



ELECTRICAL INDUSTRY DRUG-FREE ALLIANCE

**The Northeastern Illinois Electrical Construction Industry
Labor and Management Partnership**

Participants:

**Northeastern Illinois Chapter NECA, Lake County Division
and
International Brotherhood of Electrical Workers, Local 150**

12/31/2005

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INTRODUCTORY LETTER

TO: All Union Members, Participating Employers and Contractor Employees

Drug and alcohol abuse in the workplace costs companies over 100 billion dollars per year. Statistics show that nationwide almost 10% of employees use drugs in the workplace. Drug testing in the workplace is not only cost-effective, it is a successful deterrent to the harmful and sometimes tragic impact of substance abuse.

IBEW Local 150 and the Northeastern Illinois Chapter NECA (Lake County Division) have formed a committee to address this problem. The committee has developed the policy in this booklet and agreed to engage the services of ScreenSafe, Inc. to administer the program. ScreenSafe, Inc. will be using an outside firm to do the random selecting of individuals to be tested. The program will include a 50% pool for annual testing and also a 10% ongoing pool. This means that everyone will be tested randomly at least once every two years, and it is possible to be selected at any time from the 10% pool.

Effective April 1, 2006, any employer may request as a condition of referral, persons determined to be compliant with the terms detailed in this policy.

An Employer requesting drug-free referrals must also submit to the Drug-Free Alliance the names of any/all of its employees who have occasion to access work-site locations for compliance with the terms of this policy

All members, and all persons making use of the Referral Program, not in the Drug Free pool at the time of referral, must submit to testing within 24 hours of receiving referral for employment for a drug free shop.

All members, and traveling craftsperson, will be subject to reasonable suspicion testing.

All apprentices and participants in training shall be subject to all aspects set forth in this policy (random and reasonable suspicion).

The policy calls for substance abuse testing in three circumstances:

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

In order for all test results to be kept as confidential as possible, employers will need to select two Designated Representatives to handle all confidential matters

involving this program. The local Union will have Designated Representatives as well for people using Referral. Only these Designated Representatives will be informed if a person is non-compliant.

The systematic computer selected testing will work in this way: ScreenSafe, Inc., the plan administrator that was selected to administer the program, will fax a list of employees that have been selected on a random basis to the appropriate Designated Employer Representative. This Designated Employer Representative will then inform these employees that they must report for testing by the end of the next business day.

In cases where the participant is not employed and is selected for random testing, forms should be sent back to the Program Administrator at ScreenSafe, Inc. If the participant is compliant, ScreenSafe, Inc. will not contact the Designated Representative. If an employee has been found to be non-compliant for any reason, the appropriate Designated Representative will be informed verbally and in writing. This program is designed so that those who need help will get the treatment they should have. As long as these employees comply with the program, there will be no disciplinary action. If, however, they do not comply, they will be subject to disciplinary action called for under this Policy. This action may include termination.

The Medical Review Officer of the Program will investigate a test positive. If there is no valid reason for the presence of a substance, the participant will be informed that they need to contact ScreenSafe, Inc. These participants will not be allowed to return to work until they have seen the Member's/Employee's Assistance Program, and have been given a "return to work release.", verified through the Administrator.

We hope this packet of information will help you understand the working of the program and its policy procedures. Please read the contents of this packet thoroughly to ensure that you as an employee understand the program completely. If you have any questions, please contact the Administrators at ScreenSafe, Inc., 815/744-4108.

Sincerely,

Bruce Creen
Chapter Manager
Northeastern Illinois Chapter NECA

David E. Barger
Business Manager
IBEW Local Union 150

STATEMENT OF PURPOSE

The Northeastern Illinois Chapter NECA and IBEW Local 150 have formed an alliance (hereafter "Alliance") to address the problems caused by drug and alcohol abuse. ScreenSafe, Inc., an Illinois corporation, will administer those programs established by the Alliance. It is the Alliance's purpose to provide a vehicle to help establish and maintain a workplace free of the destructive effects caused by the use of drugs and alcohol. The Alliance activities are not intended to interfere with normal practices of the union or management. The Alliance recognizes its responsibility to communicate with and educate its participants relative to this policy and the harmful effects of drugs and alcohol in our society and workplace. The Alliance also recognizes the need to facilitate access to programs of assistance to those persons for whom drugs or alcohol may be causing problems. Finally, while not wishing to violate the rights to invade the privacy of any participant, the Alliance drug-testing program will detect those participants who are unable or unwilling to conform to the established program. Participants who are at will employees of contractors associated with the Alliance will be subject to internal company disciplinary policies.

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

THE POLICY

INTRODUCTION

Persons who abuse drugs or alcohol or other controlled substances, on or off their jobs, are likely to be less productive, less reliable, more frequently absent, and to have other work-related problems that can cause increased costs, delays, accidents and injuries that may damage the health, safety and well-being of other workers on the job. The construction industry can control and reduce this problem by taking several specific steps:

- Recognition of the problem.
- Development of a comprehensive policy.
- Implementation of a program of education and information.
- Promotion of an assistance program.
- Implementation of fair and respectful drug testing that conforms to federal drug testing program guidelines.
- Efforts to control and reduce the negative consequences of drug use and alcohol misuse in the construction industry will be done with the utmost confidentiality and respect for the participant.

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

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

The Alliance encourages all participants and their spouse or dependents troubled by drug or alcohol abuse to seek professional care and treatment. Early recognition and treatment of alcohol and drug abuse provides the greatest opportunity for successful recovery. Participants will be referred to the Employee Assistance Program (EAP) as a result of a non-compliant test. The content of the discussion with the EAP will be protected and confidential. A participant who seeks the services of the EAP on his/her own will not have his/her use of the program brought to the attention of the Alliance or any of its subscribing organizations or participants. Participants who use the EAP as a consequence of a non-compliant test will be subject to the conditions established in the testing portion of this policy.

The EAP provides confidential assistance to participants, spouses and their dependents that are experiencing a substance abuse or an alcohol related problem in their own life. The EAP staff has knowledge of the level and types of benefits available to the Alliance participants. Participants can access the services of the EAP through a hotline that is staffed twenty four (24) hours a day, seven (7) days a week, throughout the entire year. Participants calling the EAP hotline are put in touch with a counselor who will initially conduct a professional assessment by phone. The counselor may meet with them to further assess the nature of the problem in order to provide the best and most appropriate level of care. Certified and credentialed human service professionals who are sensitive to the needs of the participant staff the EAP. Participants who take the initiative to contact the EAP for assistance do so with the assurance that their calls will be treated respectfully and confidentially.

The alliance will cover the costs of the EAP assessment of personnel who are non-compliant with this policy, for both non-bargaining unit personnel, as well as bargaining unit personnel, who are not otherwise eligible for the assessment services of the EAP. However, such individuals who are non-compliant with this program shall be fully responsible for the separate costs of any necessary treatment for alcohol and/or substance abuse. They are encouraged to check for possible coverage with any health insurance plan that may be provided either through their employer or through their home local union.

This Alliance shall amend and interpret the policy as it deems necessary.

PROHIBITIONS AND REQUIREMENTS

Participants must adhere to each of the following rules and regulations:

1. The use of alcohol or drugs by employees during working hours or on the job site or on company property (including company vehicles) is absolutely prohibited.
 - a) The term "use" means consuming, possessing, selling, transferring, concealing, distributing or arranging to buy or sell, being under the influence of, or reporting for duty under the influence of alcohol or drugs as set forth in this policy, or having illegal drugs in one's possession. The possession of unopened alcohol in the participant's personal vehicle, in and of itself, shall not be a violation of this policy.
 - b) The term "alcohol" means any form of alcohol, including ethanol. The term "drug" means any intoxicating substance, narcotic plant or similar substance identified under the Controlled Substances Act or similar federal or state law. The term "drugs" includes prescribed medications not used in accordance with a valid medical prescription.
 - c) Notwithstanding any other provision in this policy, the use of prescription medications in accordance with a lawful prescription and the use of over-the-counter medications are not violations of this policy. However, marijuana and its active ingredient THC are illegal under federal law and accord-

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ingly are included in this definition of drug notwithstanding any use that might be permissible under Illinois law.

- d) The term “working hours” means all the time in which employees are engaged in work duties or subject to the control of the Company including scheduled breaks and travel to work or from one workplace to another. Social events attended are not covered under this policy.
 - e) The term “company property” means all facilities, job sites, vehicles and equipment that are owned, leased, operated or utilized by the Company or its employees for work-related purposes, including parking areas and drive-ways, as well as lockers, toolboxes or other storage areas used by the employees. It also includes other public or private property, facilities, vehicles and equipment located away from the Company facility if the employee is present on such property for a work-related purpose.
 - f) Participants who have drugs or alcohol in their system at or above the cut-off values specified in the Administrative Rules are deemed under the influence.
 - g) The term “accelerated testing” means any follow-up testing required by the EAP counselor.
2. In order to enforce this policy, participants shall be required to submit to drug and/or alcohol testing in accordance with this policy. Except as otherwise provided in this policy, no participant will be tested for alcohol unless there exists a reasonable suspicion that the person is under the influence of alcohol, or the participant is involved in an OSHA recordable on-the-job accident. Testing for these two reasons will only be done by evidential breath testing device (breathalyzer).
 3. Any participant who is convicted of a drug or alcohol crime occurring in the workplace or while on company assignment and who is employed by an Alliance affiliated employer must report this information to the designated representative no later than five (5) days after such conviction. Failure to do so shall be deemed a violation of the policy.
 4. Bargaining unit participants subject to this policy continue to have access to the usual protections provided by the participant’s collective bargaining agreement. If a participant is aggrieved by any action taken under this Policy and his/her complaint cannot be resolved by the Alliance, the complaint may, if the participant or Union requests, be referred as a grievance under the grievance and arbitration provisions of the participant’s collective bargaining agreement. In the event the matter is referred to arbitration, the provisions of this Policy shall bind the arbitrator substantively.

TESTING

All participants of the Alliance affiliated employers will be subject to the Alliance program, and will be tested at least once, but not limited to one occasion, during each 24-month period. Testing will be done through a computerized selection program (April 1, 2006 – March 31, 2008 being the first scheduled period).

The Alliance recognizes that participants should not be subject to testing that the committee determines to be duplicative in purpose as well as cost. Therefore, an employer who must comply with a customer’s drug testing requirements that are not satisfied by the Alliance may petition the Committee to have the customer’s program recognized as satisfying the bi-annual mandatory testing requirements of this program. However, any participants working on such a recognized site will still be subjected to the 10% random testing requirements and “reasonable suspicion” testing requirements of the Alliance. Furthermore, in order to satisfy customer requirements, individuals may have to undergo testing as a condition of referral or assignment to a particular job.

Testing will take place on a regular basis as determined by the Alliance. Participants selected for random testing will be instructed to report to a participating collection site by the end of the next business day. An employed participant will be given one hour off with regular pay and fringe benefits by their employer for this purpose. Participants who are selected for either random or bi-annual testing while they are unemployed will be pended for testing and will be deemed to be in compliance with this program until such time as they become employed. Once such an individual becomes employed, he or she shall be subject to the testing for which he or she had been selected and will be given one hour off with regular pay and fringe benefits by their employer for this purpose. Upon request, the employer will provide the participant with the names of collection site locations. The participant will receive a chain-of-custody form and authorization to test at the collection site. Whenever a participant is directed to submit to a test, the participant should contact the collection site to verify the site’s hours of operation. Copies of the form letters notifying participants of their selection for this at random test appear as ATTACHMENTS I, II & III in this booklet. (The designated representative must fax Attachment II “Participant to Test Notification” back to the Administrator at ScreenSafe, Inc.).

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

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

1. The integrity of collected urine specimens will be insured by utilization of one collection procedure at all sites. Samples will be collected in accordance with

federal standards that provide for a continuous chain of custody and which recognize privacy concerns regarding the participants being tested.

2. Carefully selected accredited labs that have also obtained and retained DHHS certification will conduct the testing.
3. All drug tests that screen positive will be confirmed by gas chromatography/mass spectrometry (GC/MS).
4. A Medical Review Officer (MRO) will review all drug test positives prior to verification of positive test results. The MRO is a physician with specialty training and expertise in substance abuse and drug testing. The MRO will review presumptive positive test results to insure that proper procedure, protocol, and reporting is done. The MRO will attempt to interview the person with a presumptive positive test result by telephone to assess whether any legitimate explanation exists for the presumptive positive drug test. The MRO will make at least two documented attempts to telephone participants with presumptive positive drug test results to notify them of those results. The MRO will also notify participants that they have three working days from the date they are notified of their results to make and support any explanations or rebuttal they have for such results, and that they have five working days from the date they are so notified to request and make satisfactory arrangements to pay for a retest. If the MRO is unable to contact a participant with presumptive positive test results after at least two documented attempts over a 24-hour period, the MRO will notify the Administrator of ScreenSafe, Inc. that the participant has an administrative positive. If, after interview, no legitimate explanation exists for the administrative positive drug test, the MRO will inform the Administrator of ScreenSafe, Inc. that the participant has an administrative positive.
5. Urine samples will be separated into two containers at the time the sample is collected. One portion of the original urine sample shall be kept secure and chemically stable and made available for verification of laboratory testing results. Diluted, adulterated or substitute specimens will be considered invalid. The Alliance uses U.S. Department of Health and Human Services guidelines to determine when specimens are adulterated, diluted or substituted. Participants submitting such specimens will be required to immediately submit to another test and shall be removed from active duty and not eligible for referral or rehire until the participant is evaluated by the EAP and has complied with the specified treatment or education program. All drug test positive samples will be retained at the testing laboratory for one year. The retained urine samples will be available during this time should the results of that test be disputed or should arbitration or litigation arise out of the actions taken because of the test results.
6. Employees who have confirmed medical conditions that do not permit them to provide a valid urine specimen (for example, employees on diuretics, employees required due to medication or other conditions regularly to consume large

amounts of fluids, employees undergoing dialysis) will be permitted to satisfy the testing requirements through alternative means of testing such as blood, hair or saliva testing. These arrangements will require medical documentation and will be considered on a case-by-case basis by the Administrator of ScreenSafe, Inc. Participants whose medical condition requires alternative testing procedures must contact the Administrator of the Alliance Program upon learning of the medical condition so that the request for alternative procedures may be evaluated in advance of any notification to be tested.

On a periodic basis, the Alliance, through ScreenSafe, Inc., will submit blind pre-tested urine samples with appropriate documentation to the drug-testing laboratory as a means of assuring laboratory proficiency.

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

CONSEQUENCES

1. Participants who test or are deemed non-compliant shall be required to comply with the following:
 - a) Upon a first non-compliant incident, the participant will be referred to the EAP for an evaluation. The participant must complete the specified treatment or education program, which will include accelerated testing (See ATTACHMENTS IV & V), and obtain a return to work release to be eligible for employment/referral. If the participant chooses not to sign a release authorizing the EAP to communicate with ScreenSafe, Inc., utilize the EAP or follow the EAP's specified treatment or education program, he/she will be required to wait for thirty (30) days from the date of initial contact with the MRO before being allowed to test again. During this thirty (30) day waiting period, the participant cannot be worked by the contractor and is ineligible for referral.
 - b) Upon a second non-compliant incident within a two-year period, the participant will be referred to the EAP for an evaluation. The participant will be suspended from employment and must complete the specified treatment or education program and obtain a return to work release to again be eligible for employment/referral. In addition, the participant will be placed in the accelerated testing program for one year following his/her return to work. (See ATTACHMENTS VI & VII).

- c) Upon a third non-compliant incident within a two-year period from the preceding (second) test, the participant will be referred to the EAP for an evaluation and must complete the recommended treatment or education program. In addition the participant will be placed in the accelerated testing program for one year following his/her return to work. The participant will be required to sign a "Last Chance Agreement" between him/herself, the Alliance and the Union. (See ATTACHMENTS VIII, IX & X).
 - d) The two-year period described (in a through c) above is a rolling two-year period, which commences on the date of any non-compliant incident.
2. As outlined herein, a first or second non-compliant incident shall not be the sole basis for termination. However, participants who are in non-compliance with the Alliance program will be removed from active duty and not be eligible for employment/referral until the EAP evaluates the participant and the participant has initiated or completed the specified treatment or education program. For purposes of this provision, "non-compliance" shall be determined by the Administrator and shall mean:
 - a) Failing to take a test as scheduled.
 - b) Failing to keep a scheduled appointment with the EAP.
 - c) Failing to participate in and/or complete the specified treatment or education program.
 - d) Substituting another substance or specimen for their urine specimen (including their own previously excreted urine).
 - e) Providing a diluted specimen for a second time without a valid medical explanation.
 - f) Providing a urine specimen that shows the presence of an adulterant.
 - g) Testing positive.
 3. A participant who complies with the EAP specified treatment or education program may return to work or be referred from the "out of work list" once a return to work release has been obtained from the EAP. (See ATTACHMENTS XV & XVI).
 4. Discipline of bargaining unit participants for policy violations addressed or not expressly addressed in this policy shall be in accordance with the Collective Bargaining Agreement. The grievance procedure shall be made available to all collective bargaining participants. Non-collective bargaining participants shall be subject to internal company discipline procedures.
 5. Nothing in this policy shall be construed to authorize any action that is unlawful under federal or state law.

REASONABLE SUSPICION TESTING

The "reasonable suspicion" standard is applicable to, but is not limited to, an Employee involved or injured in a workplace accident requiring medical treatment other than First Aid, or results in property damage of \$1,000.00 or more.

Employees will be tested for the presence of drugs and/or alcohol if there exists objective evidence that the employee is under the influence of drugs and/or alcohol. At least two supervisors or other company representatives, if feasible, must witness the conduct of the employee. The witness or witnesses must have received training in the identification of actions, appearances, or conduct, which are indicative of the use of drugs or alcohol. The supervisor or company representative shall document, in writing, the incident and the reasonable cause basis for such testing. The documentation shall specifically detail the actions of the participant, the location, date, time, length of observation, any witnesses, and be signed by the supervisor or company representative who witnessed the incident with copies available to the employee and the designated representative. The supervisor or company representative may contact ScreenSafe at any time for assistance during this process. (See ATTACHMENTS XVII, XVIII, XIX, XX & XXI).

The Employee shall have the right to have a representative of the UNION present, which may be the Business Representative. If the Business Representative is not accessible within one (1) hour, the job steward, or an on-site co-worker of the Employee's choosing must be present during the interview process. (See ATTACHMENT XVII)

Bargaining Unit participants continue to have access to the usual protections provided by the collective bargaining agreement. If a participant is aggrieved by any action taken under this Drug Policy and his/her complaint cannot be resolved by the Alliance, it may be referred as a grievance under the grievance and arbitration provisions of the participant's collective bargaining agreement. In the event the matter is referred to arbitration, the provisions of this Policy shall bind the arbitrator substantively.

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

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

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

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

TRAVELING CRAFTSPERSON AND TEMPORARY ASSIGNMENT

There may be times when certain jobs require the recruitment of traveling craftspersons. It is the position of the Alliance that all traveling craftspersons are subject to both initial and random testing. This provision will also apply to those individuals working under the portability rules. In order to avoid situations wherein a craftsperson will be forced to have uncompensated days while waiting for the results of the initial urine drug screen to be reported, unless specified otherwise by the customer, the traveling craftsperson will be allowed to report to work immediately after receiving referral and being accepted for employment and will provide a urine specimen for testing within twenty-four hours. The traveling craftsperson understands and accepts that should his/her urine test positive for any prohibited substance their employment will be subject to all terms of this agreement.

Participants who are referred or ported to work assignments that are anticipated to last three (3) days or less are subject to the Alliance drug-free workplace policy, but may, at the discretion of the Alliance, be exempt from the drug-testing program. If the assignment subsequently exceeds three (3) days, or if the participant accumulates more than three (3) days employment, the participant shall be subject to the drug-testing program. Participants will be allowed to remain at work after three (3) days if they provide a urine sample for testing within 24 hours of the end of the third days work. Should the test be reported as positive, a violation of the policy shall have occurred and the participant shall be subject to discipline up to and including termination by the Alliance affiliated contractor, subject to the participant's rights under the participant's collective bargaining agreement.

DRUG-FREE RECIPROCAL COALITION AGREEMENT

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

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

Northeastern Illinois Chapter	IBEW Local 150
Northeastern Illinois Chapter	IBEW Local 117
Northeastern Illinois Chapter	IBEW Local 461
Northeastern Illinois Chapter	IBEW Local 701
City of Chicago Chapter	IBEW Local 134
Eastern Illinois Chapter	IBEW Local 176

All members will need to initial a consent form either through the testing site or through the referral hall acknowledging their eligibility for employment will be released to the Drug-Free Reciprocal Coalition Program.

ADMINISTRATIVE RULES

GUIDELINES FOR SPECIMEN COLLECTION SITES

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

1. If the drug test is for reasonable suspicion purposes and not random, the company supervisor or other company representative is required to and shall accompany and transport the participant to the specimen collection location. A union representative or steward may also accompany the participant along with a company supervisor or company representative. Upon arrival at the collection facility the following procedures apply for drug testing:
 - a) The participant is required to provide picture identification (Company identification card, driver's license, etc.) to the attendant at the collection site. If the testing is for reasonable suspicion or accident and picture identification is not available, then the company supervisor or company representative shall identify the participant. (See ATTACHMENT I).
 - b) The participant is to be provided a collection room and shall be required to provide an unadulterated urine specimen in the collection bottle provided.
 - c) The specimen bottle shall be filled to a minimum of 60 ml.
 - d) The specimen bottle is to be returned to the medical technician who will witness, initial and date the integrity seals placed on the specimen.

- e) The technician shall verify the proper spelling of the participant's name as recorded on the log sheet.
 - f) The technician shall verify that the participant's IBEW Card Number if applicable or Social Security number has been properly recorded.
 - g) The technician shall verify that the IBEW Card Number if applicable or Social Security number placed on the specimen bottle is the same as that recorded on the log sheet and the chain-of-custody form.
2. The following procedures apply for alcohol testing. Alcohol testing will not be done on a random basis but may be done for reasonable suspicion and accidents (as previously stated).
- a) Alcohol testing shall be conducted in a location that affords visual and aural privacy to the individual being tested.
 - b) The participant is required to provide picture identification when arriving at the test site. The Breath Alcohol Tester (BAT) shall then explain the testing procedure to the participant. If picture identification is not available, then the company supervisor or company representative shall identify the participant.
 - c) The BAT must supervise only one participant's use of the Evidential Breath Testing device (EBT) at a time. The BAT is to remain in the testing site while the test is in progress.
 - d) An individually sealed mouthpiece shall be opened in view of the participant and attached to the EBT.
 - e) The BAT shall instruct the participant to blow forcefully into the mouthpiece for at least (six) 6 seconds or until the EBT indicates that an adequate amount of breath has been obtained.
 - f) If the result is 0.04 or greater, a confirmation test must be performed as provided.
 - g) The confirmation test shall be conducted within 20 minutes of the completion of the screening test.
 - h) A new mouthpiece must be opened and used for the confirmation test.
 - i) In the event that the screening and confirmation test results are not identical, the confirmation test result is deemed to be the final result upon which any action under operating administration rules shall be based.
3. If the test is for reasonable suspicion purposes and not random, after the appropriate specimens have been collected, the company supervisor or company representative shall remain with the participant during testing, and upon completion of testing will then provide transportation to take the participant home or to another safe place. In no instance should the participant be allowed to operate a motor vehicle. All reasonable effort, short of force, should be used to convince the participant that he/she should be provided transportation home or to another safe place, including contact with family members, taxi service, etc. If it appears that the participant will attempt to operate a motor vehicle, and all reasonable attempts short of force have failed to dissuade the participant, the proper authorities should be called and advised of the situation.

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Phone 815/744-4108 Fax 815/744-4143

4. Immediately after returning to the work location, the company supervisor or company representative should complete all documentation and prepare a report of all of the events that occurred from the initial observation of reasonable suspicion through the testing process and the disposition of the participant. This report should be sent to the designated representative directly following the incident or in any event on the same day. (See ATTACHMENTS XIX & XX).
5. Participants who want a hard copy of their drug test may send a notarized request and a certified check for \$15.00 to Choice Point, 480 Quadrangle Drive, Suite A, Bolingbrook, IL 60440-33414, Attn: Medical, or call 800-939-4782. The request shall include their name, IBEW Card Number if applicable or Social Security Number and mailing address.

DRUG TESTING CUT-OFF LEVELS

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

The drug-testing program will be directed at the detection of the following drugs at these established levels:

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

An alcohol test for post-accident or for cause will be done by Breathalyzer testing and will be a reported positive at a concentration of .04 or higher.

Administered by ScreenSafe Inc.
P.O. Box 2189 Joliet, IL 60434
Phone 815/744-4108 Fax 815/744-4143

Random Selection Process

Participants will be selected randomly from the 50% pool. The names of selected participants will not be returned to the pool, so that every two years all employees will have been tested at least once. At the same time all participants will be part of a second pool in which 10% of the participants will be selected for testing each year. Participants in the 10% pool can be selected for testing at any time even if they have been previously selected from the 50% or 10% pools.

PROTOCOL FOR A POSITIVE TEST

Upon verifying that a drug test is a legitimate “positive,” the MRO will direct the participant to contact ScreenSafe, Inc. The toll free number will be given to the participant. ScreenSafe, Inc. will communicate to the participant that a recommendation for return to work must be given by the EAP. If the participant chooses not to utilize the EAP or not to follow the EAP’s recommendation, he/she will be required to wait for thirty (30) days from the date of initial contact with the MRO before being allowed to test again. During this thirty (30) day waiting period, the participant must be removed from work by the contractor and if he/she is covered by the collective bargaining agreement is ineligible for referral. See ATTACHMENT XI.

The MRO will notify ScreenSafe, Inc. of the names of all positive drug tests. ScreenSafe, Inc. will in turn notify the EAP of these names to verify compliance.

Upon making the phone call to the EAP, the participant will be set up for an evaluation appointment. During the evaluation, the EAP counselor will request that the participant sign a release authorizing EAP communication with ScreenSafe, Inc. regarding contact and cooperation. If the participant chooses not to sign the release, utilize the EAP or follow the EAP’s recommendation, he/she will be required to wait for thirty (30) days from the date of initial contact with the MRO before being allowed to test again. During this thirty (30) day waiting period, the participant must be removed from work by the contractor and if he/she is covered by the collective bargaining agreement is ineligible for referral. Once the participant agrees to the EAP program he must complete it or be considered non-compliant. The participant may no longer wait out thirty (30) days.

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

The MRO will be brought back into the process with the occurrence of a subsequent “positive” test.

ATTACHMENT I

FAX NOTIFICATION

ELECTRICAL INDUSTRY DRUG FREE ALLIANCE PROGRAM

**CONFIDENTIAL MATERIAL INCLUDED IN THIS FAX
Please Give Directly To Designated Representative**

Company: _____ Fax Number: _____
Attention: _____ Company: ScreenSafe, Inc.
Phone: _____ For Info. Call: (815) 744-4108
Date: _____ Time: _____ ScreenSafe Fax Number:
(815) 744-4143

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

The attached participant(s) have been selected for random drug testing. You must notify these participants within 8 hours of your receipt of this fax that they have been selected. The Alliance suggests that you notify the selected participants near the end of their shifts today. You must write the time and date of notification next to the employee’s name. **Once you notify a participant they will have until the end of the next business day to complete the test.**

Please remind your participants that they are required to **bring picture identification** with them to the testing facility. **At the testing site they should identify themselves as part of the IBEW /NECA testing pool.**

For your convenience attached is a list of testing facilities located in your general area. Please make a copy for each participant so they can select the site most convenient for them.

In the event any of the listed participants no longer work for you, are absent from work today, on vacation, out of town, or refuse to comply with this testing request, please note the information on the attached form and fax it back to ScreenSafe, Inc. at 815-744-4143.



**THIS FORM MUST BE FAXED BACK TO SCREENSAFE, INC.
BY THE END OF THE BUSINESS DAY
815-744-4143**

Contractor: _____

Designated Representative: _____

Phone: _____ **FAX:** _____

PLEASE MAKE SURE TO FAX BACK THIS PAGE TO SCREENSAFE ONCE IT IS FILLED OUT

Please remember to be discreet when notifying members of their testing

Employee's IBEW CARD #/SSN	Employee's Name	U/S	Date & Time Notified	Reason Not Notified
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Please Enter "U" for Union Member or "S" for Support Person In
Above Column.**

For Reasons not Notified, please select from the following codes:

V = VACATION A=ABSENT
L = TEMP LAY-OFF D = DISABILITY
T = Terminated

Thank You

**SEND UPDATED INFORMATION FOR ALL STATUS CHANGES FOR OFFICE
STAFF TO SCREENSAFE**

**INFORMATION NEEDED
NAME, ADDRESS, PHONE NUMBER AND IBEW CARD NUMBER IF APPLICABLE
OR SOCIAL SECURITY NUMBER**

For office use only
Request date

Administered by ScreenSafe Inc.
P.O. Box 2189 Joliet, IL 60434
Phone 815/744-4108 Fax 815/744-4143

AUTHORIZATION FORM

**ALLIANCE AUTHORIZATION FOR CONSENT TO DRUG ANALYSIS
AND AUTHORIZATION FOR RELEASE OF RESULTS FOR
"RANDOM TESTING"**

I understand that I am now subject to drug testing under the Electrical Industry Drug Free Alliance I have previously received a copy of that Program.

I am knowingly:

- > Agreeing to provide an unaltered urine specimen and to cooperate in the collection site's normal testing procedures;
- > Authorizing the collection site to send my urine specimen to the Alliance's drug testing laboratory;
- > Authorizing the Alliance's lab(s) to analyze my urine specimens for adulteration, dilution and substitution, and for evidence I use(d) amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, methaqualone, opiates, PCP, or propoxyphene.
- > Authorizing the lab to disclose my test results (and related information) to the Alliance's Medical Review Officer; and
- > Authorizing the Medical Review Officer to disclose my test results (and related information) and cooperation or non-cooperation in testing and medical review evaluation to the Employee's Assistance Program and to ScreenSafe, Inc., the Program Administrator.

_____	Print Your Name
_____	Your Signature
_____	IBEW Card Number if applicable or Social Security Number
_____	Telephone Number
_____	Address
_____	City, State & Zip Code

This form must be faxed back by the testing lab to ScreenSafe, Inc. at the number listed below.

Administered by ScreenSafe Inc.
P.O. Box 2189 Joliet, IL 60434
Phone 815/744-4108 Fax 815/744-4143



1ST NON-COMPLIANT-EMPLOYER NOTIFICATION

Date

Dear,

This letter is a follow-up to our phone call to inform you that (participant), an employee of (company), IBEW Card Number if applicable or Social Security Number (ssn) is currently unavailable for work.

Please inform (participant) that an evaluation needs to be scheduled with the Employee’s Assistance Program (EAP), (EAP name and phone number) in order to get back into compliance. (Participant) will be able to return to work once ScreenSafe receives approval from the EAP. Once you inform the participant that they are unavailable, they cannot return to work until ScreenSafe, Inc. provides a copy of the “Release to Work” to you.

If there are any questions or you need further assistance, please contact me at 815-744-4108.

Sincerely,

James F. Heffernan
Administrator



1ST NON-COMPLIANT PARTICIPANT NOTIFICATION

Date

First and Last Name
IBEW CARD #/SSN

This is to inform you that you are non-compliant under the Electrical Industry Drug Free Alliance.

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

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

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

THE INITIAL SERVICES OF THE EAP WILL BE PROVIDED AT NO CHARGE.

If the EAP decides any additional treatment is needed, this further treatment will not be provided by this program, but will be between you and your health plan provider subject to the plan provisions.

Once you have seen the EAP, if it is determined you can be released to work, ScreenSafe, Inc. will send a release to work notice to your employer as well as to the Referral Office at Local Union 150

For your information, the Alliance Drug-Free Workplace Policy states a person who tests non-compliant may not be referred from the Referral List to a conforming employer unless they have a “Return to Work Release.” Therefore, if you choose to not comply with the Policy, you will not be able to be referred from the “out of work list” to a conforming employer until you have seen the Employee’s Assistance Program (EAP) and have been released to work.

IF AT ANYTIME YOU FAIL TO COMPLY WITH THIS POLICY, YOU MAY BE SUBJECT TO REMOVAL.

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

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



2nd NON-COMPLIANT-EMPLOYER NOTIFICATION

Date

Dear,

This letter is a follow-up to our phone call to inform you that (participant), an employee of (company), IBEW Card Number if applicable or Social Security Number (ssn) is currently unavailable for work.

Please inform (participant) that an evaluation needs to be scheduled with the Employee’s Assistance Program (EAP), (EAP name and phone number) in order to get back into compliance. (Participant) will be able to return to work once ScreenSafe receives approval from the EAP. Once you inform the participant that they are unavailable, they cannot return to work until ScreenSafe, Inc. provides a copy of the “Release to Work” to you.

If there are any questions or you need further assistance, please contact me at 815-744-4108.

Sincerely,

James F. Heffernan
Administrator



2nd NON-COMPLIANT PARTICIPANT NOTIFICATION

Date

First and Last Name
IBEW CARD #/SSN

This is to inform you that you are non-compliant for the second time within a two year period under the Electrical Industry Drug Free Alliance.

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

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

*Please note that you are suspended from employment. You cannot return to work until your evaluation process is complete and have finished any specified treatments or education programs, and you have been **PROVIDED A RETURN TO WORK RELEASE BY THE EAP.***

THE INITIAL SERVICES OF THE EAP WILL BE PROVIDED AT NO CHARGE.

If the EAP decides any additional treatment is needed, this further treatment will not be provided by this program, but will be between you and your health plan provider subject to the plan provisions.

Once you have seen the EAP, if it is determined you can be released to work, ScreenSafe, Inc. will send a release to work notice to your employer as well as to the Referral Office at Local Union 150.

For your information, the Alliance Drug-Free Workplace Policy states a person who tests non-compliant may not be referred from the Referral List to a conforming employer unless they have a “Return to Work Release.” Therefore, if you choose to not comply with the Policy, you will not be able to be referred from the “out of work list” to a conforming employer until you have seen the Employee’s Assistance Program (EAP) and have been released to work.

IF AT ANYTIME YOU FAIL TO COMPLY WITH THIS POLICY, YOU MAY BE SUBJECT TO REMOVAL.

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

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



3RD NON-COMPLIANT – EMPLOYER NOTIFICATION

(Date)
(Designated Rep.)
(Company)
(Address)

Dear

This letter is to inform you that (participant) an employee of (company); IBEW Card Number if applicable or Social Security # (ssn) is currently unavailable for work.

Please inform (participant) that an evaluation needs to be scheduled with the Employee Assistance Program, (EAP) in order to get back into compliance. Once you inform the participant that they are unavailable they cannot return to work until they have seen the Employee’s Assistance Program, have signed a “Last Chance Agreement” (please see attached) and have been released to work. ScreenSafe, Inc. will contact you once we receive return to work approval from the MAP. We will furnish you with a copy of the “Last Chance Agreement”.

If there are any questions or you need further assistance, please contact me at (815) 744-4108.

Sincerely,

James F. Heffernan
Administrator



3RD NON-COMPLIANT – PARTICIPANT NOTIFICATION

Date
(Participant)
(IBEW Card Number if applicable or Social Security #)

This is to inform you that you are non-compliant for the third time within a two-year period under the ELECTRICAL INDUSTRY DRUG-FREE WORKPLACE PROGRAM.

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

You are required to contact the Employee’s Assistance Program (EAP), (EAP name and phone number) to schedule an evaluation. The EAP will conduct an evaluation. If you do not attend your scheduled appointment and cooperate fully, you will be in violation of the Alliance Program and subject to the terms of the Drug-Free Workplace Policy.

Please remember that you cannot return to work until you have signed a Last Chance Agreement and the evaluation process is complete and the EAP has released you to work.

THE INITIAL SERVICES OF THE EAP WILL BE PROVIDED AT NO CHARGE.

If the Employee’s Assistance Program decides any additional treatment is needed, this further treatment will not be provided by this program, but will be between you and your health plan provider subject to the plan provisions.

Once you have seen the Employee’s Assistance Program, if it is determined you are able to be released to work, ScreenSafe, Inc. will send a release to work notice to your employer as well as to Referral Office of Local Union 150.

For your information, the Alliance Drug-Free Workplace Policy states a person who tests non-compliant may not be referred from the Referral List to a conforming employer unless they have a “Release to Work Statement.” Therefore, if you choose to not comply with the Policy, you will not be able to be referred from the Out of Work List to a conforming employer until you have seen the Employee’s Assistance Program and have been released to work.

IF AT ANYTIME YOU FAIL TO COMPLY WITH THIS POLICY YOU MAY BE SUBJECT TO TERMINATION.

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

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



PARTICIPANT LAST CHANCE AGREEMENT

I _____ am not in compliance with the Electrical Industry Drug-Free Workplace Program.

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

1. I will follow all requirements and recommendations by the professionals who have evaluate me. This includes at a minimum, the following
 - a) Strict compliance with all treatment recommendations.
 - b) Complete abstention from all controlled substances, including alcohol, except in accordance with a written authorization of a licensed physician who has been advised in advance of my treatment for substance abuse and has reviewed any prescription in advance with my substance abuse counselor, and
 - c) Regular attendance at required or recommended aftercare programs
2. I authorize the Administrator and the Member Assistance Program (MAP) to communicate with each other concerning all treatment and aftercare program requirements, my non-compliance or compliance with those requirements, and to confer with them about my progress. I agree to sign and not revoke any medical release consent forms to allow those information exchanges.
3. For a period of one year from the date of my return t work, I agree to submit to testing to detect the presence or use of drugs and/or alcohol on at least a monthly basis.
4. I understand and agree that this agreement does not guarantee me any employment or compensation for any period of time, nor does it provide me any benefit over and above the program or Collective Bargaining Agreement.
5. I understand and agree that if I test positive for controlled substances not taken under the supervision of a licensed healthcare professional or alcohol during the next two years, or if I am declared by the Administrator of the Alliance Drug-Free Workplace Program to be in non-compliance with the Program for any

reason, that I will be immediately terminated from employment and I will not be eligible for re-employment in the electrical industry until I have satisfactorily completed a substance abuse treatment program and I am otherwise found to be in compliance with the Alliance Drug-Free Workplace Program by the Administrator.

Dated this _____ day of _____, 20_____

Witnessed this _____ day of _____, 20_____

By: _____
Alliance Representative

By: _____
Employee/Member

By: _____
Union Representative



REFERRAL UNAVAILABLE NOTIFICATION

CONFIDENTIAL

TO: (Referral)
FROM: ScreenSafe Inc.
DATE:
RE: Employee Status

The following members are unavailable for Referral to a conforming employer:

Table with 2 columns: NAME, IBEW CARD #. Contains four rows of blank lines for member information.

They are currently not in compliance with the Alliance Drug-Free Workplace Program. The participant must contact the Administrator of the Alliance Program to initiate action intended to restore compliance.

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



NON-COMPLIANT EMPLOYER LETTER

Date
(Employer)
(Attn: Designated Rep)
(ADDRESS)
RE: EMPLOYEE'S NAME AND SS#

Dear (Designated Rep):

This letter is to inform you that (participant name) is non-compliant with the Alliance Drug-Free Workplace Policy.

Under the terms of the Policy, (see page 6), participants who are non-compliant with the program are to be removed from active duty. They may not return to work until they have been evaluated by the Employee's Assistance Program, (EAP) (EAP and phone number) and have completed the specified treatment or education program and obtained a return to work release.

Participants may elect not to utilize the EAP. Those who choose not to utilize EAP are required to wait 30 days from the date of their initial contact with ScreenSafe, Inc. before being allowed to test again. During this thirty (30) day waiting period, participants are not to work and may not be assigned to a conforming employer by the Referral Hall.

ScreenSafe, Inc. will notify you when (participant) is compliant with the Drug-Free Workplace Program.

If you have any questions, please contact me at 1-815-744-4108

Sincerely,

Handwritten signature of James F. Heffernan

James F. Heffernan
Administrator

ATTACHMENT XIII



NON-COMPLIANT PARTICIPANT - EAP

Date

Dear,

This is to inform you that you are not in compliance with the Electrical Industry Drug Free Alliance. You have chosen either not to utilize the EAP or follow the EAP's specified treatment or education program.

During this period, the contractor must suspend you from active employment and you are ineligible to be referred from the Out of Work List to a conforming employer.

Once you have satisfied the requirements of the program, which includes another drug test that has an acceptable result, a "Return to Work Release" will be provided to your employer. This information will also be provided to the Referral Hall at Local Union 150.

If you would like to return to work, you must contact the Employee's Assistance Program (EAP), (EAP name and phone number) to schedule an evaluation. The EAP will make the determination when you can be returned to work. While working with the EAP, you must attend your scheduled appointments and cooperate fully in order to stay in compliance with the Drug-Free Alliance Program.

Respectfully,

James F. Heffernan
Administrator

ATTACHMENT XIV



NON-COMPLIANT-FAILED TO TEST

Date

Dear,

This is to inform you that you are not in compliance with the Electrical Industry Drug Free Alliance because you did not take your drug screen in the allotted time as outlined in the policy book. Therefore, you are unavailable for work until one of the following occurs;

Contact the Employee Assistance Program (EAP), (EAP name and phone number) to schedule an evaluation. You must attend your scheduled appointments and cooperate fully, subject to the terms of the Drug Free Workplace Policy.

Please remember that you **cannot** return to work until your evaluation process is complete and the EAP has released you to work. At that time, ScreenSafe will send a "Return to Work Release" statement to the Designated Representative at your company and to the Local Union 150 Referral Office.

If you have any questions, please call ScreenSafe, Inc. at (815) 744-4108.

Respectfully,

James F. Heffernan
Administrator

ATTACHMENT XV



RETURN TO WORK RELEASE

Return to Work Release

Participant Name:

IBEW Card Number if applicable or Social Security Number:

Company:

Designated Representative:

Date:

The above participant has satisfied the requirements of the Drug-Free Alliance program and is available for work.

ATTACHMENT XVI



REFERRAL AVAILABLE NOTIFICATION

CONFIDENTIAL

TO:

FROM: ScreenSafe Inc.

DATE:

RE: Employee Status

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

NAME

IBEW CARD #

ATTACHMENT XVII

REASONABLE SUSPICION TESTING
Guidelines for Reasonable Suspicion Testing

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

- There is a reasonable suspicion that someone is under the influence of an alcoholic beverage or an illegal substance.
• There has been an on the job recordable incident as defined by OSHA
1. Do not assume that observed impairment means that the individual is under the influence of an illegal or controlled substance.
2. Do not diagnose the employee's behavior. Remember, you are not a doctor or counselor.
3. Do assess impaired performance/actions, not the reasons behind them.
4. Do use the attached evaluation form to help assess the participant's impairment.
5. The participant's immediate supervisor or other company representative should observe the person and subsequently complete the evaluation form.
6. Bargaining Unit employees must have the concurrence of the representative of their choosing (as described in Section "Reasonable Suspicion Testing") with the observation of management before any further communication with the employee.
7 For every observation made, use a separate reasonable suspicion evaluation form.
8. Be as discreet as feasible. Remove the participant from the workplace and escort the person to your office or another private area.
9. Inform the participant that under the terms of the Electrical Industry Drug Free Workplace Program, he/she may be required to test.
10. If after the interview, you believe a test is warranted, inform the participant they are being required to test.
11. Take the participant to a designated collection site.
12. After testing, provide the participant with transportation home or to another safe place.
13. The results will be reported to the Administrator at ScreenSafe and to the designated representative within 24 to 48 hours.

ATTACHMENT XVIII

REASONABLE SUSPICION TESTING

ALLIANCE AUTHORIZATION FOR CONSENT TO DRUG AND ALCOHOL ANALYSIS AND AUTHORIZATION FOR RELEASE OF RESULTS FOR "REASONABLE SUSPICION TESTING"

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

- Agreeing to provide unaltered urine and to cooperate in the collection site's procedures;
• Authorizing the collection site to test my breath for alcohol concentration and to disclose my alcohol test results to the Administrator at ScreenSafe, Inc., the Employee's Assistance Program, and the Medical Review Officer;
• Authorizing the collection site to send my specimen to the Alliance's drug testing laboratory;
• Authorizing the Alliance's lab(s) to analyze my specimens for adulteration, dilution and substitution, and for evidence I use (d) amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, methaqualone, opiates, PCP or propoxyphene.
• Authorizing the lab to disclose my test results (and related information) to the Alliance's Medical Review Officer; and
• Authorizing the Medical Review Officer to disclose my test results (and related information) and cooperation or non-cooperation in testing and medical review evaluation to the Employee's Assistance Program and the Administrator at ScreenSafe, Inc.

Witness _____ Your Signature _____
Date _____ IBEW Card No. or Social Security Number _____
Time _____ Telephone Number _____
Address _____
City, State & zip code _____

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

ATTACHMENT XIX

REASONABLE SUSPICION TESTING

Reasonable Suspicion Evaluation Form Incident/Behavior/Performance Report

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

Name of observed participant: _____

Date: _____ Job Site: _____

Name of Company Observer: _____

Check all those indicators or cues observed in the work place.

Primary Indicators

Behavior

slurred speech Yes___ No___ staggering Yes___ No___
confused speech Yes___ No___ poor coordination Yes___ No___
tremors/shakes Yes___ No___

Secondary Indicators

Appearance

glassy eyes Yes___ No___
blank stare Yes___ No___
bloodshot eyes Yes___ No___
flushed face Yes___ No___
marijuana smell Yes___ No___
altered appearance Yes___ No___
alcohol smell Yes___ No___

Mood

sudden mood
changes Yes___ No___
isolating Yes___ No___
extreme
nervousness Yes___ No___
belligerent Yes___ No___
aggressive Yes___ No___
unusually quiet Yes___ No___
unusually talkative Yes___ No___

Vigilance /Performance

confused Yes___ No___
disoriented Yes___ No___
drowsiness Yes___ No___
sleeping Yes___ No___
hearing things Yes___ No___
seeing things Yes___ No___
blackouts Yes___ No___

ATTACHMENT XX

REASONABLE SUSPICION TESTING

Reasonable Suspicion Evaluation Form (side two)

Describe the incident in detail.

If additional space is needed, please use another page.

Please list all witnesses to the behavior or incident.

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

Remarks: _____

Signature of Observer _____ Date: _____

Signature of Designated Representative _____ Date: _____

Signature of Employee _____ Date: _____

Signature of Union Representative _____ Date: _____

ATTACHMENT XXI

REASONABLE SUSPICION TESTING

DO'S AND DON'TS FOR DEALING WITH SUSPECTED SUBSTANCE ABUSE

DO

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

DON'T

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

ATTACHMENT XXII

RETEST OF ORIGINAL SPECIMEN

When a person tests positive under the Electrical Industry Drug-Free Alliance he/she has the right to request a confirmation of the **original** specimen. If this is what you choose to do, please follow these guidelines.

- Call the Program Administrator at (815) 744-4108 and request a retest of your original specimen within five days of this notice.
- You are required to pay for the test in advance. Please send a certified check via Certified Mail or Money Order, made out to ScreenSafe, Inc. in the amount of \$200.00 to the address listed below. If the result of the retest is negative, you will be refunded the amount of the check and the cost of the mailing.

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



Employee Registration Form

PLEASE PRINT

There should be one form for each person in your company who has access to work sites.

COMPANY NAME: _____

EMPLOYEE NAME: _____
FIRST MIDDLE INITIAL LAST

SOCIAL SECURITY NUMBER: _____

HOME ADDRESS: _____

CITY: _____

STATE: _____ **ZIP CODE:** _____

HOME PHONE NUMBER: _____

WORK PHONE NUMBER: _____

CELL PHONE NUMBER: _____

PAGER NUMBER: _____



Form to Designate Representatives

The below named individuals have been selected to act as representatives from our company for the Electrical Industry Drug Free Alliance. As per the Administrative Rules, we have designated two representatives.

For reasons of confidentiality and privacy only these two individuals will handle all confidential correspondence from ScreenSafe in regards to this program.

PLEASE PRINT LEGIBLY:

COMPANY NAME: (please fill in) _____

Representative Name

Representative Name

Phone Number and Extension

Phone Number and Extension

Fax Number

Fax Number

Cell Phone Number

Cell Phone Number

Please return this form to ScreenSafe, Inc.



Administered by ScreenSafe Inc.
P.O. Box 2189 Joliet, IL 60434
Phone 815/744-4108 Fax 815/744-4143