from one that requires further testing. In alcohol testing, an analytical procedure to determine whether an employee may have a prohibited concentration of alcohol in a breath or saliva specimen.
Service Agent	Any person or entity, other than an employee of the Employer,

	who provides services specified under this policy to Employers and/or employees. This includes, but is not limited to, collectors, BATs and STTs, laboratories, MROs, substance abuse professionals, and C/TPAs.
Substance Abuse Professional (SAP)	A person who evaluates employees who have violated this policy and makes recommendations concerning education, treatment, follow-up testing, and aftercare.
Verified Test	A drug test result or validity testing result from a DHHS-certified laboratory that has undergone review and final determination by the MRO.

Appendix G: Testing Panels & Detection Levels

Testing Panels & Detection Levels

DOT Drug Testing (Urinalysis) - The Table below reflects the Employer's drug testing panel as well as the cut-off levels for determining positive drug tests. Additional substances may be included in the Employer's testing panel at any time.

Substances Tested	Initial Testing Cut-Off Levels	Confirmation Testing Cut-Off Levels
Amphetamines	500 ng/ml	250 ng/ml
Methamphetamine (MAMP)	500 ng/ml	250 ng/ml
Methylnexedixymethamphetamine (MDMA)	500 ng/ml	250 ng/ml
Cocaine metabolites	150 ng/ml	100 ng/ml
Cannabinoid metabolites	50 ng/ml	15 ng/ml
Opioids	2000 ng/ml	2000 ng/ml
Codeine/Morphine	2000 ng/ml	2000 ng/ml
6-Acetylmorphine (6AM)	10 ng/ml	10 ng/ml
Hydrocodone/Hydromorphone	300 ng/ml	100 ng/ml
Oxycodone/Oxymorphone	100 ng/ml	100 ng/ml
Phencyclidine (PCP)	25 ng/ml	25 ng/ml
Alcohol	Detection	0.04 gm/deciliter

Non-DOT Drug Testing (Urinalysis) - The Table below reflects the Employer's drug testing panel as well as the cut-off levels for determining positive drug tests. Additional substances may be included in the Employer's testing panel at any time.

Substances Tested	Initial Testing Cut-Off Levels	Confirmation Testing Cut-Off Levels
Amphetamines	1000 ng/ml	500 ng/ml
Barbiturates	300 ng/ml	300 ng/ml
Benzodiazepines	300 ng/ml	300 ng/ml
Cocaine	300 ng/ml	150 ng/ml
Methadones	300 ng/ml	300 ng/ml
Methaqualones	300 ng/ml	300 ng/ml
Opioids	2000 ng/ml	2000 ng/ml
Phencyclidines	25 ng/ml	25 ng/ml
Propoxyphenes	300 ng/ml	300 ng/ml
Marijuana	50 ng/ml	15 ng/ml

Alcohol Testing (Breath)- The cut-off levels shown below will be used to determine whether confirmation testing is required. Alcohol testing violations are determined based on the results of confirmation testing.

Screen Level: 0.02 Confirmation Level: 0.04

Employees subject to the testing requirements/protocols of any of the Employer's clients will be tested at the level specified in the appropriate policy addendum. If the Employer's level of detection is lower than

the level designated in the client's protocol, the Employer may opt to only test at the Employer's level of detection.

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Appendix H: Acknowledgment and Agreement

I hereby acknowledge that I have been provided a copy of the Amsys Energy LLC Employee Handbook concerning required drug and alcohol testing. I acknowledge that I have been provided access to the entire Workplace Substance Abuse Prevention Policy and all applicable addendums. I acknowledge that, upon request, I may review and/or obtain the complete copy of Amsys Energy, LLC's Substance Abuse Prevention Policy.

I have read and understand the provisions outlined in the handbook and agree to abide by all requirements of the Substance Abuse Prevention Policy.

I understand that I may no longer be considered eligible for employment if I am found in violation of the Substance Abuse Prevention Policy.

I understand that compliance with the Workplace Substance Abuse Prevention Policy is a condition of employment. I understand that disciplinary action up to and including termination may be taken if I am found in violation of the policy.

I hereby agree to submit to drug and alcohol testing upon demand by the Employer.

If the Employer leases employees through a staffing or employee leasing agency, I understand that my results may be released to the Program Manager of the staffing company or employee leasing agency as well as to the Employer.

I understand that my test results will be reported in accordance with applicable Federal and State laws and regulations.

Employee Full Name (Please Print):_____

Employee Signature:_____

Date Signed:_____