

# **Sheet Metal Alliance**

## DRUG-FREE WORKPLACE



**Sheet Metal Industry  
labor and management program to address the  
problems caused by drug  
and alcohol abuse in the workplace**

**Sponsored By  
Sheet Metal Workers International Association Local No. 265  
Labor Management Cooperative Committee**

**Adopted January 1, 2012**

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# DRUG-FREE WORKPLACE

**Enclosed is a copy of the Drug-Free Workplace program book.**

**This book has been developed to inform all covered persons of the terms and conditions under which the Drug-Free Workplace Program will be administered. Please familiarize yourself with this program and adhere to it in your business and work. It is an important component in our effort to provide safe, productive and quality craftsmanship to our customers.**

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## **To All Signatory Employers, Contractor Employees and Union Members:**

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.

The Sheet Metal Workers International Association Local No. 265 Labor Management Cooperative Committee (hereinafter referred to as “the Alliance”) agreed to take action to address this problem.

This program applies to employees of all employers who are signatory to the Agreement between the SMACNA Northeastern, IL and the Sheet Metal Workers’ International Association No. 265 and any other collective bargaining agreement that specifically provides for both coverage under this program and contributions at the same level to the Collective Bargaining Agreement (the “Agreement”). This may also include all maintenance, sales, clerical, management, owners as well as applicants for any such position. The program calls for substance abuse testing in three circumstances:

Comment [GJ1]:

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 confidential as possible, every signatory employer is asked to select two Designated Representatives to handle all confidential matters involving this program. Only these Designated Representatives will be informed about any matters concerning testing.

The systematic computer selection testing process works this way. ScreenSafe, Inc., the program Administrator that has been selected to administer the program, faxes a list of employees that have been selected on a random basis to the Designated Representative. The Designated Representative is asked to inform these people that they must report for testing by the end of the next business day.

To prove a test was taken, at the time of testing, the collection site gives the person a chain of custody form to bring back to the Designated Representative at the workplace. The individual is not contacted if the test results are negative.

If the test is positive, the Medical Review Officer (MRO) will contact the participant to determine a reason for the test positive. If the final result is positive, the MRO will instruct the participant to contact ScreenSafe, Inc. The MRO will also contact ScreenSafe, Inc. and let the Administrator know the results. ScreenSafe, Inc. will give the participant the phone number for the Member/Employee Assistance Program (MAP/EAP) so that an evaluation can be scheduled. ScreenSafe, Inc. also calls the Designated Representative to inform him/her that the participant is unavailable. The participant is removed from work until the evaluation by MAP/EAP is

completed. Once given notice of “Return to Work” release, ScreenSafe, Inc. will let the participant as well as the Designated Representative know of the permission to return to work.

The Program is designed so that those who test positive for substance abuse will get the help they need.

The Program book has been sent to all participants registered with the program. If more copies are needed, they can be obtained through ScreenSafe, Inc., SMACNA Northeastern, IL, or Local 265.

We hope this packet of information will help you understand the workings of the Program and its policy procedures. Please read the contents of this packet thoroughly to ensure that you understand the program completely. If you have any questions, please contact the Administrator of ScreenSafe Inc. toll free at (877)727-3369.

## The Program

### INTRODUCTION

Persons who use illegal drugs or abuse 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, injuries, and 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.

Any effort to control and reduce the negative consequences of drug use and alcohol misuse in the construction industry must be done with the utmost confidentiality and respect for those covered by this program.

In order to enhance substance abuse awareness among all those involved, educational seminars will be directed toward education of all covered individuals 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, and the competitive ability of the American workforce. Covered individuals 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 individual. The discussion of intervention 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 basis, sufficient to satisfy the training requirements of all employers. The Alliance will pay for this training and ScreenSafe, Inc. will provide the training and set the time of the training. The SMACNA Northeastern, IL, the Sheet Metal Workers' International Association Local No. 265 and the Alliance encourage all covered individuals troubled by their own or a family member's 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. Current covered individuals will be referred to a Member/Employee Assistance Program (MAP/EAP) as a result of a positive test. A MAP/EAP is provided by the Sheet Metal Workers Local 265 Health and Welfare Plan for individuals who participate in that plan. Non-bargaining unit employees and others not covered by the Sheet Metal Workers Local 265 Health and Welfare Plan may utilize a MAP/EAP that is available to them through their employer or another MAP/EAP identified by ScreenSafe, Inc at the expense of their employer. The content of the discussion with the MAP/EAP

will be protected and confidential. A covered individual, who seeks the services of the MAP/EAP on his/her own, will never have his/her use of the program brought to the attention of the Alliance or any of its subscribing organizations or individuals. Covered individuals who use the MAP/EAP as a consequence of a positive test will be subject to the conditions established in the testing portion of this program.

The MAP/EAP provides confidential assistance to individuals in the Sheet Metal Workers' Local 265 Health and Welfare Plan and their dependents who are experiencing substance or alcohol-related problems in their own lives. Covered individuals who are insured elsewhere may have a similar employee assistance program available to them. The MAP/EAP staff has knowledge of the level and types of benefits available to Sheet Metal Workers' Local 265 Health and Welfare Plan individuals. Local 265 plan individuals can access the services of the MAP/EAP through a hotline that is staffed twenty-four (24) hours a day, seven (7) days a week, throughout the entire year. Individuals calling the MAP/EAP hotlines are put in touch with a counselor who will conduct a professional assessment and 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 individual staff the MAP/EAP. Individuals who take the initiative to contact the MAP/EAP for assistance do so with the assurance that their calls will be treated respectfully and confidentially.

The Alliance may amend, modify or terminate this program by mutual agreement.

## **PROHIBITIONS AND REQUIREMENTS**

Covered Individuals 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 program, or having illegal drugs in one's possession.
  - 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 state law. The term "drug" includes prescribed medications not used in accordance with a valid medical prescription.
  - c) Notwithstanding any other provision in this program, the use of prescription medications in accordance with a lawful prescription and the use of over-the-counter medications are not violations of this program. However, marijuana and its active ingredient THC are illegal under federal law and accordingly 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, and also includes meal periods, scheduled breaks and travel to work or from one workplace to another. Social events voluntarily attended during non-working hours are not considered to be covered under this program.
  - 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 driveways, 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) Individuals who have drugs or alcohol in their system at or above the cutoff values specified in the Administrative Rules are under the influence.
  - g) The term “accelerated testing” means any follow-up testing recommended by the evaluator.
- 2. In order to enforce this program, covered individuals shall be required to submit to drug and/or alcohol testing in accordance with this program. Except as otherwise provided in this program, no individual will be tested for alcohol unless there exists a reasonable suspicion that the person is under the influence of alcohol, or they are 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 covered individual who is convicted of a drug or alcohol crime occurring in the workplace or while on Company assignment and who is employed by an employer in the program must report this information to his/her immediate supervisor no later than five (5) days after such conviction. The supervisor must convey this information to the appropriate employer representative.
  - 4. Individuals subject to this program continue to have access to the usual protections provided as a part of their union membership and/or as members of bargaining units covered by collective bargaining agreements. If an individual is aggrieved by any action taken under this program and his/her complaint cannot be resolved, the complaint may, if the individual or Union requests, be referred as a grievance under the grievance and arbitration provisions of the individual’s collective bargaining agreement. In the event the matter is referred to arbitration, the arbitrator shall be bound substantively by the provisions of this program.
  - 5. In order to enforce this program SMACNA Northeastern, IL and Sheet Metal Workers Local 265 have agreed on the following procedures for contractors who become non-compliant with the Random Drug Testing Program.

- a) If a contractor becomes non-compliant with this policy in any way, ScreenSafe, Inc. shall, within 5 business days of its learning of the non-compliance, notify both SMACNA Northeastern, IL and Sheet Metal Workers Local 265 in writing of the non-compliance, specifying the name of the contractor and the facts giving rise to the non-compliance.
- b) If non-compliant, a contractor is prohibited from hiring men
- c) Non-compliant contractors may be subject to the withdraw of their men by the Union
- d) Non-compliant contractors will be subjected to a minimum \$2,500.00 fine
- e) Non-compliant contractors will undergo a payroll audit to be paid by the contractor
- f) In the event of a claim that goes beyond the Joint Arbitration Board, all costs associated with non-bargained lawsuits, will share equally by the Union and SMACNA Northeastern, IL

## TESTING

All employees who are employed by a signatory to the Agreement will be subject to the 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.

Testing will take place on a regular basis. Individuals selected for random testing will be instructed to report to a participating collection site by the end of the next business day. Employees will be given one hour off with regular pay with fringe benefits by their employer. If the individual is currently unemployed he/she will receive a dollar amount equal to one hour regular pay with fringe benefits from the Alliance. The employer will provide the individual with the names of collection site locations. The individual will receive the chain of custody form and authorization to test form at the collection site. Whenever an individual is directed to submit to a test, the individual should contact the collection site to verify the site's hours of operation. Copies of the forms notifying individuals of their selection for this random test appear as ATTACHMENTS I, II & III in this booklet. (Attachment II must be faxed back to the Administrator at ScreenSafe, Inc.)

Covered individuals may also be tested if there is "reasonable suspicion" to suspect that their work performance or on-the-job behavior is affected in any way by drugs or alcohol. See ATTACHMENT XVI, XVII & XVIII.

To implement an appropriate and acceptable program, the program 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). Those 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 individuals being tested.

2. Testing will be conducted by carefully selected accredited labs that have also obtained and retained DHHS certification.
3. All drug tests that screen positive must 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 interview the person with positive test results by telephone to assess whether any legitimate explanation exists for the drug test positive. The MRO makes at least two documented attempts to telephone individuals with positive drug test results to notify them of those results. The MRO also notifies individuals that they will have three (3) 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 will have five (5) 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 an individual with positive lab results, after at least two documented attempts over a 24-hour period, the MRO will notify the Administrator of ScreenSafe, Inc. that the individual has an administrative positive. If no legitimate explanation exists for the administrative positive drug test, the MRO will inform the Administrator of ScreenSafe, Inc.
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 program uses U.S. Department of Health and Human Services guidelines to determine when specimens are adulterated, dilute or substituted. Individuals submitting such specimens will be required to immediately submit to another test and may be removed from active duty and not eligible for rehire until the individual is evaluated by the MAP/EAP and has initiated or completed the recommended treatment program. All drug test positive samples will be retained in a locked frozen facility at the testing laboratory for one year. The retained urine samples will be available 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 fluid, employees undergoing dialysis) will be permitted to satisfy the testing requirements through alternative means of testing such as blood or saliva testing. These arrangements will require medical documentation and will be considered on a case-by-case basis.

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 reserve 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 covered individual's rights, the interests 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. Individuals who become non-compliant shall be required to comply with the following:
  - a) Upon a first non-compliance, the individual will be referred to the MAP/EAP for an evaluation and must complete the recommended treatment or education program, which may include accelerated testing. See ATTACHMENTS IV & V. If a participant is non-compliant, ScreenSafe will be notified and the participant will be removed from service. If the participant chooses not to sign a release authorizing the EAP/MAP to communicate with ScreenSafe, Inc., utilize the EAP/MAP or follow the EAP/MAPs 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 until a negative specimen is provided.
  - b) Upon a second non-compliance within a two-year period, the individual will be referred to the MAP/EAP for an evaluation and must complete the recommended treatment or education program. In addition, the individual 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-compliance within a two-year period from the preceding (second) non-compliance, the individual will be referred to the MAP/EAP for an evaluation and must complete the recommended treatment or education program. In addition, the individual will be placed in the accelerated testing program for one year following his/her return to work. The individual shall be terminated from employment and shall be ineligible for employment by an employer that is signatory to the Agreement until he/she has satisfactorily completed the assigned treatment or other program. The individual will be required to sign a "Last Chance Agreement" between him/herself, the Association and the Union. See ATTACHMENTS VIII, IX & X.

- d) Upon a fourth non-compliance within a two-year period from the preceding (third) test the individual will be referred to the MAP/EAP for an evaluation and must complete the recommended treatment or education program. In addition, the individual will be placed in the accelerated testing program for one year following his/her return to work. The individual shall be terminated from employment and shall be ineligible for employment by an employer that is signatory to the Agreement until he/she has satisfactorily completed the assigned treatment or other program. Upon returning to work, the individual will be required by the Sponsors to sign a "Last Chance Agreement." See ATTACHMENTS VIII, XI & XIII.
  - e) The two-year period described (in a through c) above is a rolling two-year period which commences on the date of any non-compliance.
2. Individuals who are in non-compliance with the program will be removed from work and are not eligible to be employed by an employer that is signatory to the Agreement until the MAP/EAP evaluates the individual and the individual has initiated or completed the recommended treatment program. Nothing contained in this program requires that an employer employ or continue to employ any individual. Likewise, nothing contained in this program prohibits an employer from terminating or refusing to hire an individual who has tested positive or has been in non-compliance. 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 MAP/EAP
  - c) Having a confirmed positive test
  - d) Substituting another substance or specimen for their urine specimen (including their own previously excreted urine)
  - e) Providing a dilute specimen for a second time without a valid medical explanation
  - f) Providing a urine specimen which shows the presence of an adulterant
  - g) Failing to participate in and/or complete the assigned treatment or education program
3. Where the program's MAP/EAP recommends treatment or education, the individual may nevertheless return to work if the employer agrees or be eligible for employment once ScreenSafe, Inc. is notified of a return to work release from the MAP/EAP. See ATTACHMENT XIII & XIV.
4. Discipline of bargaining unit members for program violations addressed or not expressly addressed in this program shall be in accordance with the Agreement. The

grievance procedure shall be made available to all collective bargaining personnel. Non-collective bargaining personnel 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 laws.

## **REASONABLE SUSPICION TESTING**

The “reasonable suspicion” standard is applicable to, but is not limited to, any on-the-job accident, particularly where there is a fatality, serious bodily injury or significant property damage.

Reasonable suspicion testing, or testing based on abnormal or unusual behavior or other circumstances sufficient to lead a reasonable person to suspect that a participant is using, under the influence of, or is in possession of an intoxicant shall be established by an immediate supervisor and should be confirmed by one other supervisor whenever feasible. The immediate supervisor 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 should be signed by the supervisor who witnessed the incident. See ATTACHMENTS XVI, XVII & XVIII. Reasonable suspicion testing shall be conducted at the employer’s expense.

Participants who are union members subject to this program continue to have access to the usual protections provided as a part of their union representation/membership. If a participant is aggrieved by any action taken under this program and his/her complaint cannot be resolved, it may be, if the participant or Union requests referral as a grievance under the grievance and arbitration provisions of the participant’s collective bargaining agreement. The arbitrator shall be bound substantively by the provision of this program. Refusal to take the reasonable suspicion test, or failure to comply with all necessary elements of the testing program may result in the individual being disciplined up to and including discharge by the employer. Individuals 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 for lost time from work by the individual’s respective employer.

Any individual 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 (5) working days of when he/she was notified of the test results. A portion of the initial sample shall be forwarded under chain-of-custody directly by the program testing laboratory to the laboratory selected by the individual. Evaluation of the drug test 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 contractor/employer has agreed to reimburse the individual for compensation lost during the period of his/her removal and the Industry Fund will reimburse the individual for the cost of the second test. See ATTACHMENT XIX.

A participant whose positive test results are confirmed will be referred to the MAP/EAP by the MRO. The individual is expected to attend all appointments with the MAP/EAP counselor and comply with treatment recommendations.

Reasonable suspicion testing may also continue to be conducted pursuant to the pre-existing process contained in the Agreement.

#### **POST ACCIDENT TESTING**

Employees who are involved in a work-related accident or incident that results in a fatality, a lost-time injury, OSHA recordable incident or significant property damage or monetary loss are required to promptly submit to testing. The test may be conducted in conjunction with emergency medical treatment or as soon as possible on the same day of the accident or incident. Post-Accident testing may also continue to be conducted pursuant to the pre-existing process contained in the Agreement. Post Accident testing will be conducted at the employer's expense.

#### **PRE-EMPLOYMENT TESTING**

Pre-employment testing shall continue to be conducted pursuant to the pre-existing process contained in the Agreement.

#### **TRAVELING CRAFTPERSONS AND TEMPORARY ASSIGNMENT**

There may be times when certain jobs require the recruitment of traveling craftpersons. It is the position of the Alliance that all traveling craftpersons be subject to all forms of testing. This provision will also apply to those individuals working under a signatory contractor. In order to avoid situations wherein a craftperson will be forced to have one (1) or two (2) uncompensated days while waiting for the results of the initial urine drug screen to be reported, traveling craftpersons will be allowed to report to work immediately after providing a urine specimen for testing. The craftperson understands and accepts that should he/she be non-compliant with the Drug Free Workplace Program, their employment will be summarily terminated without obligation or further compensation. Such termination shall also be subject to the individual's rights under his/her collective bargaining agreement if any.

Individuals who are called to work assignments that are anticipated to last three (3) days or less are subject to the program, but may be exempt from the drug-testing program. If the assignment subsequently exceeds three (3) days, or if the individual accumulates more than three (3) days, the individual becomes subject to the drug-testing program. Individuals will be allowed to remain at work after three (3) days if they provide a sample for testing. Should the individual become non-compliant the individual shall be subject to discipline up to and including termination by the employer, subject to the individual's rights under his/her collective bargaining agreement, if any.

## 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. The individual will be asked to provide picture identification (Company identification card, driver's license, etc.) to the attendant at the collection site. See ATTACHMENT I.
2. Individuals who want a hard copy of their drug tests results may send a notarized request and a certified check for \$15.00 to ScreenSafe, Inc, 2364 Essington Rd, Suite 128, Joliet, IL 60435. The request should include their name, address and Social Security number.
3. If the drug test is for reasonable suspicion purposes and not random, the supervisor or another manager is required to accompany the individual to the specimen collection location. A union representative or steward may also accompany the individual along with a supervisor or manager. Upon arrival at the collection facility the following procedures apply for drug testing:
  - a) The individual should be escorted to a collection room and asked to provide an unadulterated urine specimen in the collection container provided.
  - b) The bottle should be filled to 60 ml.
  - c) The specimen bottle should be returned to the medical technician who will witness, initial and date the integrity seals placed on the specimen.
  - d) The technician should verify the proper spelling of the individual's name as recorded on the log sheet.
  - e) The technician should verify that the individual's Social Security number has been properly recorded.
  - f) The technician should verify that the Social Security number placed on the specimen bottle is the same as that recorded on the log sheet and the chain-of-custody form.
4. The following procedures apply for alcohol testing. Alcohol testing will not be done on a random basis.
  - a) Alcohol testing shall be conducted in a location that affords visual and aural privacy to the individual being tested.



- b) The individual is required to show positive identification when arriving at the test site. The Breath Alcohol Tester (BAT) shall then explain the testing procedure to the individual.
  - c) The BAT must supervise only one individual's use of the Evidential Breath Testing device (EBT) at a time. The BAT is not to leave the testing site while the test is in progress.
  - d) An individually sealed mouthpiece shall be opened in view of the individual and attached to the EBT.
  - e) The BAT shall instruct the individual 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 0.02 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 is deemed to be the final result upon which any action under operating administration rules shall be based.
5. If the test is for reasonable suspicion purposes and not random, after the appropriate specimens have been collected, the Company supervisor will then take the individual home or to another safe place. In no instance should the individual be allowed to drive home on his/her own. All reasonable effort, short of force, should be used to convince the individual that he/she should be taken home, including contact with family members, taxi service, etc. If it appears that the individual will attempt to operate a motor vehicle, and all reasonable attempts, short of force, have failed to dissuade the individual, the proper authorities should be called and advised of the situation.
6. Immediately after return to the work location, the Company supervisor 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 individual. This report should be sent to his/her immediate supervisor directly following the incident or in any event on the same day. See ATTACHMENT XVII.

## 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:

DRUG GROUP	Drug or Metabolite Detected	Initial Test Level	GC/MS Confirmation
AMPHETAMINE	Amphetamine	500 ng/ml	250 ng/ml
	Methamphetamine	500 ng/ml	250 ng/ml
COCAINE	Benzoylcegomine	150 ng/ml	100 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/l	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
MDA-ANALOGUES	MDA	500 ng/ml	250 ng/ml
	MDMA		
	MDEA		
6-ACETYLMORPHINE	6-Acetylmorphine	10 ng/ml	10 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 .02 or higher.

## RANDOM SELECTION PROCESS

Individuals will be selected randomly from the 50% pool. The names of selected individuals 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 individuals will be part of a second pool in which 10% of the individuals will be selected for testing each year. Individuals in the 10% pool can be selected for testing at any time even if they have been selected recently from the 50% or 10% pools.

## PROTOCOL FOR A POSITIVE TEST

1. Upon verifying that a drug test is a legitimate "positive," the MRO will direct the individual to contact the ScreenSafe, Inc. The toll free number will be given to the individual. The MRO will communicate to the individual that a recommendation for return to work must be given by the MAP/EAP. If the individual chooses not to utilize the MAP/EAP or not to follow the MAP/EAP's recommendation on the first non-compliance, 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 individual must be removed from work by the employer and is ineligible for hire by another signatory employer. Any subsequent non-compliance the individual must follow the MAP/EAP's recommendations in order to become compliant.

2. The MRO will notify ScreenSafe, Inc. of the names of all positive drug tests. ScreenSafe, Inc. will in turn notify the MAP/EAP of these names to verify compliance.
3. Upon making the phone call to the MAP/EAP, the individual will be set up for an evaluation appointment. During the evaluation, the MAP/EAP counselor will request that the individual sign a release authorizing MAP/EAP communication with ScreenSafe, Inc. regarding contact and cooperation. If the individual chooses not to sign the release, utilize the MAP/EAP or follow the MAP/EAP's recommendations on the first non-compliance, 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 individual must be removed from work by the employer and is ineligible for hire by a signatory employer.
4. Once the MAP/EAP counselor feels the individual 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.
5. The MRO will be brought back into the process with the occurrence of a subsequent "positive" test.

**ATTACHMENT 1****FAX NOTIFICATION**

**SHEET METAL INDUSTRY DRUG-FREE WORKPLACE PROGRAM**  
**Confidential Material Included in this Fax**

**Please give directly to recipient!**

Company:	Fax Number:
Attention:	Company:
Phone:	For Info. Call:
Date: Time:	ScreenSafe, Inc. Fax Number:

**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 employee(s) have been selected for random drug testing. You must notify these employees within eight (8) hours of your receipt of this fax that they have been selected. The Alliance suggest that you notify the selected employees before the end of their shift today. You must write the time and date of notification next to the employee's name and fax the form back to ScreenSafe, Inc. at the above number. Once you notify each employee they will have until the end of the next business day to complete the test.

Please remind your employees 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 ScreenSafe/Sheet Metal Workers. They will also need to retain the testing receipt the facility gives them which will need to be returned to the employer to provide proof that the employee has complied with the testing request.

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

In the event any of the listed employees no longer work for you, are sick, on vacation, out of town, or refuse to comply with this testing request, please note the information on the attached form.

ATTACHMENT II

INDIVIDUAL TO TEST NOTIFICATION



**THIS FORM MUST BE FAXED BACK TO SCREENSAFE, INC.  
BY THE END OF THE BUSINESS DAY  
(815) 676-2210**

Contractor: \_\_\_\_\_

Designated Representative: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Employee's SSN	Employee's Name	M/S	Date & Time Notified	Reason Not Notified

**Please Enter "S" for Sheet Metal Workers' or "P" for Support Person in Above Column.**

V = Vacation

S = Sick

T = Terminated

D = Disability

L=Temp Lay-Off

Please update information for all status changes for support staff to ScreenSafe, Inc.

Information needed

Name, address, phone number and social security number/employee ID number

**Thank You**

For office use only

Request date: \_\_\_\_\_

## ATTACHMENT III

## FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM

## CHAIN OF CUSTODY FORM



80299553 7103313 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.  
SCREENSAFE/ SHEET METAL  
LOCID: LOCAL  
PO BOX 2189  
JOLIET IL 60434  
PH: 815-676-2200 FAX: 815-676-2210

B. MRO Name, Address, Phone and Fax No. FORM ID: SAPHSEET  
BENJAMIN GERSON, M.D.  
UNIVERSITY SERVICES  
10551 DECATUR RD STE 200  
PHILADELPHIA PA 19154  
PH: 800-624-3784 FAX: 215-637-6998

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last: First:

E. Donor ID Verified: ☐ Photo ID ☐ Emp. Rep.

F. Reason for Test: ☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)  
☐ Return to Duty (6) ☐ Follow-up (23) ☐ Other (specify) (99)

G. Drug Tests to be Performed: ( ) 35190N SAP 10-50/2000 W/NIT I UNDERSTAND I AM NOW SUBJECT TO DRUG TESTING UNDER THE SHEET METAL WORKERS DRUG-FREE ALLIANCE PROGRAM. I KNOWINGLY AUTHORIZE THE LAB TO ANALYZE MY SPECIMEN(S) AND THE LAB TO DISCLOSE MY RESULTS TO THE MAP & SCREENSAFE. I RELEASE MY SPECIMEN(S) TO THE COLLECTION FACILITY, LAB AND AUTHORIZE RELEASE OF RESULTS TO THE LAB, MRO, SCREENSAFE AND THE MAP. I READ THIS STATEMENT AND GIVE MY CONSENT TO DISCLOSURE. DONOR INITIAL

H. Collection Site Name: Collection Site Code: Collector Phone No.: Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☐ Yes ☐ No, Enter Remark

Specimen Collection: ☐ Split ☐ Single ☐ None Provided (Enter Remark) ☐ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X Signature of Collector Time of Collection AM PM  
(Print) Collector's Name (First, MI, Last) Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:  
☐ Quest Diagnostics Courier ☐ FedEx  
☐ DHL / Airborne ☐ Other  
Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X Signature of Accessioner  
(Print) Accessioner's Name (First, MI, Last) Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact  
☐ Yes  
☐ No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X Signature of Donor (PRINT) Donor's Name (First, MI, Last) Date (Mo./Day/Yr.)  
Daytime Phone No. ( ) Evening Phone No. ( ) Date of Birth Mo. Day Yr.

COPY 1 - LABORATORY

80299553 - 7103313 SPECIMEN ID NUMBER

80299553 - 7103313 SPECIMEN ID NUMBER

80299553 - 7103313 TRACKING LABEL

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

## ATTACHMENT IV

## FIRST NON-COMPLIANT EMPLOYER NOTIFICATION



Date

Designated Representative  
Company Name  
Company Address

Dear,

This letter is a follow-up to our phone call to inform you that **[Name]**, [union card/social security number], an employee of [company] is currently non-compliant.

Please inform **[Name]** that an evaluation needs to be scheduled with the Member/Employee's Assistance Program (MAP/EAP), MAP/EAP Phone Number in order to get back into compliance. **[Name]** will be able to return to work once ScreenSafe receives approval from the MAP/EAP. Once you inform your employee that they are unavailable, they should not be allowed to continue working until we call and fax a copy of the "Return to Work Release" to you.

If there are any questions or you need further assistance, please contact ScreenSafe, Inc. at 877/727-3369.

The Compliance Department

## ATTACHMENT V

## FIRST NON-COMPLIANT INDIVIDUAL NOTIFICATION



[Date]

[Name]

[address]

[unioncard/social security number]

This is to inform you that you are non-compliant for the (first/second) time under the SHEET METAL DRUG-FREE WORKPLACE PROGRAM.

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 Member/Employee Assistance Program, (MAP/EAP) Name & Phone Number to schedule an evaluation. The MAP/EAP will conduct an evaluation. If you do not attend your scheduled appointment and cooperate fully, you will be in violation of the 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 ScreenSafe, Inc. has been **PROVIDED A RETURN TO WORK RELEASE BY THE MAP/EAP**.

THE SERVICES OF THE MAP/EAP WILL BE PROVIDED AT NO CHARGE.

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

Once you have seen the MAP/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 Union.

For your information, the Drug-Free Workplace Policy states a person who is non-compliant may not work in the industry for Sheet Metal Workers Local 265 unless they have a "Return to Work Release".

**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.



ATTACHMENT VI

SECOND NON-COMPLIANT –  
EMPLOYER NOTIFICATION



[Date]

[Name]

[Address]

Dear,

This letter is to inform you that **[Name]** an employee of [company],  
[union card/social security number] is currently unavailable.

Please inform **[Name]** that an evaluation needs to be scheduled with the Member/Employee Assistance Program, (MAP/EAP) MAP/EAP (Name, phone number) in order to get back into compliance. Once you inform your employee that they are unavailable they should not be allowed to continue working until they have seen the Member/Employee's Assistance Program, and have been released to work.

ScreenSafe will contact you once we receive return to work approval from the MAP/EAP.

If there are any questions or you need further assistance, please contact ScreenSafe, Inc. at  
877-727-3369.

The Compliance Department

**ATTACHMENT VII**

**SECOND NON-COMPLIANT  
INDIVIDUAL LETTER**



[DATE]

[Name]

[address]

[union card/social security number]

This is to inform you that you are non-compliant for the second time within a two-year period under the SHEET METAL WORKERS 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 Member/Employee's Assistance Program (MAP/EAP), (Name & Number) to schedule an evaluation. The MAP/EAP will conduct an evaluation. If you do not attend your scheduled appointment and cooperate fully, you will be in violation of the Program and subject to the terms of the Drug-Free Workplace Policy.

THE SERVICES OF THE MAP/EAP WILL BE PROVIDED AT NO CHARGE.

If the Member/Employee's Assistance Program decides any treatment is needed this further treatment will not be provided by this program, but will be between you and your health plan provider.

Once you have seen the Member/Employee's Assistance Program, if it is determined you are able to be released to work, ScreenSafe, Inc. will send a Return to Work Release to your employer as well as, if applicable, to the Union.

For your information, the Drug-Free Workplace Policy states a person who is non-compliant may not work unless they have a "Return to Work Release." Therefore, if you choose to not comply with the Policy, you will not be able to return to work until you have seen the Member/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.

## ATTACHMENT VIII

### Last Chance Agreement

I, [Name] am not in compliance with the Sheet Metal Workers Drug-Free Workplace Program.

I acknowledge and agree that in order to remain eligible for employment in the sheet metal 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 evaluated me. This includes at a minimum, the following:
  - a. Strict compliance with all treatment recommendations
  - b. Complete abstinence 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/Employee Assistance Program (MAP/EAP) 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 to 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 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 sheet metal industry until I have satisfactorily completed a substance abuse treatment program and I am otherwise found to be in compliance with the Drug-Free Workplace Program by the Administrator.

Dated this \_\_\_\_ day of \_\_\_\_, 200?. Witnessed this \_\_\_\_ day of \_\_\_\_ 200?.

By: \_\_\_\_\_  
Alliance Representative

By: \_\_\_\_\_  
Employee/Member

By: \_\_\_\_\_  
Union Representative

## ATTACHMENT IX

## THIRD NON-COMPLIANT EMPLOYER NOTIFICATION



[Date]

[company Name]  
Attn: [repName]  
[Address]

RE: [Name] [union card/social security number]

In reviewing our files, it has come to our attention that [Name] has become non-compliant for a third time. This third non-compliance occurred less than two years after the participant's prior non-compliance. As per the Drug Free Workplace Policy, your employee shall be terminated and not eligible for re-hire until he/she has successfully completed a state approved rehabilitation program. He/she can enroll in a treatment program by contacting the Member/Employee Assistance Program (MAP/EAP).

Once they have completed their rehabilitation program, and the Program has received the proper documentation, the employee will be eligible to return to work, but must sign a "Last Chance Agreement".

If you have any question, please contact ScreenSafe, Inc.

The Compliance Department

## ATTACHMENT X

## THIRD NON-COMPLIANT INDIVIDUAL LETTER



[DATE]

[NAME]

[address]

[union card/Social security number]

This is to inform you that you are non-compliant for the third time within a two-year period under the SHEET METAL WORKERS 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 Member/Employee's Assistance Program (MAP/EAP(Name & Number) to schedule an evaluation. The MAP/EAP will conduct an evaluation. If you do not attend your scheduled appointment and cooperate fully, you will be in violation of the 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"**, the evaluations process is complete and the MAP/EAP has released you to work to ScreenSafe, Inc.

THE SERVICES OF THE MAP/EAP WILL BE PROVIDED AT NO CHARGE.

If the Member/Employee's Assistance Program decides any treatment is needed this further treatment will not be provided by this program, but will be between you and your health plan provider.

Once you have seen the Member/Employee's Assistance Program, if it is determined you are able to be released to work, ScreenSafe, Inc. will send a Return to Work Release to your employer as well as, if applicable, to the Union.

For your information, the Drug-Free Workplace Policy states a person who is non-compliant may not work unless they have a "Return to Work Release." Therefore, if you choose to not comply with the Policy, you will not be able to work until you have seen the Member/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.

**ATTACHMENT XI**

**FOURTH NON-COMPLIANT-  
EMPLOYER NOTIFICATION**



Date

Company

Attn: Designated Representative

Address

RE: Employee's Last Four Digits of Social Security Number/Union Card Number

In reviewing our files, it has come to our attention that (employee's name) is non-compliant for a fourth time in a two-year period. As per the Drug Free Workplace Policy, your employee shall be terminated and is not eligible for re-hire until he/she has successfully completed a state approved rehabilitation program. He/she can enroll in a treatment program by contacting the member/Employee Assistance Program. (MAP/EAP).

Once they have completed their rehabilitation program, and the Program has received the proper documentation, the employee will be eligible to return to work, but must sign a "Last Chance Agreement".

If you have any questions, please contact me.

Sincerely,

The Compliance Department

## ATTACHMENT XII

## FOURTH NON-COMPLIANT PARTICIPANT LETTER



DATE

(Participant)

(Last Four Digits of Social Security Number/Union Card Number)

*This is to inform you that you are non-compliant for the fourth time within a two-year period under the Sheet Metal 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 Member/Employee's Assistance Program (MAP/EAP (Name & Number) to schedule an evaluation. The MAP/EAP will conduct an evaluation. If you do not attend your scheduled appointment and cooperate fully, you will be in violation of the 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"**, the evaluation process is complete and the MAP/EAP has released you to work to ScreenSafe, Inc.

THE SERVICES OF THE MAP/EAP WILL BE PROVIDED AT NO CHARGE.

If the Member/Employee's Assistance Program decides any treatment is needed this further treatment will not be provided by this program, but will be between you and your health plan provider.

Once you have seen the Member/Employee's Assistance Program, if it is determined you are able to be released to work, ScreenSafe, Inc. will send a Return to Work Release to your employer as well as, if applicable, to the Union.

For your information, the Drug-Free Workplace Policy states a person who is non-compliant may not work unless they have a "Return to Work Release." Therefore, if you choose to not comply with the Policy, you will not be able to work until you have seen the Member/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.

Sincerely,

The Compliance Department

**ATTACHMENT XIII**

**RETURN TO WORK RELEASE**



**Return to Work Release**

Participant Name: [Name]  
Social Security Number: [union card/social security number]  
Company: [company]  
Designated Representative: [repName]  
Date: [Date]

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



**ATTACHMENT XIV**



**LOCAL UNAVAILABLE NOTIFICATION**

**CONFIDENTIAL**

TO: (Referral)

FROM: ScreenSafe Inc.

DATE:

RE: Employee Status

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

NAME	Last Four Digits of SSN/UCN

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. If this participant should come to the Union Hall, please inform them that they cannot make use of the Out of Work List for employers until they have satisfied the requirements set forth in the Alliance Policy.

We will contact you as soon as this member is again eligible to make use of the employers out of work system.

ATTACHMENT XV



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 participating employers:

NAME	Last Four Digits of SSN/UNC

## ATTACHMENT XVI

### GUIDELINES FOR REASONABLE SUSPICION TESTING

Under the terms of the Sheet Metal 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 a fatality, lost time injury, an on-the-job recordable incident as defined by OSHA or significant property damage or monetary loss.
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. 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 employee's impairment.
  5. The individual should be observed by his/her immediate supervisor if possible and the immediate supervisor should complete the evaluation form.
  6. An independent party should also observe, review, and sign the evaluation form.
  7. If a third observation is made, use an additional reasonable suspicion evaluation form.
  8. Be as discreet as possible. Remove the employee from the workplace and escort the person to your office or another private area.
  9. Inform the individual that under the terms of the Sheet Metal 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 individual they are being required to test.
  11. Take the individual to the nearest designated collection site.
  12. After testing, take the individual home or to a family member responsible for the individual. The results will be reported to the Administrator at ScreenSafe, Inc. and to the Designated Representative within 24 to 48 hours.

## **ATTACHMENT XVI (con't)**

### **REASONABLE SUSPICION TESTING PROTOCOL**

If after documenting the events, an immediate supervisor deems it necessary for a individual to have a "Reasonable Suspicion" test the following procedure should be followed:

- Supervisor places call to ScreenSafe, Inc. at 877/727-3369.
- ScreenSafe, Inc. faxes "Reasonable Suspicion" form along with the collection sites that can accommodate both alcohol and drug screen.
- Individual is escorted to collection site, complies with the necessary procedures, and is then provided with transportation from the collection site to their home. (Anyone suspected of being "under the influence" should not be allowed to operate a vehicle as outlined in this form.)
- ScreenSafe, Inc. will inform the Designated Representative and Local 265 if individual is unavailable.
- If the individual is unavailable, ScreenSafe, Inc. will notify the individual to call Member/Employee Assistance Program.

# REASONABLE SUSPICION EVALUATION FORM

## Incident/Behavior/Performance Report

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

Name of observed employee:

Date: \_\_\_\_\_ Job Site:

Name of Supervisor:

Check all those indicators or cues observed in the workplace.

### Behavior

slurred speech ☐ yes ☐ no  
confused speech ☐ yes ☐ no

staggering ☐ yes ☐ no  
poor coordination ☐ yes ☐ no  
tremors/shakes ☐ 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

### Appearance

glassy eyes ☐ yes ☐ no  
blank stare ☐ yes ☐ no  
bloodshot eyes ☐ yes ☐ no  
flushed face ☐ yes ☐ no  
alcohol smell ☐ yes ☐ no  
marijuana smell ☐ yes ☐ no  
altered appearance ☐ yes ☐ no

**Reasonable Suspicion Evaluation Form (side two)**

Describe the incident in detail.

---

---

---

---

If additional space is needed please use another page.

Please list all the witnesses to the behavior or incident.

---

---

Did you discuss the incident and/or behavior with the employee? ☐ yes ☐ no

Remarks:

Signature of Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Employee \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Union Representative \_\_\_\_\_ Date: \_\_\_\_\_

## ATTACHMENT XVIII

### **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 conversations 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 XIX

## RETEST OF ORIGINAL SPECIMEN



### Retest of Original Specimen

When a person tests positive under the Sheet Metal Workers Drug-Free Program, He/she has the right to request a confirmation of the original specimen. If this is what you chose to do please follow these guidelines.

- Call the Program Administrator at (877) 727-3369 and request a retest of your original specimen within five days from your notice of a positive test from the MRO or from ScreenSafe, Inc.
- You are required to pay for the test in advance. Please send a certified check via Certified Mail, 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 Program Administrator and to you.



## This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.