

## Drug- and Alcohol-Free Workplace

The District recognizes that substance abuse in our nation and our community exacts staggering costs in both human and economic terms. Substance abuse can be reasonably expected to produce impaired job performance, lost productivity, absenteeism, accidents, wasted materials, lowered morale, rising health care costs, and diminished interpersonal relationship skills.

### 1. Policy

#### a. The District is committed to

- 1) Maintaining a safe and healthy workplace for all employees;
- 2) Assisting employees who recognize they have a problem with drugs or alcohol in receiving appropriate treatment;
- 3) Periodically providing employees with information about the dangers of workplace drug abuse; and
- 4) When appropriate, taking disciplinary action for failure to comply with this policy.

#### b. The District strictly prohibits the following behavior:

- 1) The use, sale, attempted sale, manufacture, attempted manufacture, purchase, possession or cultivation, distribution and/or dispensing of illegal drugs by an employee at any time and in any amount. This prohibition includes the use or possession of prescription medicines for which the individual does not have a valid prescription and the inappropriate use of prescribed medicines for which the employee has a valid prescription. The prohibition also includes using over-the-counter medications or consumer products not meant for human consumption contrary to instructions provided by the manufacturer. In addition, the District prohibits employees from possessing open containers of alcoholic beverages while on the District's premises and/or while on duty and from working with a blood alcohol level of .02 or more at any time.
- 2) Bringing alcohol, illegal drugs, and other substances which may impair the safety or welfare of employees or the public may not be brought onto the premises controlled by the District or placed in vehicles or equipment operated on behalf of the District. Law enforcement personnel performing job-related functions which require possession and or transportation of such substances are exempt from this section.
- 3) Driving an organizational vehicle while on or off duty with a blood alcohol level of .02 or more or under the influence of an illegal drug, regardless of the amount.

**VEHICLE OPERATORS DRUG AND ALCOHOL POLICY  
EMPLOYEE ACKNOWLEDGEMENT FORM**

**EMPLOYEE CERTIFICATION:**

I hereby certify that the Lincoln County School District has provided me with a copy of its Drug and Alcohol policy for compliance with the Department of Transportation (DOT) Drug and Alcohol Regulations, that I have read and understand the policy, and that I agree to abide by the terms and conditions of the policy. I also understand that nothing in this policy is intended to create a contract, and I agree that no such contract is created by this policy.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

**VEHICLE OPERATORS DRUG AND ALCOHOL POLICY  
DRUG / ALCOHOL TEST INFORMED CONSENT**

I, \_\_\_\_\_, pursuant to a request by my department director  
(Printed Name)

and, as a condition of employment with the **Lincoln County School District**, hereby give my consent to this request to perform a comprehensive test to determine the absence or presence of **alcohol and/or drugs (employer: circle one or both)** pursuant to **LCSD** policy on drug and alcohol in compliance with Department of Transportation (DOT) and Federal Motor Carrier Safety Administration (FMCSA) regulations.

I give my consent to release the results of the test(s) and other related medical information to individuals within **LCSD** who have a need to know of the drug and alcohol testing results and to the use of all such reports or other medical information by **LCSD** in its assessment of my employment application and/or employment status.

**I understand that:**

The department director and/or a medical review officer may request proof that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name. If requested, I must provide such proof within 72 hours.

The **LCSD** will pay the cost of all required drug and/or alcohol tests.

I will be notified of a positive test result in writing. The letter of notification will identify the particular substance found and its concentration level.

I have the right to request a retest of the initial specimen at a licensed laboratory of my choice, at my own expense, if I have a positive test for drugs or alcohol. The results of the retest shall be provided to me by the department director.

A positive test for illegal drugs or alcohol, or my refusal to authorize the test(s) by signing this form, or take the specified test(s), or produce a specimen may result in the following action:

**Applicants** - Rejection of my employment application for safety-sensitive positions.

**Employees** - Referral to an Employee Assistance Program and/or disciplinary action, up to and including termination.

**Check One:**

- I consent to a drug and/or alcohol test
- I do not consent to a drug and/or alcohol test

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**EMPLOYER: If applicable, attach documentation for reasonable suspicion drug/alcohol testing.**

## U.S. Department of Transportation (DOT) Alcohol Testing Form

*(The instructions for completing this form are on page 2 of this form)*

**STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN**

**A: Employee Name:** \_\_\_\_\_  
(Print) (First, M.I., Last)

**B: SSN or Employee ID No.** \_\_\_\_\_

**C: Employer Name** \_\_\_\_\_  
 Street \_\_\_\_\_  
 City, ST ZIP \_\_\_\_\_

**DER Name and Telephone No.** \_\_\_\_\_  
DER Name ( ) DER Phone Number

**D: Reason for Test:**  Random  Reasonable Susp  Post-Accident  Return to Duty  Follow-up  Pre-employment

*Affix  
Or  
Print  
Screening Results  
Here*

*Affix  
With  
Tamper Evident  
Tape*

**STEP 2: TO BE COMPLETED BY EMPLOYEE**

I certify that I am about to submit to alcohol testing required by U.S. Department of Transportation regulations and that the identifying information provided on the form is true and correct.

\_\_\_\_\_  
 Signature of Employee Date:    /    /     
 Month Day Year

*Affix  
Or  
Print  
Screening Results  
Here*

**STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN**

If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete his/her own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the U.S. Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

**TECHNICIAN:**  BAT  STT      **DEVICE:**  SALIVA  BREATH\*    **15-Minute Wait:**  Yes  No

**SCREENING TEST:** *(For BREATH DEVICE\* write in the space below only if the testing device is not designed to print.)*

Test #	Testing Device Name	Device Serial # <u>OR</u> Lot # & Exp. Date	Activation Time	Reading Time	Result
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**CONFIRMATION TEST:** Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Alcohol Technician's Company	Company Street Address
(PRINT) Alcohol Technician's Name (First, M.I., Last)	Company City, State, Zip <span style="float: right;">( )</span>
Signature of Alcohol Technician	Date: <u>  </u> / <u>  </u> / <u>  </u> Month Day Year

*Affix  
With  
Tamper Evident  
Tape*

*Affix  
Or  
Print  
Screening Results  
Here*

**STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER**

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

\_\_\_\_\_  
 Signature of Employee Date:    /    /     
 Month Day Year

*Affix  
With  
Tamper Evident  
Tape*

**COPY 1 – ORIGINAL – FORWARD TO THE EMPLOYER**  
**COPY 2 – EMPLOYEE RETAINS**  
**COPY 3 – ALCOHOL TECHNICIAN RETAINS**

OMB No. 2105-0529

## Instructions for Completing the U.S. Department of Transportation (DOT) Alcohol Testing Form

**NOTE:** Use a ballpoint pen, press hard, and check all copies for legibility.

**STEP 1** The Breath Alcohol Technician (BAT) or Screening Test Technician (STT) completes the information required in this step. Be sure to print the employee's name and check the box identifying the reason for the test.

**NOTE:** If the employee refuses to provide SSN or I.D. number, be sure to indicate this in the remarks section in STEP 3. Proceed with STEP 2.

**STEP 2** Instruct the employee to read, sign, and date the employee certification statement in STEP 2.

**NOTE:** If the employee refuses to sign the certification statement, do not proceed with the alcohol test. Contact the designated employer representative (DER).

**STEP 3** The BAT or STT completes the information required in this step and checks the type of device (saliva or breath) being used. After conducting the alcohol screening test, do the following (as appropriate):

Enter the information for the screening test (test number, testing device name, testing device serial number, or lot number and expiration date, time of test with any device-dependent activation times, and the results) on the front of the Alcohol Testing Form (ATF). For a breath testing device capable of printing, the information may be part of the printed record.

**NOTE:** Be sure to enter the result of the test exactly as it is indicated on the breath testing device, e.g., 0.00, 0.02, 0.04, etc.

Affix the printed information to the front of the form in the space provided, or to the back of the form, in a tamper-evident manner (e.g., tape), or the device may print the results directly on the ATF. If the results of the screening test are less than 0.02, print, sign your name, and enter today's date in the space provided. The test process is complete.

If the results of the screening test are 0.02 or greater, a confirmation test must be administered in accordance with DOT regulations. An EVIDENTIAL BREATH TESTING device that is capable of printing confirmation test information must be used in conducting this test.

Ensure that a waiting period of at least 15 minutes occurs before the confirmation test begins. Check the box indicating that the waiting period lasted at least 15 minutes.

After conducting the alcohol confirmation test, affix the printed information to the front of the form in the space provided, or to the back of the form in a tamper-evident manner (e.g., tape), or the device may print the results directly on the ATF. Print, sign your name, and enter the date in the space provided. Go to STEP 4.

**STEP 4** If the employee has a breath alcohol confirmation test result of 0.02 or higher, instruct the employee to read, sign, and date the employee certification statement in STEP 4.

**NOTE:** If the employee refuses to sign the certification statement in STEP 4, be sure to indicate this in the remarks line in STEP 3.

Immediately notify the DER if the employee has a breath alcohol confirmation test result of 0.02 or higher.

Forward Copy 1 to the employer. Give Copy 2 to the employee. Retain Copy 3 for BAT/STT records.

### PAPERWORK REDUCTION ACT NOTICE (as required by 5 CFR 1320.21)

Public reporting burden for this collection of information is estimated for each respondent to average: 1 minute/employee, 4 minutes/Breath Alcohol Technician. Individuals may send comments regarding these burden estimates, or any other aspect of this collection of information, including suggestions for reducing the burden, to U.S. Department of Transportation, Drug and Alcohol Policy and Compliance, Room 10403, 400 Seventh St., SW, Washington, D.C. 20590. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with the collection is 2105-0529.

**VEHICLE OPERATORS DRUG AND ALCOHOL POLICY  
SUGGESTED STEPS FOR REASONABLE SUSPICION  
DRUG / ALCOHOL TESTING**

- \_\_\_\_\_ 1. Keep the situation confidential.
- \_\_\_\_\_ 2. Carefully review employer's policy on drug and alcohol testing to include all applicable forms.
- \_\_\_\_\_ 3. If practical, without endangering the safety of the employee and others or unduly delaying your response, consult with your human resources specialist or legal counsel about the actions you will be taking.
- \_\_\_\_\_ 4. Have a second supervisor present whenever possible throughout the process.
- \_\_\_\_\_ 5. Union representation? Check any requirements of the contract.
- \_\_\_\_\_ 6. Complete the employer's documentation for Reasonable Suspicion Drug/Alcohol Testing.
- \_\_\_\_\_ 7. Meet with the employee to inform him/her of your observations and request them to take a drug and/or alcohol test.
- \_\_\_\_\_ 8. Request that the employee complete the Drug/Alcohol Test Informed Consent form.
- \_\_\_\_\_ 9. Provide the employee transportation to the testing site and provide transportation after the test or, if the employee refuses to be tested, to his/her home.
- \_\_\_\_\_ 10. If the employee refuses to be tested, inform him/her that s/he may be disciplined, up to and including termination.
- \_\_\_\_\_ 11. If the test is positive, inform the employee in writing.
- \_\_\_\_\_ 12. If the test is positive, determine what disciplinary action to take.
- \_\_\_\_\_ 13. If the test is positive and the employee was not terminated, refer him/her for evaluation by a substance abuse counselor and rehabilitation, as appropriate.

Note: Time is of the essence. If you have reasonable suspicion, proceed immediately by completing the Documentation For Reasonable Suspicion Drug/Alcohol Testing Form and proceed with the testing process.

**VEHICLE OPERATORS DRUG AND ALCOHOL POLICY  
DOCUMENTATION FOR REASONABLE SUSPICION  
DRUG / ALCOHOL TESTING**

*This form is to be used to document the reasons for requesting that an employee be asked to submit to a medical evaluation, or drug or alcohol screen test pursuant to Federal Department of Transportation (DOT) and Federal Motor Carrier Safety Administration (FMCSA) regulations. All questions that apply should be answered. Additional pages, if necessary, should be attached with any other relevant documents.*

**Employee Name:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_

**Time Started to Work:** \_\_\_\_\_ **Time Relieved of Duty:** \_\_\_\_\_

**Location Last Worked:** \_\_\_\_\_

**1. Is employee in a position that performs safety-sensitive functions?**      Yes  No

**2. Was there an incident?**      Yes  No

a. If yes, describe the event (include date and time, employee's actions, and extent of any injury to any person(s) or property).

b. If no, describe observation which led to consideration of reasonable suspicion testing.

**3. Attendance (There must be other indicators of a violation in addition to attendance.)**

a. Number of days missed before or after regularly scheduled days off in the last two months:

\_\_\_\_\_

b. Total absences in the last two months: \_\_\_\_\_

c. Times tardy in the last two months: \_\_\_\_\_

d. Times employee left early in last two months: \_\_\_\_\_

**4. Performance Level**

Has there been a recent change in the employee's level of performance?

Yes      No

If yes, describe:

**5. Other Witnesses:**

\_\_\_\_\_

*Name (Please Print)*

\_\_\_\_\_

*Name (Please Print)*

**6. Observation of Employee:**                      **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

*Reasonable Suspicion must be based on directly observing specific contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the driver. In addition, the observations for drug use may include indications of the chronic and the withdrawal effects of controlled substances.*

*(Check all that apply)*

- a. **WALKING:**       Falling                       Holding On                       Staggering  
                           Stumbling                       Swaying                       Unsteady  
                           Unable to Walk
- b. **STANDING:**     Rigid                       Staggering                       Sagging at Knees  
                           Swaying                       Unable to Stand                       Feet Wide Apart
- c. **SPEECH:**         Mute                       Incoherent                       Rambling  
                           Shouting                       Silent                       Slobbering  
                           Slow                       Slurred                       Whispering
- d. **DEMEANOR:**     Calm                       Cooperative                       Crying  
                           Sleepy                       Confrontational                       Fighting  
                           Polite                       Sarcastic                       Silent  
                           Talkative                       Excited
- e. **ACTIONS:**         Calm                       Drowsy                       Erratic  
                           Hostile                       Fighting                       Polite  
                           Irritable                       Profane                       Resisting  
                           Communications                       Threatening                       Hyperactive
- f. **EYES:**             Bloodshot                       Closed                       Dilated  
                           Droopy                       Glassy                       Watery
- g. **FACE:**             Flushed                       Pale                       Sweaty
- h. **APPEARANCE/ CLOTHING:**  
                           Unruly                       Having Odor                       Dirty  
                           Messy                       Neat                       Partially Dressed  
                           Bodily Excrement Stains on Clothing
- i. **BREATH:**         Alcohol Odor                       Faint Alcohol Odor                       No Alcohol Odor  
                           Marijuana Odor                       Faint Marijuana Odor                       No Marijuana Odor
- j. **MOVEMENTS:**     Fumbling                       Hyperactive                       Jerky  
                           Nervous                       Normal                       Slow
- k. **EATING/ CHEWING:**  
                           Candy                       Gum                       Mints  
                           Nothing

OTHER: \_\_\_\_\_

Supervisor Name (please print): \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved for alcohol testing: [ ] Yes [ ] No

Approved for drug testing: [ ] Yes [ ] No