

## **ProVideo Systems Drug-Free Workplace Policy**

Established on 06/15/2009

### **I. STATEMENT OF POLICY**

Our company believes it's important to provide a safe workplace for all employees. This includes dealing with drug and alcohol use that negatively affects every workplace. Our company is concerned with the health and well being of all employees. Behaviors related to substance use can endanger all employees, not just the substance users. Our company cannot condone and will not tolerate:

- Possession of illegal drugs on company property and in an employee's system on the job;
- Possession of alcohol on company property and/or in an employee's system on the job;
- Sale, purchase, transfer, trafficking, use or possession of any illegal drugs on the job;
- Arrival or return to work with illegal drugs or alcohol in an employee's system to the extent that job performance or safety is affected.

We exempt physician prescribed medications to an employee who takes the medicine as prescribed and does not compromise workplace safety.

Management is committed to this drug-free policy (Policy). It establishes clear guidelines for acceptable and unacceptable employee behavior in the workplace. We will not tolerate substance use in violation of this Policy. We intend to hold everyone reasonably responsible for supporting the Policy.

This Policy describes our company's drug-free workplace program. We expect every employee to read and understand it. The Policy applies to every employee. This includes top management and contractors. Anyone who violates this Policy will be subject to the consequences stated in this document.

We intend to hold all employees accountable in terms of substance use. However, we will support employees who voluntarily identify their substance problems prior to testing.

Regardless, we will subject employees, who have substance problems but do not come forward and then test positive for drug or alcohol use, to the employment consequences stated in the policy.

This Policy and program will go into effect within 2 days of the announcement of our drug-free program and the sharing of this Policy. The program's five key parts are:

- The written policy, which clearly spells out the program rules and how everyone benefits;
- Annual substance awareness education for employees;
- Annual training for supervisors regarding their responsibilities;
- Drug and alcohol testing, the most effective way to change harmful behaviors related to substance use;
- Employee assistance.

Employees will have the opportunity to learn about how substance use affects the workplace, and the signs and symptoms of substance abuse. Employees also can learn about the dangers of substance use, and how and where to get help for themselves and their families.

Linda Goldsmith will be our drug-free coordinator. So, everyone knows who to go to for information or help. Linda Goldsmith will arrange drug and alcohol testing, as needed. Linda Goldsmith also can share where employees can go to for help for themselves and their families if they have a substance problem. Linda Goldsmith will also arrange to get knowledgeable presenters to educate everyone about substance use.

## **ProVideo Systems Drug-Free Workplace Policy (Cont.)**

### **Protections For Employees**

Our program protects employees from dangerous and unproductive behaviors attributable to substance use. It also has built-in protections of employee rights.

- We keep employee records, such as testing results and referrals for help, confidential. We share information on a need-to-know basis only. Violation of confidentiality rights is subject to disciplinary action up to and including termination of employment.
- We're committed to employees who have a substance problem getting help. We will review each situation. Employee assistance is available for employees and their families through a list of resources available through our drug-free coordinator. We want you to come forward if you have a problem. Remember, if you test positive, you risk losing your job, and we don't want that to happen.
- We will train supervisors in their duties related to testing before this program begins. They will also receive annual training to identify behaviors that may indicate a substance problem exists. Supervisors will learn how to refer employees for assistance and/or testing.
- Everyone will attend annual education sessions. Sessions will include sharing assistance resources.
- A local clinic will collect urine specimens and conduct breath testing. A laboratory certified by the federal government will analyze urine specimens for drugs. These labs ensure various substances present in an employee are of sufficient quantity to be a danger in the workplace. This system ensures the accuracy and fairness of every test. We also have a medical review officer (MRO), a physician trained in substance abuse, involved. When the MRO receives positive test results, he or she contacts the employee and any appropriate health-care provider or pharmacy. The MRO then can determine whether there is a valid reason for the presence of the drug in the person's system.
- Our testing program starts with an initial screening test. If the initial results are positive, the laboratory then uses a second test or confirmatory test. We established cut-off levels for each drug and for alcohol to determine what we will consider a positive test. These levels show the employee didn't just have a little of the substance in his or her system but enough to affect workplace safety and the ability to do the job. These cut-off levels come from federal guidelines and are fair for all employees.

### **Employee Education**

Every employee will attend a session in which we discuss this Policy. You will have a chance to ask questions. We'll distribute written copies of the Policy. We expect everyone to sign it; thus, confirming they received a copy. Later, we'll have a qualified person explain why substance use is a workplace problem. He or she will also explain the effects of various substances, signs/symptoms of substance use, and effects of commonly used drugs in the workplace and how to get help. Education aimed at getting everyone to understand the dangers of substance use will occur each year.

### **Supervisor Training**

We will train supervisors to recognize substance problems that may endanger the employee and others. They will also learn how to recognize Policy violations. Once trained, they will recognize behaviors that may demonstrate an alcohol/drug problem, how to make referrals for help and for testing.

### **Drug And Alcohol Testing**

We will test for drugs and for alcohol to detect problems and get employees not to use substances in a way that violates our Policy. Testing will also allow us to take appropriate action to correct the situation. Testing will look for alcohol and the following drugs:

- Amphetamines (speed, uppers);
- Cocaine;
- Marijuana;
- Opiates (codeine, heroin, morphine);
- Phencyclidine (PCP, "angel dust");

## **ProVideo Systems Drug-Free Workplace Policy (Cont.)**

### **Employee Assistance**

Our company believes in offering assistance to employees with a substance problem. We will offer the following help, we will make available to employees a list of local community resources to turn to for help. This list includes places to go for an assessment and for treatment.

- Prevention Partners of Wood County, <http://www.prevention-partners.org/>
- COMPASS, (Lucas County), <http://www.ccrscompass.org/>
- Health Research Systems (Columbus), <http://healthresearchsystems.com/>
- RHS Solutions (Columbus), <http://rhssolutions.com>

### **II. WHEN MAY TESTING OCCUR?**

We will test employees for the presence of drugs in the urine and/or alcohol (through saliva, breath and/or blood) under any of the conditions outlined below.

#### **A. Post-Offer/New Hire Drug Testing**

All new hires must undergo a drug test within the first 90 days of employment. A positive result will be reason for termination. A contractor whom we designate will collect a urine specimen and a federally-certified laboratory will conduct the test. We and our examining physician will then determine if the applicant can perform the responsibilities of the position.

#### **B. Reasonable Suspicion Testing**

We will conduct reasonable suspicion testing when a supervisor suspects an employee may be in violation of this Policy. Management will document the suspicion in writing prior to the release of the test findings. A reasonable suspicion test may occur based on:

- Observed behavior, such as direct observation of drug/alcohol use or possession and/or physical symptoms of drug and/or alcohol use;
- A pattern of abnormal conduct or erratic behavior;
- Arrest or conviction for a drug-related offense or identification of an employee as the focus of a criminal investigation into illegal drug possession, use or trafficking. The employee must notify the company within five working days of any drug-related conviction;
- Information provided either by reliable and credible sources or independently corroborated regarding an employee's substance use;
- Newly discovered evidence the employee tampered with a previous drug or alcohol test;
- Reasonable suspicion testing does not require certainty. Mere hunches, however, do not justify testing. To prevent this, we will train all managers/supervisors to recognize drug and alcohol-related signs and symptoms. Testing may be for drugs or alcohol, or both.

#### **C. Post-Accident Testing**

We will conduct post-accident testing whenever an accident occurs. We consider an accident an unplanned, unexpected or unintended event that occurs on our property during the conduct of our business or during working hours, or which involves one of our motor vehicles or a motor vehicle used in conducting company business, or is within the scope of employment and which results in any of the following:

- A fatality of anyone involved in the accident;
- Bodily injury to the employee and/or another person that requires off-site medical attention away from the company's place of employment;

## **Drug-Free Workplace Policy For Level 1 And Level 0 Employers (Cont.)**

- Vehicular damage in apparent excess of \$1000.00
- Non-vehicular damage in apparent excess of \$1000.00

When such an accident results in one of the situations above, we will test any employee who may have caused or contributed to the accident for drugs or alcohol use, or both.

### **Drug And/Or Alcohol Testing After An Accident**

Once we determine a need to test, urine specimen collection (for drugs) or breath/saliva or blood (for alcohol) must occur as soon as possible after we determine a need to test. We will consider any employee who seeks to delay providing a specimen as refusing to be tested.

Employees responsible for a work-related accident in which he or she was injured must grant us the right to request attending medical personnel obtain appropriate specimens. These include breath, saliva and/or blood to conduct alcohol testing and urine to conduct drug testing.

Employees grant us access to any and all other medical information that may be relevant in conducting a complete and thorough investigation of the work-related accident. This includes a full medical report from the examining physician(s) or other health-care providers. As a condition of employment, we require a signed consent-to-test form. We reserve the right to determine who may have caused or contributed to a work-related accident. We may also choose not to test after minor accidents if there is no violation of a safety or work rule, minor damage and/or injuries and no reasonable suspicion.

### **D. Follow-up Testing After Return To Duty From Assessment Or Treatment**

We conduct this test of employees who previously tested positive but whose employment we did not terminate. We require a negative return-to-duty test before we allow the employee to return to work. If the employee fails this test, this will result in a written notice of probation. Probation will be for a period of 6 months. Random testing will be conducted within the probationary period if employer suspects further abuse. Once an employee tests negative and returns to duty, management will ensure additional tests occur. Any employee with a second positive test, during or after the probationary period, result will be termination of employment. Follow-up tests will be unannounced. They may occur at any time for a time period management considers reasonable. The intent is to deter any subsequent use that would violate the company's Policy and result in termination of employment.

### **E. Random Drug Testing [Note: This Is Required Of Level 2 and Level 3 Employers]**

We conduct random drug testing of all employees on an unannounced basis. Computer software, used by an outside vendor, ensures that random, neutral selection occurs. We include all employees in each random draw. Each employee has an equal chance of selection. Previous selection does not exclude an employee from the random selection process.

Random testing deters drug use in violation of the Policy. It also ensures we maintain confidence in our employees' abilities to perform their duties. We contracted with an outside vendor to handle random testing pools and select employees for drug testing at any time each year.

We will provide employee identification numbers for use in the random drawings. The contractor will, in turn, furnish us with a list of individuals to test at the beginning of each selection period. It's our responsibility to notify each employee of his or her selection. We will also notify each employee of the date, time and location of the random testing.

When notified, it's the employee's responsibility to provide a urine specimen for drug testing. An employee's failure to comply with the request for a specimen for random testing will result in consequences. This may include termination of employment.

## **Drug-Free Workplace Policy For Level 1 And Level 0 Employers (Cont.)**

### **III. SUBSTANCES TO BE TESTED FOR AND METHODS OF TESTING**

Systems presence testing is the procedure used. This is how qualified testing professionals identify the presence of one or more of prohibited controlled substances or alcohol that may be present in the employee.

If the initial screening test proves negative, then a negative test is declared. The qualified testing professional does a second test, called a confirmatory test, only if the initial test is non-negative. This means the results came in at or higher than the cut-off level for one or more drugs. There is also a confirmatory test for alcohol when the preliminary test is at or above the specified cut-off level.

Experts and the courts consider the confirmatory test 100 percent accurate. Scientific experts identified standard cut-off levels for each of the tested drugs after years of research. And employers have used these successfully for decades for both federal testing and non-regulated workplace testing (your drug-free program). Professionals use these levels to interpret all drug screens/tests, including the drugs for which testing may occur under our drug-free Policy. We reserve the right to add or delete substances on the list above, especially if mandated by changes in existing federal, state or local regulations or laws.

For alcohol testing, a medical clinic that uses only certified equipment and personnel will conduct testing. We will consider breath alcohol concentrations exceeding [fill in the cut-off level your company has chosen with advice from legal counsel, such as .04] a verified positive result. In the event of an accident where an employee has blood alcohol drawn at a medical treatment facility, we will consider a result equal to or greater than [fill in cut-off level] a verified positive result. The collection site will typically use an Evidentiary Breath Test (EBT) to confirm any initial positive test result performed through saliva or breath testing.

We will terminate employees adulterating, attempting to adulterate or substituting a specimen or otherwise manipulating the testing process. We will consider refusal to produce/provide a specimen a positive test unless there's a verifiable medical reason.

### **IV. SPECIMEN COLLECTION PROCEDURE**

Trained collection personnel who meet standards for urine collection and breath alcohol testing will conduct testing. We require confidentiality from our collection sites and labs.

We permit employees to provide urine specimens in private, but subject to strict scrutiny by collection personnel. This avoids any alteration or substitution of the specimen.

Likewise, the collection site will conduct breath alcohol testing in an area that affords the individual privacy. In all cases, there will only be one individual tested at a time.

We will consider failure to appear for testing when scheduled refusal to participate in testing. Such failure will subject an employee to the range of disciplinary actions, including dismissal, and an applicant to the cancellation of an offer of employment. An observed voiding will only occur if there is grounds for suspecting manipulation of the testing process.

### **V. REVIEW OF TEST RESULTS**

To ensure we treat every tested employee fairly, the collection site uses the services of an MRO. The MRO is a doctor with a specialized knowledge of substance abuse disorders. He or she can determine whether there are any valid reasons for the presence in the employee's system of the substance that was tested positive. We follow the federal requirement that the MRO may not be affiliated with the federally-certified lab that does the urine analysis.

**ProVideo Systems Drug-Free Workplace Policy (Cont.)**

**VI. EMPLOYEES' RIGHTS WHEN THERE'S A POSITIVE TEST RESULT**

Upon receipt of a confirmed positive finding, the MRO will attempt to contact the employee by telephone or in person. If the MRO makes contact, he or she will inform the employee of the positive finding. The MRO will give the employee an opportunity to rebut or explain the findings. The MRO can request information on recent medical history. He or she can also ask for medications taken within the last 30 days by the employee. If the MRO finds support in the employee's explanation, he or she may ask the employee to provide documentary evidence to support his or her position. Evidence can include treating physicians and pharmacies, which filled prescriptions, etc. A failure on the part of the employee to provide documentary evidence will result in the MRO issuing a positive report with no attendant medical explanation. A medical disqualification of the employee will result. If the employee fails to contact the MRO as instructed, the MRO will issue a report of a positive test result.

**VII. REPORTING OF RESULTS**

The collection facility will report all test results to the MRO prior to reporting the results to us. The MRO will receive a detailed report of the findings of the analysis from the testing laboratory. The collection facility will list each substance tested along with the results of the testing. We will receive a summary report, which indicate the employee passed or failed the test. We intend these procedures to be consistent with guidelines for MROs, published by the Department of Health and Human Services.

**VIII. STORAGE OF TEST RESULTS AND RIGHT TO REVIEW TEST**

We will store all records of drug/alcohol separately from the employee's general personnel documents. We will maintain these records under lock and key. We limit access to designated company officials. We will use the information only to properly administer this Policy and to provide to certifying agencies for review as required by law. We charge designated company officials with access to records with the responsibility for maintaining their confidentiality. Any breach of confidentiality may be an offense resulting in termination of employment. Any employees tested under this Policy have the right to review and/or receive a copy of their own test results. An employee may request to receive his or her test results by giving the drug-free coordinator a duly notarized Employee Request for Release of Drug Tests Results form . We will use our best efforts to promptly comply with this request. And we will issue to the employee a copy of the results personally or by U.S. Certified Mail, Return Receipt Requested.

**IX. POSITIVE TEST RESULTS**

We will immediately take employees found to have a confirmed positive drug or alcohol test off safety sensitive duties. We will subject these employees to discipline up to and including termination.

**X. TERMINATION NOTICES**

In those cases where substance testing results in the termination of employment, termination notices will list misconduct as the reason. We will deem termination for cause.

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

**Acknowledgement of Receipt of Drug-Free Workplace Policy**

In signing this form, you acknowledge you received a copy of our company's drug-free Policy, had the opportunity to discuss the Policy and had questions answered, and understand all of the provisions in the Policy. Although it reflects our company's Policy regarding substance use, it may be necessary to make changes from time to time to best serve the needs of our organization. However, we will make any changes deemed necessary in writing. We will share the modified Policy with every employee.

By my signature below, I acknowledge I have received a copy of the drug-free Policy of this company.

I understand it is my obligation to read, understand and comply with the procedures and provisions contained within this Policy.

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Printed name of employee

**Consent and Release Form for Employees/Applicants**

I, \_\_\_\_\_ as an employee/ applicant of the company, hereby acknowledge the company's policy requires me to submit to urine drug testing and/or breath, saliva or blood alcohol testing.

I further understand the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system.

I hereby freely and voluntarily consent to this request for a urine sample and/or breath, saliva or blood alcohol test, and agree to participate in the testing program.

I hereby and herewith release the company, its employees, agents and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures and from decisions made concerning my application for or continuation of employment based on the results of the analysis.

I agree to cooperate in all aspects of the testing program.

I hereby authorize the release of my drug and/or alcohol test results to the contractor's medical review officer, and/or to the company's examining physician, as provided by the Policy.

I further acknowledge the company has provided me with an opportunity to ask questions related to its drug and alcohol testing program, and it answered all my questions.

Employee/applicant signature: \_\_\_\_\_

Employee/applicant printed name: \_\_\_\_\_

Witness signature: \_\_\_\_\_

Printed name of witness: \_\_\_\_\_

Date of signatures: \_\_\_\_\_



## Report of Suspected Job-Regulated Drug/Alcohol Use

We suspect the individual identified below of failing to comply with the company's drug-free Policy.

Employee name: \_\_\_\_\_ Location: \_\_\_\_\_

List below all of the behaviors observed by the supervisor that created a concern the employee named above might be in violation of the company's drug-free policy.

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If there were observable changes in the employee's job performance, list these behaviors below.

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List below any physical signs or symptoms of possible substance use that the employee exhibited.

Eyes: \_\_\_\_\_

Coordination: \_\_\_\_\_

Speech: \_\_\_\_\_

Other: \_\_\_\_\_

Other pertinent observations: \_\_\_\_\_

Name and title of supervisor completing report: \_\_\_\_\_

Name of any other supervisor/management witness: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Shift: \_\_\_\_\_

Testing ordered: Yes No (circle one)

Employee consent to test form obtained? Yes No (circle one)

If testing, date(s) on which testing occurred? \_\_\_\_\_

Alcohol test? Yes No (circle one) Drug test? Yes No (circle one)

Medical review officer findings: \_\_\_\_\_

Follow-up actions taken: \_\_\_\_\_

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Company official's signature: \_\_\_\_\_

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

## Last Chance Agreement

On \_\_\_\_\_, Linda Goldsmith, President, agreed to your request to seek counseling and referral to a rehabilitation program for alcohol and drug use. The conditions listed below apply to your rehabilitation program.

1. You must authorize **[choose appropriate employee assistance or treatment program/counselor]** to provide proof of enrollment in an alcohol/drug abuse rehabilitation program and proof of attendance at all required sessions on a monthly basis to the company's Business Manager. The company will closely monitor your attendance and will terminate your employment (cancel this agreement) if you do not regularly attend all required sessions.
2. You will pay for all costs of rehabilitation not covered under the company's benefits plan.
3. During the **[identify time frame in terms of months]** following completion of your rehabilitation program, the company may test you for alcohol and/or drug use on an unannounced basis to determine if you are in compliance with its drug-free policy. The company will promptly terminate your employment if you refuse to submit to testing or if you test positive.
4. You must meet all established standards of conduct and job performance. The company will terminate you if your on-the-job conduct or job performance is unsatisfactory. Satisfactory performance includes ongoing compliance with the company's drug/alcohol testing policy, including testing if there is reasonable suspicion of a violation of the prohibition of use.
5. Nothing in this agreement alters your employment status. The company hopes its employment relationship with you will be a happy and enduring one. Nevertheless, you remain free to resign your employment at any time for any or no reason without notice. Similarly, the company reserves the right to terminate you, for any or no reason, without notice. No one can alter your at-will status except our president, in writing.

I voluntarily agree to all of the above conditions and authorize **[treatment program/counselor, employee assistance provider]** to provide my supervisor with proof of my enrollment and attendance at the recommended rehabilitation program.

\_\_\_\_\_  
Date agreement signed

\_\_\_\_\_  
Company name

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Company representative signature

\_\_\_\_\_  
Signature of witness