

CURRENT EMPLOYEE CONSENT/REFUSAL FORM

TO BE FILLED OUT BY THE COMPANY:

Employee Name: _____

Supervisor Name: _____

Date and Time: _____ Location: _____

Other Supervisor(s) Involved: _____

Type Of Test:

Reasonable suspicion _____
Post-accident _____
Random _____
Return-to-duty _____
Follow-up _____

Specimen(s) To Be Collected:

Breath _____
Urine _____
Hair _____
Blood _____
Saliva _____
Sweat _____

TO BE READ AND FILLED OUT BY EMPLOYEE:

I understand that I have been selected for a drug and/or alcohol test under the _____ Drug and Alcohol Policy. I know that I may refuse to be tested if I wish, but that my refusal will result in my termination.

I also understand that if I consent to testing:

- I will have to provide specimen(s) at a collection site chosen by the Company and cooperate in the site's normal collection procedures;
- My specimen will be tested by a certified laboratory chosen by the Company for marijuana, cocaine, opiates, amphetamines, and phencyclidine (and such other controlled substances as may be dictated by the circumstances in accordance with the requirements of applicable law);
- If the laboratory finds evidence of drug use in my specimen, a Medical Review Officer ("MRO") will make reasonable efforts to discuss my test results with me. If I explain or rebut the results to the satisfaction of the MRO, I will be treated as if I passed the drug test. If not, I will have failed the drug test. The MRO will disclose my test results to the

Company; If the measured alcohol concentration of my specimen is less than .02, I will have passed the alcohol test. If the measured alcohol concentration of my specimen is .02 or more, I will be required to submit to confirmation testing. If the confirmation test results in a measured alcohol concentration of less than .04, I will have passed the test. If the confirmation test result is .04 or more, I will have failed the test. The technician will disclose my test results to the Company; and

- I will be subject to appropriate disciplinary action, up to and including termination of employment and other appropriate conditions as determined by the Company, if I refuse to cooperate in a drug and/or alcohol test, test positive for drugs and/or alcohol, or otherwise violate the policy.

After considering my options, I have freely, knowingly and voluntarily decided to:

____ REFUSE TO BE TESTED

_____ CONSENT TO AND AUTHORIZE TESTING AND THE DISCLOSURE OF MY TEST RESULTS TO THE COMPANY, AND RELEASE THE COMPANY, ITS MRO, COLLECTION SITE AND LABORATORY, AND THEIR AGENTS, FROM ANY LIABILITY THEY MIGHT OTHERWISE HAVE FOR THE ACTIONS I AM AUTHORIZING.

Applicant Signature

Applicant SSN

Date and Time

Applicant Phone Number