

FALL RIVER JOINT UNIFIED SCHOOL DISTRICT
REGULATION 4112.42

ALL PERSONNEL
DRUG AND ALCOHOL TESTING FOR COMMERCIAL MOTOR VEHICLE
DRIVERS



POLICY STATEMENT

Revised January 2014 (Pages 1 thru 18)

Fall River Joint Unified School District is committed to providing a safe, drug-free workplace. An employee substance abuse testing program mandated for all interstate employers regulated by 49 CFR Part 382. In addition all intrastate employers are subject to 49 CFR Part 382 as adopted by the State of California under vehicle code section 34520 to help prevent accidents and injuries resulting from the misuse of alcohol or the abuse of controlled substances by drivers of commercial motor vehicles. Controlled substances abuse and alcohol misuse has proven to be detrimental to a person's physical and mental health.

Fall River Joint Unified School District has initiated a program with Compliance Associates, Inc., a California Corporation to assist Fall River Joint Unified School District in complying with federal drug and alcohol testing regulations for "safety sensitive function" positions as prescribed in 49 CFR Part 382 of the Federal Motor Carrier Safety Regulations (FMCSA).

Fall River Joint Unified School District recognizes each individual's value and contribution to the services Fall River Joint Unified School District provides to their customers, therefore, this Policy is a "zero tolerance" policy, which does not include provisions for our employee's participation in a Return to Duty program in the event of a positive test.

This Drug and Alcohol Testing Policy is intended to comply with Federal Motor Carrier Safety Administration (FMCSA) regulations, changes in which will supersede specific policy provisions. Fall River Joint Unified School District retains the right to administer and interpret this Policy as it applies to their employees.

EFFECTIVE DATE

This policy is effective January 1 2014.

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4112.42 Drug and Alcohol Test for School Bus Drivers

Board Adopted Revised version 6/11/2014

WHO WILL BE TESTED AND WHEN (49 CFR 382 and 383)

This policy concerns the activities of transportation employers, "safety sensitive function" positions, also referred to herein as "**covered drivers**," as prescribed by the Federal Motor Carrier Safety Administration under 49 CFR Part 382.107. This includes self-employed individuals, contractors and volunteers as covered by the U.S. Department of Transportation agency regulations.

Safety sensitive function is defined in 49 CFR 382.107, as all time from the time an individual who is required to hold a commercial motor vehicle driver's license for their job begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work. Covered drivers are operators of commercial motor vehicles or combination of vehicles requiring a commercial driver's license as prescribed by 49 CFR Part 383.

Covered drivers may be tested for drugs or alcohol whenever they are **on duty**. For the purposes of this Policy, "on duty" is defined as any time on the job, since covered drivers are expected to be ready to perform safety-sensitive driving functions on short notice. Conversely, time spent in association with drug testing specimen collection and/or alcohol testing is considered "on-duty" time.

Safety-sensitive functions shall include:

- (1) 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;
- (2) All time inspecting equipment as required by 49 CFR Part 392.7 and 49 CFR Part 392.8 of this subchapter or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;
- (3) All time spent at the driving controls of a commercial motor vehicle in operation;
- (4) 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);
- (5) 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
- (6) All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

EDUCATION AND TRAINING

As required by 49 CFR Part 382.601(a),(b)(11),(d), information is provided in the appendix of this policy regarding the effects of alcohol and controlled substances use on an individual's health, work, and personal life along with signs and symptoms of an alcohol or controlled substances problem.

At the time of hire, employees subject to safety sensitive function positions will receive a copy of the Drug and Alcohol Testing Policy. Employees will be informed of their responsibilities with respect to compliance with the federal drug and alcohol testing regulations and employees will be required to sign the policy Certificate of Receipt form acknowledging receipt of this information.

PROHIBITIONS and CONSEQUENCES

CONTROLLED SUBSTANCES USE and TESTING (49 CFR Part 382.213 & 382.215)

This policy specifically prohibits the unlawful manufacture, distribution, dispensation, possession, or use of controlled substances in the workplace, as described in the Drug-Free Workplace Act of 1988. It also prohibits employees from reporting for duty or being on duty with evidence of alcohol, controlled substances, or illegally obtained prescription medications, in their systems. Violation of these prohibitions will lead to administrative action, up to and including termination of employment.

No driver shall report for duty, remain on duty, or perform a safety-sensitive function, if the driver tests positive for controlled substances. No employer having actual knowledge that a driver has tested positive for controlled substances shall permit the driver to perform or continue to perform safety-sensitive functions.

No driver shall report for duty or remain on duty requiring the performance of safety-sensitive function when the driver uses any controlled substance, except when the use is pursuant to the instructions of a licensed medical practitioner, as defined in 49 CFR Part 382.107, who has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle.

No employer having actual knowledge that a driver has used a controlled substance shall permit the driver to perform or continue to perform a safety-sensitive function.

Drivers must remain readily available for testing.

ALCOHOL USE and TESTING (49 CFR Part 382.201, 382.205, 382.207 & 382.209)

No driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater or having a confirmed test of .04 or greater. No employer having actual knowledge that a driver has an alcohol concentration of 0.02 or greater shall permit the driver to perform or continue to perform safety-sensitive functions.

No driver shall use alcohol while performing safety-sensitive functions.

No employer having actual knowledge that a driver is using alcohol while performing safety-sensitive functions shall permit the driver to perform or continue to perform safety-sensitive functions.

functions.

No driver shall perform safety-sensitive functions within four hours after using alcohol.

No employer having actual knowledge that a driver has used alcohol within four hours shall permit a driver to perform or continue to perform safety-sensitive functions.

No driver required to take a post-accident alcohol test under 49 CFR Part 382.303 shall use alcohol for eight hours following the accident, or until he/she undergoes a post-accident alcohol test, whichever occurs first.

Drivers must remain readily available for testing.

**REFUSAL TO SUBMIT TO A REQUIRED ALCOHOL or CONTROLLED SUBSTANCES TEST
(49 CFR Parts 382.211, 40.191 & 40.261)**

No driver shall refuse to submit to a post-accident alcohol or controlled substances test, a random alcohol or controlled substances test, a reasonable suspicion alcohol or controlled substances test, or a follow-up alcohol or controlled substances test. No employer shall permit a driver who refuses to submit to such tests to perform or continue to perform safety-sensitive functions.

An employee has refused to take a drug test if:

- 1) Fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by **Fall River Joint Unified School District**, after being directed to do so by **Fall River Joint Unified School District**. This includes the failure of an employee to appear for a test when called by a consortium and/or third party administrator (C/TPA).
- 2) Fail to remain at the testing site until the testing process is complete; an employee who leaves the testing site prior to the testing process commencing for a pre-employment test is not deemed to have refused to test;
- 3) In the case of a directly observed or monitored collection in a drug test, fail to permit the observation or monitoring of your provision of a specimen;
- 4) Fail 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;
- 5) Fail or decline to take a second test that **Fall River Joint Unified School District** or the collector has directed you to take;
- 6) Fail to undergo a medical examination or evaluation, as directed by the medical review officer as part of the verification process, or as directed by **Fall River Joint Unified School District's** designated employer representative. In the case of a pre-employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment; or
- 7) Fail 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).

An employee has refused to take an alcohol test if:

- 1) Fail to appear for any test within a reasonable time, as determined by **Fall River Joint Unified School District**, after being directed to do so by **Fall River Joint Unified School District**. This includes the failure of an employee to appear for a test when called by a consortium and/or third party administrator(C/TPA);
- 2) Fail to remain at the testing site until the testing process is complete;
- 3) Fail to provide an adequate amount of breath for any alcohol test;
- 4) Fail to provide a sufficient breath specimen, and a physician has determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;
- 5) Fail to undergo a medical examination or evaluation, as directed by **Fall River Joint Unified School District** as part of the insufficient breath procedures outlined at 49 CFR Part 40.265(c);
- 6) Fail to sign the certification at Step 2 of the alcohol testing form; or
- 7) Fail to cooperate with any part of the testing process.

CONSEQUENCES OF A CONTROLLED SUBSTANCES and/or ALCOHOL TEST REFUSAL (49 CFR Part 382.501)

Removal from safety-sensitive function:

An employee that has been removed from a safety sensitive function position for a refusal or positive test result is considered to be "medically disqualified" to be in a safety sensitive function. The employee will be referred to a Substance Abuse Professional (SAP) for evaluation and determination of treatment as required by 49 CFR Part 382.605.

REFERRAL and RETURN TO DUTY PROGRAM

Employees subject to safety sensitive function positions as required by 49 CFR Part 382.601 (b)(9) who have tested positive and have been removed from their safety sensitive function position(s) are considered to be "medically disqualified" to be in a safety sensitive function. The employee will be referred for assistance under 49 CFR Part 382.601 (b)(11) to a Substance Abuse Professional (SAP) for evaluation and determination of treatment as required by 49 CFR Part 382.605 upon termination from **Fall River Joint Unified School District**.

The employee is "medically disqualified" until the Substance Abuse Professional (SAP) evaluates and determines the employee is fit to return to a safety sensitive position for another employer. The employee at a minimum will be subject to six (6) follow-up tests over a twelve (12) month period. Upon release to return to duty, the covered driver becomes "medically re-qualified" and remains so as long as the covered driver remains current with his/her return to duty program.

It is incumbent on the employee to make sure the follow-up program is completed in the manner in which the Substance Abuse Professional dictated for the employee who had the violation.

PRESCRIPTION MEDICATIONS (382.213 and 392.4(c))

Independent of 49 CFR Part 382, therefore under this policy, employees subject to safety sensitive function positions are specifically required to notify **Fall River Joint Unified School District** and/or their immediate Supervisor(s) when they are taking medication with warning labels (i.e.: relating to the operation of a vehicle, heavy equipment, or machinery).

MEDICAL MARIJUANA (49 CFR 40.137(e)(2))

The Medical Review Officer during the review process has been directed under 49 CFR 40.134(e)(2) that "there can be a legitimate medical explanation only with respect to a substance that has a legitimate medical use. Use of a drug of abuse (e.g., heroin, PCP, marijuana) or any other substance (see §40.151(f) and (g)) that cannot be viewed as having a legitimate medical use can never be the basis for a legitimate medical explanation, even if the substance is obtained legally in a foreign country."

Therefore, there are no provisions for "medical" Marijuana in the transportation industry. A medical "certificate" from a physician will not be legitimate to overturn a positive test in a medical review for a federally mandated test.

INVESTIGATION OF PREVIOUS TESTING (49 CFR Part 382.413)

As a condition of employment under 49 CFR Part 382.413, applicants for safety sensitive function positions will be required to authorize previous employers to release specific information regarding previous controlled substances and alcohol tests for all employers in the preceding three years.

TYPE OF DRUG AND ALCOHOL TESTING REQUIRED

The following are occasions for drug and/or alcohol testing under this Policy.

Pre-employment testing (49 CFR Part 382.301)

Pre-employment drug testing is required for all employees subject to safety sensitive function positions. No employer shall allow a driver, who the employer intends to hire or use, to perform safety-sensitive functions unless the driver has received a controlled substances test result from the MRO indicating a verified negative test result.

Drug test results, which are verified as positive for unauthorized use of controlled substances, will disqualify the applicant for a covered driver position.

Random Testing (49 CFR Part 382.305)

Definition of Random Test: A random test is a test that is unannounced, and where every person in the random selection "pool" has an equal chance of being selected for testing each time a selection occurs. Random testing is considered an effective deterrent to substance abuse. Employees subject to safety sensitive function positions are required to be randomly tested under DOT regulations.

Method of Random Selection: Current percentage requirements state that number of drug tests equal to at least 50% of the number of individuals in the Compliance Associates, Inc. consortium will be performed.

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This will be completed annually, as required by DOT drug testing regulations; current percentage requirements state that a number of alcohol tests equal to at least 10% of the number of individuals in the Compliance Associates, Inc. consortium will be completed annually.

Procedure for Notification and Specimen Collection: The Program Coordinator of Compliance Associates, Inc. will notify the employer(s) of which covered driver(s) came up in the random draw and must report to the clinic for testing. The employer(s) will notify the employee(s) of their report time to the designated clinic.

Reasonable Suspicion Testing (49 CFR Part 382.307)

"Reasonable suspicion" means that an individual that has been trained in reasonable suspicion recognition has reason to believe that an employee may be impaired, intoxicated or under the influence of a controlled substance and/or alcohol.

The employer's determination that reasonable suspicion exists to require the driver to undergo a controlled substances and/or alcohol test must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the driver. The observations may include indications of the chronic and withdrawal effects of controlled substances.

A driver may be directed by **Fall River Joint Unified School District** to only undergo reasonable suspicion testing for alcohol while the driver is performing safety-sensitive functions, just before the driver is to perform safety-sensitive functions, or just after the driver has ceased performing such functions.

Post-accident Testing (49 CFR Pat 382.303)

Under this policy, any employee subject to a safety sensitive function position who is involved in a "reportable accident" will be required as soon as practicable following an occurrence involving a commercial motor vehicle, to provide a urine specimen for the purpose of drug screening and/or submit themselves to a Breath Alcohol Technician for an alcohol test.

A reportable accident under Federal Motor Carrier Safety Administration regulations is defined as an accident in which a covered driver was operating a commercial motor vehicle and in which:

A *reportable accident* under Federal Motor Carrier Safety Administration regulations is defined as an accident in which a covered driver was operating a commercial motor vehicle and in which:

TABLE FOR 382.303 (a)(3)

Type of accident involved	Citation issued to the CMV driver	Test must be performed by employer
Human Fatality	YES	YES
	NO	YES
Bodily injury with immediate medical Treatment away from the scene.	YES	YES
	NO	NO
Disabling damage to any motor vehicle Requiring tow away.	YES	YES
	NO	NO

UNDER FMCSA REGULATIONS, employees involved in a reportable accident are required to be:

- Drug tested as soon as possible, but in no case later than 32 hours after the accident.
- Tested for alcohol as soon as possible, but in no case later than 8 hours after the accident.

An agent and/or employee who is seriously injured and cannot provide a specimen for testing may be requested to authorize the release of relevant hospital records and/or other documentation that would indicate whether there were any controlled substances in his/her system at the time of the accident.

DRUG AND ALCOHOL TESTING PROCEDURES (49 CFR Part 382.105)

Drug Testing

Urine specimen collection for drug testing will be performed by qualified individuals in conformance with current standards of practice under 49 CFR Part 40, using chain of custody procedures specified by Federal Motor Carrier Safety Administration (FMCSA) regulations. All testing will be performed with respect for the privacy and dignity of the person giving the specimen.

No unauthorized person(s) will be allowed in any part of the designated collection site(s) where specimens are collected or stored. Only collection site personnel may handle specimens prior to their securement in the mailing container.

Only laboratories certified by the Substance Abuse and Mental Health Administration (SAMHSA) of the U.S. Department of Health and Human Services (DHHS) will perform drug testing.

Breath Alcohol Testing

Breath Alcohol testing will be performed only by qualified Breath Alcohol Technicians (BAT) in conformance with current standards of practice under 49 CFR Part 40, using evidential breath alcohol testing devices listed on the Conforming Products List of the National Highway Traffic Safety Administration (NHTSA). All testing will be performed with respect for the privacy and dignity of the person giving the specimen.

No unauthorized person(s) will be allowed in any part of the designated collection site(s) where specimens are collected.

Initial screenings tests for breath alcohol with results below 0.02 requires no further action.

Breath alcohol tests with results of 0.02 or above will be confirmed as follows:

1. The individual being tested is instructed not to smoke, use mouthwash, drink, or eat for a period of not less than 15 minutes or more than 30 minutes after the initial screening test.
2. Within 30 minutes of completion of the initial screening test, a confirmation breath test is conducted per 49 CFR Part 40. The result is recorded in the "Confirmation Test Results" section of the Alcohol test form.

In instances where a confirmation breath test must take place at another location, the time of transit between sites counts toward the waiting period. The donor must be observed during the waiting period. If the waiting period exceeds 30 minutes during the time of transit a confirmation test must still be conducted under 49 CFR 40.253, not another screening test.

If the result of the confirmatory breath alcohol test is 0.02 or greater, the BAT must immediately notify the employer, who will arrange for transportation of the individual from the alcohol-testing site. The BAT will then forward a copy of the Alcohol Test Form to Compliance Associates, Inc. and a copy will be forwarded to **Fall River Joint Unified School District**

DRUG TEST RESULTS REVIEW (49 CFR Part 382.407)

A confirmed positive test from a certified laboratory does not automatically identify an agent, employee, or applicant as having used drugs in violation of a DOT regulation. The MRO brings detailed knowledge of possible alternate medical explanations to his or her review of the test results. This review is performed by the MRO prior to the transmission of confirmed results to employers and/or employer.

A drug test result on a covered driver will be considered positive **ONLY** if it is initially confirmed positive by gas chromatography-mass spectrometry (GC-MS) that has undergone review and final verification by the Medical Review Officer (MRO).

A **POSITIVE** drug test result is defined as the detection of any one or more of the substances listed in the table shown:

Initial test analyte	Initial test cutoff concentration	Confirmatory test analyte	Confirmatory test cutoff concentration
Marijuana metabolites	50 ng/mL	THCA ¹	15 ng/mL
Cocaine metabolites	150 ng/mL	Benzoyllecgonine	100 ng/mL
Opiate metabolites			
Codeine/Morphine ²	2000 ng/mL	Codeine	2000 ng/mL
		Morphine	2000 ng/mL
6-Acetylmorphine	10 ng/mL	6-Acetylmorphine	10 ng/mL
Phencyclidine	25 ng/mL	Phencyclidine	25 ng/mL
Amphetamines ³			
AMP/MAMP ⁴	500 ng/mL	Amphetamine	250 ng/mL
		Methamphetamine ⁵	250 ng/mL
MDMA ⁶	500 ng/mL	MDMA	250 ng/mL
		MDA ⁷	250 ng/mL
		MDEA ⁸	250 ng/mL

Medical Review Officer Role

The MRO is a licensed physician who is a doctor of medicine or osteopathy with knowledge of controlled substance abuse disorders, symptoms, treatment, and toxicology.

The primary function of the MRO is to review, interpret, and report positive test results of the agent, applicant, or employee. The MRO or his/her authorized representative will also report negative test results.

Before reporting a positive drug result on a covered driver, the MRO will give the "donor" (employee or applicant) a chance to discuss it. If a prescription drug is involved, the donor will be asked to provide the name of the medication and the prescribing physician's name for verification.

The MRO may review the employee, or applicant's medical history, any relevant biomedical factors, and medical records made available by the employee or applicant to determine whether a positive test resulted from legally prescribed medication before verifying a test as "positive" or "negative."

When an initial screening test for drugs is positive, a second, confirmatory test will automatically be performed.

Confirmed positive drug tests will be reported by the testing laboratory to the Medical Review Officer (MRO) for verification and contact with the donor. If the donor is unable to provide a sufficient reason for the positive screening the MRO will "confirm" and report the test results out as positive, first to the donor then secondarily to the designated employer representative.

The MRO may communicate a positive result on a covered donor to the Compliance Associates, Inc. Consortium Program Coordinator if:

The donor has told the MRO or his authorized representative that he/she does not wish to discuss the results of the test; or

The MRO has spoken with the donor, and has concluded that the positive drug test result indicates unauthorized use of a controlled substance; or

The MRO cannot reach the donor, and has asked the employer and/or Compliance Associates, Inc. Program Coordinator to contact the donor and relay the message to contact the MRO; and/or the donor has not responded within 5 days of documented receipt of the message.

NOTE: If a test is verified positive under the latter circumstances, the donor may give the MRO information documenting that serious illness, injury, or other circumstances unavoidably prevented him/her from contacting the MRO. Based on this information, the MRO may re-open the verification, allowing the donor to present information concerning a legitimate explanation for the positive test. If the MRO concludes that there is a legitimate explanation, the MRO shall verify the test as negative.

In compliance with 49 CFR Part 40.153, upon verifying a test as a confirmed positive, the MRO will inform the donor of the option of having the "split aka Sample B" portion of his/her specimen tested. The function of having the split sample analyzed is to verify that the lab analysis on the "A" sample was properly conducted it is not an opportunity for the donor to provide an additional sample for analysis. The donor must notify the MRO of a desire to exercise this option within 72 hours of being notified of the positive result.

Payment for testing of the "split" specimen must be presented to the MRO or his designated representative in advance at which time the MRO will direct the testing laboratory to ship the "split" specimen to a second SAMHSA certified laboratory of the donor's choice.

Independent of 49 CFR Part 382, therefore under this policy, Fall River Joint Unified School District company policy requires that the covered driver will be responsible for full payment for testing of the split specimen.

Communication of Results

The MRO or his/her designated representative will report test results to the Compliance Associates, Inc. Program Coordinator. Confidentiality will be strictly maintained. If the result is positive, the MRO or his authorized representative will report the identity of the controlled substance.

Employees and applicants may obtain copies of their test results by requesting them in writing from the MRO within 30 days of being notified of the results.

FAILURE TO COOPERATE (49 CFR Part 382.211)

Any covered driver who refuses to take a drug or alcohol test to comply with Federal Motor Carrier Safety Administration (FMCSA) (49 CFR Part 382) will be immediately removed from duty performing a safety sensitive function as required by these federal regulations. A refusal under 49 CFR 382 is considered to have the same ramifications as a positive test result.

DISCIPLINARY ACTION AND PROCEDURES (49 CFR 382.111)

Fall River Joint Unified School District has the right and obligation to determine levels of discipline for their employees under this Policy.

The following are the disciplinary actions and procedures that **Fall River Joint Unified School District** has adopted as their company policy:

An otherwise qualified applicant for a covered driver position whose drug test results are negative will be considered qualified for the position offered.

Applicants with verified positive drug test results would be considered ineligible for the position.

A covered driver determined to have evidence of alcohol in his/her system of 0.01 but below 0.04g will be subject to prompt disciplinary action:

1. When an initial screening test for drugs is positive, a second, confirmatory test will automatically be performed. Confirmed positive drug tests will be reported by the testing laboratory to the Medical Review Officer (MRO) for verification and contact with the donor.
2. If the donor is unable to provide a sufficient reason for the positive screening the MRO will "confirm" and report the test results out as positive, first to the donor then secondarily to **Fall River Joint Unified School District's** designated employer representative.

Covered drivers who have had a verified positive drug test or a confirmed alcohol result of 0.04g or above will be immediately removed from their safety sensitive function position and referred to a Substance Abuse Professional for evaluation.

When an initial screening test for drugs is positive, a second, confirmatory test will automatically be performed. Confirmed positive drug tests will be reported by the testing laboratory to the Medical Review Officer (MRO) for verification and contact with the donor. If the donor is unable to provide a sufficient reason for the positive screening the MRO will "confirm" and report the test results out as positive, first to the donor then secondarily to **Fall River Joint Unified School District's** designated employer representative.

RECORDKEEPING PROCEDURES (49 CFR Part 382.401)

Compliance Associates, Inc. will maintain controlled substance and alcohol testing records, which will include but not be limited to employer chain of custody forms, controlled substance and/or alcohol test results, semi-annual reports and annual reports in a secure filing system. Copies will be made available to Carriers/Employers and/or regulatory agencies within 48 hours of request for all consortium participants.

A driver is entitled, upon written request, to obtain copies of any records concerning his/her use of alcohol or controlled substances. Requests for such information shall be directed to the employer.

Information regarding an individual's drug test results or rehabilitation may be released only upon written consent of the individual, except:

Such information must be released to the Secretary of Transportation, DOT, State or Federal agency, or any State or local officials with regulatory authority over the employer or any of its

drivers.

Such information may be disclosed in a lawsuit, grievance, or other proceeding initiated by or on behalf of the covered driver and arising from an alcohol test and/or verified positive drug test or from your employer determination that the driver engaged in conduct prohibited by FMCSA regulations.

When requested by the National Transportation Safety Board as part of an accident investigation, Compliance Associates, Inc. will disclose information regarding post accident alcohol and/or drug testing.

The employer shall release information regarding a covered driver's records to a subsequent employer only upon receipt of a written request specifically authorizing release of the records to an identified person.

Record Retention

Compliance Associates, Inc. along with Fall River Joint Unified School District, will maintain the following schedule of RECORDKEEPING:

Negative and canceled drug test records; records of alcohol test results less than 0.02.	1 year
Records related to the alcohol and controlled substances collection process.	2 years
Records related to the education and training of BAT's, STT's, and supervisors.	Indefinitely
Records related to the education and training of covered drivers shall be maintained by the employer while the individual performs the functions which require the training and for two years after ceasing to perform those functions.	Indefinitely/ 2 years
Records of verified positive drug test results; alcohol test results of 0.02 or greater; refusals to be tested for drugs and/or alcohol; SAP evaluations and referrals.	5 years
Records related to the administration of the alcohol and controlled substances testing program.	5 years
Documentation of EBT calibration.	5 years
Calendar year record of total number of employee's tested and the results of tests.	5 years

GLOSSARY OF TERMS

ADULTERATED SPECIMEN: A specimen that contains a substance that is not expected to be present in human urine, or contains a substance expected to be present but is at a concentration so high that it is not consistent with human urine.

ALCOHOL SCREENING TEST: Analytic procedure to determine whether an employee may have a prohibited concentration of alcohol in a breath or saliva specimen.

ALCOHOL CONCENTRATION (AC): The concentration of alcohol in a person's blood or breath. When expressed as a percentage it means grams of alcohol per 100 milliliters of blood or grams of alcohol per 210 liters of breath.

BAT: Breath Alcohol Technician: A person who instructs and assists employees in the alcohol testing process and operates an evidential breath testing device.

CANCELED TEST: A drug or alcohol test that has problem identified that cannot be or has not been corrected, or which under Part 40 is required to be canceled. A canceled test is neither a positive nor a negative test.

CHAIN of CUSTODY: The procedure used to document the handling of the urine specimen from the time the employee gives the specimen to the collector until the specimen is destroyed.

COMMERCIAL DRIVER'S LICENSE (CDL): A license issued by a State or other jurisdiction, in accordance with the standards contained in 49 CFR Part 383, to an individual which authorizes the individual to operate a class of a commercial motor vehicle.

COMMERCIAL DRIVER'S LICENSE INFORMATION SYSTEM (CDLIS): The CDLIS established by FMCSA pursuant to section 12007 of the Commercial Motor Vehicle Safety Act of 1986.

CONFIRMED DRUG TEST: A confirmation test result received by an MRO 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/TPA's typically perform administrative tasks concerning the operation of the employers' drug and alcohol testing programs. This term includes, but is not limited to, groups of employers who join together to administer, as a single entity, the DOT drug and alcohol testing programs fit its members. C/TPA's are not "employers" for the purposes of Part 40.

CONTROLLED SUBSTANCE: Has the meaning such term has under 21 U.S.C. 802(6) and includes all substances listed on schedules I through V of 21 CFR 1308, (§§1308.11 through 1308.15) as they may be amended by the United States Department of Justice.

DESIGNATED EMPLOYER REPRESENTATIVE (DER): An employee authorized by the employer to take immediate action(s) to remove employees from safety-sensitive 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 Part 40.

DILUTE SPECIMEN: A specimen with creatinine and specific gravity values that are lower than expected for human urine.

EMPLOYER: Any person (including the United States, a State, District of Columbia or a political subdivision of a State) who owns or leases a commercial motor vehicle or assigns employees to operate such a vehicle.

GVWR: Gross Vehicular Weight Rating: Size criterion for determining classification of a commercial motor vehicle under Federal regulations.

INITIAL DRUG TEST: The first test used to differentiate a negative specimen from one that requires further testing for drugs or drug metabolites.

LABORATORY: Any U.S. laboratory certified by Health and Human Services (HHS) under the National Laboratory Certification Program that meets the minimum standards of the HHS Mandatory Guidelines for Federal Workplace Drug Testing Programs; or, in the case of foreign laboratories, a laboratory approved for participation by the Department of Transportation.

MOTOR VEHICLE: A vehicle, machine, tractor, trailer, or semi-trailer propelled or drawn by mechanical power used on highways, except that such term does not include a vehicle, machine, tractor, trailer, semi-trailer operated exclusively on a rail.

MRO: Medical Review Officer: The MRO is a licensed physician who is a doctor of medicine or osteopathy with knowledge of controlled substance abuse disorders, symptoms, treatment, and toxicology. The MRO is responsible for receiving and reviewing laboratory results generated by an employer's drug testing program and evaluating medical explanation for certain drug test results.

ODAPC: Office of Drug and Alcohol Policy and Compliance: The office in the Office of the Secretary, DOT, that is responsible for coordinating drug and alcohol testing program matters within the Department and providing information concerning the implementation of this part.

ON DUTY: Any time a covered driver is considered to be performing a safety sensitive function during any period in which he/she is actually performing, ready to perform, or immediately available to perform any safety sensitive functions.

PRIMARY SPECIMEN: In drug testing, the urine specimen bottle that is opened and tested by a first laboratory to determine whether the employee has a drug or drug metabolite in his or her system; and for the purpose of validity testing.

RANDOM TESTING: Computerized random selection and testing for drugs and alcohol in which each person in the computer database has an equal chance of selection each time a selection occurs, in accordance with regulatory requirements.

REASONABLE SUSPICION: "*Reasonable suspicion*" means that an individual that has been trained in reasonable suspicion recognition has reason to believe that an employee may be impaired, intoxicated or under the influence of a controlled substance or alcohol.

REFUSAL TO SUBMIT: No driver shall refuse to submit to a post-accident alcohol or controlled substances test, a random alcohol or controlled substances test, a reasonable suspicion alcohol or controlled substances test, or a follow-up alcohol or controlled substances test. No employer shall permit a driver who refuses to submit to such tests to perform or continue to perform safety-sensitive functions.

SAFETY SENSITIVE FUNCTION: All time from the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work.

SAMHSA: Substance Abuse and Mental Health Services Administration: A division of the U.S. Department of Health and Human Services (DHHS) which is responsible that is responsible for certifying laboratories to perform medical federal workplace drug testing.

SCHOOL BUS: A commercial vehicle used to transport pre-primary, primary, or secondary school students from home to school, from school to home, or to and from school-sponsored events. School bus does not include a bus used as a common carrier.

SERVICE AGENT: Any person or entity, other than an employee of the employer, who provides services to employers and/or employees in connection with DOT drug and alcohol testing requirements. This includes, but is not limited to, collectors, BATs and STTs, laboratories, MROs, Substance Abuse Professionals, and C/TPAs.

SPLIT SPECIMEN COLLECTION: In drug testing, a part of the urine specimen that is sent to a first laboratory and retained unopened, and which is transported to a second laboratory in the event that the employee requests that it be tested following a verified positive test of the primary specimen or a verified adulterated or substituted test result.

SUBSTANCE ABUSE PROFESSIONAL: A person who evaluates employees who have violated a DOT drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up testing and aftercare.

SUBSTITUTED SPECIMEN: A specimen with creatinine and specific gravity values that are so diminished that they are not consistent with human urine.

TANK VEHICLE: Any commercial motor vehicle that is designed to transport any liquid or gaseous materials within a tank that is either permanently or temporarily attached to the vehicle or the chassis.

QUALIFICATION TRAINING: The training required in order for a collector, BAT, MRO, SAP, or STT to be qualified to perform their functions in the DOT drug and alcohol-testing program. Qualification training may be provided by any appropriate means (e.g., classroom instruction, internet application, CD-ROM, video).

VERIFIED TEST: A drug test result or validity testing result from a HHS-certified laboratory that has undergone review and final determination by the MRO.

High at Work



Drug abuse and alcohol misuse affects a person's judgment, performance and safety levels. Whether you realize it or not, each coworker of a drug abuser must deal with the unreliability, errors and potentially unsafe workplace created by the addict.

No one takes a drink of alcohol or uses drugs with the intention of becoming addicted, in fact, most people believe they will be the ones who can "handle it" or they may not believe the drug they are using is actually addictive.

Dependency on a drugs and alcohol can begin slowly however with some drugs the dependency can begin from the very first time the user uses it. Doctors report treating patients who went from first time experiments with drugs to a disabling addiction in one year. Alcoholism can progress much slower and may take years before the addiction actually interferes with a person's every day work and personal life.

No matter what the substance used if someone is using, they are risking their health, their life, their career, their company's future and their family for the sake of getting "high."

To overcome drug and/or alcohol dependency, a person must recognize first that they have a substance abuse or alcohol misuse problem, which means overcoming denial, and reach out for help. Denial is a difficult obstacle to overcome when trying to help or reach a drug abuser. Many substance abusers believe that their substance abuse actually enhances their ability to stay on top of both their workload and life responsibilities.

What's Your Addiction Potential?

Attitude towards use: You'll become more easily addicted if you've used drugs recreationally and think it's okay.

Friends. Your friends may influence you to drink by directly urging you to or by drinking when you're around them.

Problems with others. You may be more likely to drink when you are having problems in your family or with friends.

Use of other substances. You are more likely to abuse alcohol if you abuse other things, such as tobacco, illegal drugs, or prescription medicines.

Access: If you have ready access to a source of drugs and alcohol, you're a prime candidate for addiction.

Early use. The younger you were when you first started drinking alcohol, the higher your risk is for developing alcohol problems later as an adult.

Method: If you choose the fastest way for your drug of choice to "hit" you, you're on your way to addiction.

Environment. If you live in an area where alcohol is easy to get, people drink a lot, or heavy drinking is accepted as part of life, you are more likely to drink.

Not having purpose or satisfaction in your life. If you have no activities that give you a sense of purpose, you may be more likely to drink. A satisfying job or schoolwork or volunteer activities can give your life purpose and meaning.

Mental Issues: If you're undergoing stress or emotional pain, like loneliness or anxiety, you're more open to addiction. Early-life traumas, like child abuse, have a similar effect.

Mental health. If you have mental health problems, such as depression, bipolar disorder, anxiety disorders, or schizophrenia, you are more likely to use alcohol. It's common to use alcohol to ease the pain of these conditions.

Physiological Sensitivity: Addiction does run in families. About 80% of drug abusers have alcoholism in their families. This may be because of an inherited tendency, or because of learned behaviors.

Genes. People with alcohol problems often have a family history of alcohol abuse and dependence.

Gender. A man is 3 times more likely to develop problems with alcohol than a woman.

Effects of Alcohol Use

Alcohol is a socially acceptable drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings. However, when consumed primarily for its physical and mood altering effects, it is a substance of abuse.

As a depressant, it slows down physical responses and progressively impairs mental functions.

Health Effects

The chronic consumption of alcohol (3+ servings per day) over time may result in the following health hazards:

Decreased sexual function

Dependency (10% of all people who drink can be termed alcoholic)

Fatal liver diseases

Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast and malignant melanoma.

Kidney disease

Pancreatitis

Spontaneous abortion and neonatal mortality

Ulcers

Birth defects (up to 54% of all birth defects are alcohol related)

Social Issues

People who drink prior to the crime commit 2/3 of all homicides. There is 2%-3% of the driving population that is legally drunk at any one time. There are two-thirds of all Americans that will be involved in an alcohol related vehicle accident during their lifetimes.

The rate of separation and divorce in families with alcohol dependency problems is seven times the average and forty percent of family court cases are alcohol problem related. Alcoholics are 15 times more likely to commit suicide than are other segments of the population. More than 60% of burns, 40% of falls, 69% of boating accidents, and 76% of private aircraft accidents are alcohol related.

Workplace Issues

It takes one hour (0.02gm%/hr) for the average person to process one serving of an alcoholic beverage from the body. Impairment in coordination and judgment can be objectively measured with as little as two drinks. A person who is legally intoxicated is six times more likely to have an accident than a sober person.

Signs of Alcohol Abuse

BEER, WINE, WHISKEY, VODKA, GIN, SCOTCH

- Odor on the breath
- Intoxication.
- Difficulty focusing: glazed appearance of the eyes.
- Uncharacteristically passive behavior; or combative and argumentative behavior.
- Gradual (or sudden in adolescents) deterioration in personal appearance and hygiene.
- Gradual development of dysfunction, especially in job performance or school work.
- Absenteeism (particularly on Monday).
- Unexplained bruises and accidents.
- Irritability.
- Flushed skin.
- Loss of memory (blackouts).
- Availability and consumption of alcohol becomes the focus of social or professional activities.
- Changes in peer-group associations and friendships.
- Impaired interpersonal relationships (troubled marriage, unexplainable termination of deep relationships, alienation from close family members).

Effects of Drug Use

Marijuana (Depressant) – Street Names: Mary Jane, Pot, and Joint
Detection time: 30-45 days

Marijuana is one of the most misunderstood and underestimated drugs of abuse. It is used for the mildly tranquilizing, mood /perception altering effects it produces. Marijuana does not depress the central nervous system reactions. Its action is almost exclusively on the brain, altering the proper interpretation of incoming messages.

The active chemical, (tetra-hydro-cannabinol/ THC), is stored in body fat and slowly releases over time. When smoked THC and 60 other related chemicals are released and can concentrate in the reproductive glands of both males and females, which can lead to temporary sterility.

Females who are chronic users while pregnant have a higher than normal incidence of stillborn births, early termination of pregnancy, under-weight newborn babies, and higher infant mortality rates during the first few days of life.

Marijuana can cause the heart to race and be overworked. Individuals with undiagnosed heart conditions are at risk as Marijuana is often contaminated with funguses, which can cause serious respiratory and sinus infections. Smoking also lowers the body's immune system response, making users more susceptible to infection.

Drug::	Marijuana
Classification::	Cannabis
CSA Schedule:	Schedule I
Trade or Other Names:	Pot; Acapulco Gold; Grass; Reefer; Sinsemilla; Thai sticks
Medical Uses:	None
Physical Dependence:	Unknown
Psychological Dependence:	Moderate
Tolerance:	Yes
Duration (hours):	2-4
Usual Method:	Smoked; Oral
Possible Effects:	Euphoria; Relaxed inhibitions; Increased appetite; Disorientation
Effects of Overdose:	Fatigue; Paranoia; Possible psychosis
Withdrawal Syndrome:	Occasional reports of insomnia; Hyperactivity; Decreased appetite

Drug::	Tetrahydrocannabinol
Classification::	Cannabis
CSA Schedule:	Schedule I, II
Trade or Other Names:	THC; Marinol
Medical Uses:	Anti-nauseant
Physical Dependence:	Unknown
Psychological Dependence:	Moderate
Tolerance:	Yes
Duration (hours):	2-4
Usual Method:	Smoked; Oral
Possible Effects:	Euphoria; Relaxed inhibitions; Increased appetite; Disorientation
Effects of Overdose:	Fatigue; Paranoia; Possible psychosis
Withdrawal Syndrome:	Occasional reports of insomnia; Hyperactivity; Decreased appetite

Drug::	Hashish & Hashish Oil
Classification::	Cannabis
CSA Schedule:	Schedule I
Trade or Other Names:	Hash; Hash oil
Medical Uses:	None
Physical Dependence:	Unknown
Psychological Dependence:	Moderate
Tolerance:	Yes
Duration (hours):	2-4
Usual Method:	Smoked; Oral
Possible Effects:	Euphoria; Relaxed inhibitions; Increased appetite; Disorientation
Effects of Overdose:	Fatigue; Paranoia; Possible psychosis
Withdrawal Syndrome:	Occasional reports of insomnia; Hyperactivity; Decreased appetite

Cocaine (Stimulant) – Street Names: Coke, Rock, Crack, Snow, Blow, and Toot
Detection Time: 2-4 days

Cocaine is used medically as a local anesthetic. It is abused as a powerful physical and mental stimulant. The brain experiences exhilaration caused by a large release of neuro-hormones associated with mood elevation.

Research suggests that regular cocaine use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing irreparable damage to critical nerve cells. The onset of nervous system illnesses such as Parkinson's disease can also occur.

The source of cocaine is the coca bush, grown almost exclusively in the mountainous regions of northern South America. Cocaine in a powder form can take 1-4 minutes before its effects are felt. However, "Crack" or crystal cocaine's effect is felt within 7 seconds, which attributes to its rapid addictiveness.

Strong psychological dependency can occur with one "hit" of crack. Normally, mental dependency occurs within days with crack and within several months with snorting cocaine. Cocaine causes the strongest mental dependency of any known drug. Treatment success rates are lower than for other chemical dependencies.

Cocaine can be extremely dangerous when taken with depressant drugs. Death due to overdose is rapid and the fatal effects of an overdose are usually not reversible by medical intervention.

Work performance for those who use cocaine is characterized by forgetfulness, absenteeism, tardiness and missed assignments. There are often financial problems associated with cocaine use due to the high cost of cocaine, which frequently leads to workplace theft and/or dealing.

Drug::	Cocaine
Classification::	Stimulant
CSA Schedule:	Schedule II
Trade or Other Names:	Coke; Flake; Snow; Crack (Cocaine is designated a narcotic under the CSA)
Medical Uses:	Local anesthetic
Physical Dependence:	Possible
Psychological Dependence:	High
Tolerance:	Yes
Duration (hours):	1-2
Usual Method:	Sniffed; Smoked; Injected
Possible Effects:	Increased alertness; Excitation; Euphoria; Increased pulse rate & blood pressure; Insomnia; Loss of appetite
Effects of Overdose:	Agitation; Increased body temperature; Hallucinations; Convulsions; Possible death
Withdrawal Syndrome:	Apathy; Long periods of sleep; Irritability; Depression; Disorientation

Opiates (Depressant) – Street Names: Schoolboy, "M", Morph, Horse, Smack, "H", Detection Time: 2-3 days
Speedball (w/cocaine), Juice, Dillies, Percs,
Demmys, Dollies, Meth, T's, Pain Killer

Opiates are narcotic drugs that alleviate pain, depress body functions and reactions and, when taken in large doses, cause a strong euphoric feeling. Narcotics increase pain tolerance. As a result, people could more severely injure themselves or fail to seek medical attention after an accident due to the lack of pain sensitivity. Opiates also have a high potential for abuse, as they are powerfully addictive.

Narcotics' effects are multiplied when used in combination with other depressant drugs and alcohol, causing increased risk for an overdose. There are over 500,000 heroin addicts in the U.S., most of who are intravenous needle users.

An even greater number of medicinal narcotic dependent persons obtain their narcotics through prescriptions. Because of tolerance, there is a continual increasing need for more narcotics to produce the same effect. Strong mental and physical dependency occurs. The combination of tolerance and dependency creates an increasing financial burden for the user. Costs for heroin can reach hundreds of dollars per day.

Drug::	Heroin
Classification::	Narcotic
CSA Schedule:	Schedule I
Trade or Other Names:	Diacetylmorphine; Horse; Smack
Medical Uses:	None in United States; Analgesic; Antitussive
Physical Dependence:	High
Psychological Dependence:	High
Tolerance:	Yes
Duration (hours):	3-6
Usual Method:	Injected; Sniffed; Smoked

Amphetamine/Methamphetamine (Stimulant) – Street Names: Ice, Speed, Crank, Upper, Snot, Glue, Coke, Rock, Crack, Snow, Blow, Toot
Detection Time: 2-3 days

Amphetamines are central nervous system stimulants that speed up the mind and body. The physical sense of energy at lower doses and the mental exhilaration of high doses are the reasons for their abuse.

Although widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. Most amphetamines that are abused are illegally manufactured in foreign countries and smuggled into the U.S. or clandestinely manufactured in crude laboratories.

Methamphetamine is nearly identical in action to amphetamine. Regular use of Methamphetamine produces strong psychological dependence and increasing tolerance to the drug. High doses may cause toxic psychosis resembling schizophrenia. Intoxication may induce a heart attack or stroke due to spiking blood pressure. Chronic use may cause heart and brain damage due to severe constriction of the capillary blood vessels.

The euphoric stimulation increases impulsive and risk taking behavior, including bizarre and violent acts. Withdrawal from the drug may result in severe physical and mental depression.

Drug::	Amphetamine/Methamphetamine
Classification::	Stimulant
CSA Schedule:	Schedule II
Trade or Other Names:	Biphentamine; Desoxyn; Dexedrine; Obetrol; Ice
Medical Uses:	Attention deficit disorder; Narcolepsy; Weight control
Physical Dependence:	Possible
Psychological Dependence:	High
Tolerance:	Yes
Duration (hours):	2-4
Usual Method:	Oral; Injected; Smoked
Possible Effects:	Increased alertness; Excitation; Euphoria; Increased pulse rate & blood pressure; Insomnia; Loss of appetite
Effects of Overdose:	Agitation; Increased body temperature; Hallucinations; Convulsions; Possible death
Withdrawal Syndrome:	Apathy; Long periods of sleep; Irritability; Depression; Disorientation

Phencyclidine-PCP (Stimulant, Depressant, and Hallucinogen) – Street Names: Angel Dust
Detection Time: 14-30 days

Phencyclidine was originally developed as an anesthetic, however its adverse side effects prevented its use except as a large animal tranquilizer. Phencyclidine is abused primarily for its variety of mood altering effects. A low dose produces sedation and euphoric mood changes. The mood can change rapidly from sedation to excitation and agitation. Larger doses may produce a come-like condition with muscle rigidity and a blank stare, with the eyelid half closed. Sudden noises or physical shocks may cause a "freak out" in which the person has abnormal strengths, extremely violent behavior, and an inability to speak or comprehend communication.

The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body. Other depressant drugs, including alcohol, increase the likelihood of an overdose reaction with phencyclidine.

Mis-diagnosing the hallucinations as LSD induced, and then treating with Thorazine, can cause a fatal reaction. Use can cause irreversible memory loss, personality changes, and thought disorders.

There are four phases to Phencyclidine abuse, acute toxicity, toxic psychosis, drug induced schizophrenia and Phencyclidine induced depression.

The acute toxicity phase can last up to three days and can cause combativeness, catatonia, convulsions and coma. Distortions in time, size, shape, distance and perception are also common. The toxic psychosis phase can cause visual and auditory delusions, paranoia and agitation. The drug induced schizophrenia may last a month or longer. The Phencyclidine induced depression can cause suicidal tendencies, mental dysfunction and maladies that can last for months.

Phencyclidine abuse is less common today than in recent years. It is also not generally used in a workplace setting because of the severe disorientation that occurs.

Drug::	Phencyclidine & Analogs
Classification::	Hallucinogen
CSA Schedule:	Schedule I, II
Trade or Other Names:	PCE; PCP, TCP; PCP; Hog; Loveboat; Angel Dust
Medical Uses:	None
Physical Dependence:	Unknown
Psychological Dependence:	High
Tolerance:	Yes
Duration (hours):	Days
Usual Method:	Oral; Smoked
Possible Effects:	Illusions and hallucinations; Altered perception of time and distance
Effects of Overdose:	Longer; more intense "trip" episodes; Psychosis; Possible death

Certificate of Receipt



In support of a drug-free workplace, and in order for Fall River Joint Unified School District to comply with federal regulations, the attached Drug and Alcohol Testing Policy will be put into effect on January 1, 2014.

I certify that I have received, read and understand the information and training I have been given concerning the effects of substance abuse on my health, work and personal life, and the Drug and Alcohol Testing Policy with the effective revision date of January 1, 2014.

I understand that it is my responsibility to ask questions about anything I do not understand within this Policy. My questions should be directed to my consortium manager at Compliance Associates, Inc. at (530) 241-2099.

I also certify that I have thoroughly read, understand and agree with the terms set forth in the Drug and Alcohol Testing Policy for Fall River Joint Unified School District.

Employee Name (print)

Social Security No.

Employee Signature

Date

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