

DRUG FREE WORKPLACE POLICY

BETWEEN THE

**NORTHWEST IRONWORKERS EMPLOYERS ASSOCIATION, INC.,
THE MISSOULA CONSTRUCTION COUNCIL**

AND THE

**IRONWORKERS DISTRICT COUNCIL OF THE PACIFIC NORTHWEST AND ITS
AFFILIATED LOCAL UNIONS #14, 29, 86**

Restated Effective July 1, 2007

The nature of the ironworking industry requires that all employees be in a condition to perform their job safely and efficiently, free from any impairment caused by alcohol or drugs. The Ironworkers District Council of the Pacific Northwest and its affiliated Local Unions #14, 29, 86, and the Northwest Ironworkers Employers Association, Inc. and its affiliated employers, and the Missoula Construction Council and its affiliated employers are firmly committed to eliminating all of the problems associated with employee alcohol and drug abuse.

The parties also recognize the need to avoid unnecessary intrusion into employees' private lives and to assure employee privacy and confidentiality to the greatest extent possible, consistent with the goals of this Policy. Lastly, the Ironworkers District Council of the Pacific Northwest and its affiliated Local Unions #14, 29, and 86, and the Northwest Ironworkers Employers Association, Inc. and its affiliated employers, and the Missoula Construction Council and its affiliated employers believe the goals of its Policy should include education, prevention and rehabilitation. To achieve these objectives, the Ironworkers District Council of the Pacific Northwest, and the Northwest Ironworkers Employers Association, and the Missoula Construction Council hereby enter this Drug Free Workplace Policy ("Policy") to be adhered to by Covered Employees and Individual Employers as described herein.

1. Definitions.

- (a) Alcohol or Drugs. The term "alcohol or drugs" means any form of alcohol and/or other intoxicating substance, narcotic plant or similar substance whether illegal or not, including medicinal marijuana and legal drugs obtained illegally.
- (b) Collective Bargaining Agreement. The term Collective Bargaining Agreement means the Master Labor Agreement between the Northwest Ironworkers Employers Association, Inc. and the Iron Workers District Council of the Pacific Northwest and any other labor agreement between the Ironworkers District Council of the Pacific Northwest and any other Employer Association, and/or any special or compliance agreement

between an Individual Employer and the Ironworkers International, the Ironworkers District Council of the Pacific Northwest or any Iron Workers Local in which the employer agrees to be bound by the Master Labor Agreement, including any and all extensions, modifications, or renewals thereof which provide for the making of contributions to the Trust Fund.

- (c) Company Property. The term “Company Property” means all facilities, job sites, vehicles and equipment that are owned, leased, operated or utilized by the Individual Employer or its employees for work-related purposes, including parking areas and driveways, as well as lockers, toolboxes or other storage areas used by the Covered Employees. It also includes other public or private property, facilities, vehicles and equipment located away from the Company Property if the Covered Employee is present on such property for a work-related purpose.
- (d) Covered Employee. The term Covered Employee means the following individuals whose employers are signatory to the Policy, and who are subject to testing by this Policy:
- Bargaining Unit Employees. Those individuals defined as “Employees” by the Trust Agreement of the Trust Fund.
 - Associate Employees. Those individuals defined as “Associate Employees” by the Trust Agreement, provided that employees of an Individual Employer (other than the Union or the Pacific Northwest Ironworkers & Employers Apprenticeship and Training Trust) are only Covered Employees if they perform work of the type covered by the Collective Bargaining Agreement.
 - Applicants. All entry level apprentices, pre-apprentices, other entry level persons, and new permits accepted for work in the jurisdiction of the Ironworkers District Council of the Pacific Northwest Local Unions 14, 29, and 86, and under a Collective Bargaining Agreement. Ironworkers from other jurisdictions (i.e., boomers) are classified as Applicants until receipt of a Negative Test Result.
 - Nonbargaining Employees/Employers. Employees and owners of an Individual Employer who do not participate in the Trust Fund as Associates, but who perform work of the type covered by a Collective Bargaining Agreement. Testing for nonbargaining Employees/Employers is funded by the Individual Employer paying the cost of the test directly to the Program.
- (e) Employee Assistance Program or EAP. An “Employee Assistance Program” or “EAP” means a service provider with whom the Trust contracts, and which provides confidential assessment of Covered Employees who have a Positive Test Result, repeat dilute result, or refusal

to test. The EAP recommends appropriate education, counseling or rehabilitation.

- (f) Individual Employer. “Individual Employer” has the same meaning as defined by the Trust Agreement of the Trust Fund.
- (g) Negative Test Result. The term “Negative Test Result” means test levels of a Prohibited Substance which are recognized as negative by the U.S. Department of Health and Human Services in its Mandatory Guidelines for Federal Workplace Drug Testing. The negative test levels are those below the test level indicated under “Prohibited Substances.”
- (h) Positive Test Result. The term “Positive Test Result” means test levels of a “Prohibited Substance,” on both the screening test and the confirmatory test, which are recognized as positive by the U.S. Department of Health and Human Services in its Mandatory Guidelines for Federal Workplace Drug Testing. The positive test levels are indicated under “Prohibited Substances.”
- (i) DFW Program, DFW, and DFW Office. The terms “DFW Program” and “DFW” mean the Drug Free Workplace Program administered by the Northwest Ironworkers Health and Security Trust. The term “DFW Office” means the physical office and personnel who administer the Drug Free Workplace Program.
- (j) Prohibited Substances. The term “Prohibited Substances” means any form of alcohol and/or other intoxicating substance, narcotic plant, or similar narcotic substance, whether illegal or not, including medicinal marijuana and legal drugs obtained illegally.

The Prohibited Substances and screening levels are as follows:

<u>Prohibited Substance</u>	<u>Initial Test Level</u>	<u>Confirmatory Test Level</u>
Ethanol (Alcohol) (Immonassy Test only)	0.02 %	0.01 %
Amphetamines	1000 ng/mL	500 ng/mL
Cocaine Metabolites	300 ng/mL	150 ng/mL
Opiates/Metabolites	2000 ng/mL	2000 ng/mL
Phencyclidine (PCP)	25 ng/mL	25 ng/mL
Cannabinoids	50 ng/mL	15 ng/mL

The Prohibited Substances and screening levels of for cause testing and post-accident testing are as follows:

<u>Prohibited Substance</u>	<u>Initial Test Level</u>	<u>Confirmatory Test Level</u>
Ethanol (Alcohol)	0.02 %	0.01 %

Amphetamines	1000 ng/mL	500 ng/mL
Barbiturates	200 ng/mL	200 ng/mL
Benzodiazepine	200 ng/mL	200 ng/mL
Cannabinoids	50 ng/mL	15 ng/mL
Cocaine Metabolites	300 ng/mL	150 ng/mL
Methadone	300 ng/mL	200 ng/mL
Methaqualone	300 ng/mL	200 ng/mL
Opiates	2000 ng/mL	2000 ng/mL
Phencyclidine (PCP)	25 ng/mL	25 ng/mL
Propoxyphene	300 ng/mL	200 ng/mL

- (k) Trust Fund. The term “Trust Fund” means the Northwest Ironworkers Health and Security Trust.
- (l) Working Hours. The term “working hours” means all the time during which Covered Employees are engaged in work duties or subject to the control of the Individual Employer, and also includes scheduled breaks and travel to work or from one workplace to another.
- (m) Use. The term “use” means consuming, possessing, selling, transferring, concealing, distributing or arranging to buy or sell, being under the influence, or reporting for duty under the influence of alcohol or drugs to any degree, or having prohibited substances in one’s possession or system.
- (n) Wellness Check. The term “Wellness Check” means a check provided to Bargaining Employees and Associates as reimbursement for expenses incurred for testing.

2. Prohibited Use Affecting Employment. The use of alcohol or drugs by Covered Employees during working hours or on a job site or on Company Property (including Individual Employer vehicles) is prohibited. Any Covered Employee who violates this Policy may be required to undergo an educational or rehabilitation program and/or may be subject to discipline under the terms of this Policy up to and including termination.

- (a) Proper Medical Usage. Notwithstanding any other provision in this Policy, use of prescription and non-prescription medication (other than medicinal marijuana) is not a violation of this Policy if that medication is taken in accordance with a lawful prescription or standard medical dosage recommendation.
- (b) Private Property. A Covered Employee’s private property may be inspected only for reasonable cause and will include the Covered Employee’s lunch boxes, tool boxes, back packs, purses and the like that are brought by the Covered Employee onto Company Property or used for work-related purposes.

- (c) Voluntary Events. Events attended voluntarily are not considered to be covered under this Policy.

3. **Substance Abuse Testing**. Substance abuse testing is performed in the circumstances described below. Testing is performed under the procedure set forth by the Trust's Drug Free Workplace Program.

- (a) Pre-employment Testing. All Applicants who have received a conditional offer of employment will be required to submit to alcohol and drug testing, unless the Applicant has a current and valid DFW ID Card. Each employer, union or apprenticeship office must notify the Applicant(s) and the DFW-Office of the need for pre-employment testing. Refusal to submit to a test or a Positive Test Result will be grounds for withdrawing a conditional offer of employment. Applicants are not eligible for a Wellness Check.
- (b) Systematic computer selected testing. Systematic computer selected testing includes random sample testing, testing for out-of-date DFW Program ID Cards or lack of a DFW Program ID Card, and accelerated testing when a Covered Employee returns to work following a Positive Test Result. Covered Employees with a Negative Test Result will be issued an approved DFW Program ID card indicating the date of the test. A DFW Program ID card is considered out-of-date if it is more than 12 months old, provided that a DFW Program ID Card may expire in a shorter period if required by a written drug testing policy of the Covered Employee's Individual Employer. An Individual Employer also has the right to request, through the Program Office, that a Covered Employee be retested if his/her card is more than six months old.

Testing is administered by the Northwest Ironworkers Health and Security Trust Drug Free Workplace Program. The Program Manager notifies each Individual Employer, union, or apprentice office of the Covered Employees to be tested 24 hours prior to the test. The Individual Employer, union or apprenticeship office must immediately notify the Covered Employees to report to the test site by the 24 hour deadline.

The Program Office will schedule the Covered Employee for testing. Any Covered Employee who has a Positive Test Result will not be eligible to work for an Individual Employer during the rehabilitation periods provided by this Policy and may return to work only after receiving a work release from the EAP. The Covered Employee will be subject to any educational, counseling or rehabilitation program recommended by the EAP. Following completion of the rehabilitation period and any prescribed education, counseling or rehabilitation, the employee will be returned to the group of Covered Employees subject to systematic computer selected testing.

- (c) Testing for cause, which includes:

- Reasonable suspicion testing which means the abhorrent or unusual behavior of a Covered Employee which:
 - Is observed by the Covered Employee's immediate supervisor or others and confirmed by the observation of another supervisory employee or managerial employee. The observations will be documented by the observers on a Reasonable Suspicion form, which is attached hereto as Exhibit A;
 - Is the type of behavior which is recognized and accepted symptom of intoxication or impairment caused by controlled substances or alcohol or addiction to or dependence upon said controlled substances; and
 - Is not reasonably explained as resulting from causes other than the use of controlled substances (such as, but not by way of limitation, fatigue, lack of sleep, side effects of prescriptions or over-the-counter medications, reactions to noxious fumes or smoke, etc.).
- Post-accident testing involving either an on-the-job accident or near-accident, if a Covered Employee is judged to have caused or contributed to the incident; or involving damage to equipment or facilities if a Covered Employee is judged to have caused or contributed to the damage. Costs for post-accident testing will be paid by the employer. The employer must initiate the test by notifying the DFW Office of the circumstances and identity of the Covered Employee(s), by submitting a completed Post-Accident Testing Report to the DFW-Office.
- Follow-up testing. Follow-up testing is done after return to work following a treatment or rehabilitation program prescribed by the EAP. The Program Office initiates the required notice. If the EAP recommends more frequent follow-up testing, those recommendations will be followed.

4. **Covered Employee Responsibilities.** Covered Employees have the following responsibilities under this Policy.

- (a) Duty to Take the Test. Any Covered Employee who is notified to report for testing must do so within 24 hours, even if it means missing time at work. Notwithstanding the foregoing, if a Covered Employee's name is drawn while the Covered Employee is unemployed, on vacation, or working out of jurisdiction, the Covered Employee must contact the DFW Office within 30 days of the date of the notice to test. If the Covered Employee who is unemployed, on vacation, or working out of jurisdiction does not contact the DFW Office within 30 days, the Covered Employee's DFW ID Card immediately becomes invalid and the Covered Employee will be required to test prior to returning to employment in the area.

- (b) Test Location. The Covered Employee reports to a test location designated in the notice. Upon completion of the test, the Covered Employee is given a Chain of Custody form and must show the form to the employer's designated representative to be able to return to work.
- (c) Very Dilute Specimen. A "very dilute specimen" means that the specific gravity of creatinine in the urine sample is below the minimum required level to be deemed a valid specimen, and is invalid for testing. The Covered Employee will be asked to refrain from excessive consumption of fluids and to return to the collection site to provide a second urine specimen within 24 hours.

If the second specimen is "very dilute," it is also invalid, and the Covered Employee is subject to termination. The Covered Employee will be required to participate in education, counseling or rehabilitation which is determined appropriate by the Trust's EAP. The Covered Employee is not eligible for rehire until the Employee completes EAP recommendations and can supply a Negative Test Result. If the test is a Positive Test Result, the Covered Employee shall not be eligible for work for the applicable rehabilitation period under Section 6, and may return to work only after obtaining a work release from the EAP and providing a Negative Test Result. No Wellness Check will be issued for any return to work or follow up drug screens prescribed by the EAP, following a second "very dilute" specimen.

- (d) Adulterated Specimen. If a specimen shows any evidence of probable adulteration, the Covered Employee is subject to immediate termination, and the Covered Employee's DFW-ID card immediately becomes invalid. The Covered Employee will not be allowed to reenter DFW for a period of six months, or until the Covered Employee contacts the DFW Office and agrees to a schedule, following DFW procedures, to comply with the Program. The Covered Employee will be required to participate in education, counseling or rehabilitation which is determined appropriate under the Trust's EAP. The DFW Office will notify the Employer and union when a Covered Employee's DFW-ID Card becomes invalid.
- (e) Refusal to Test. Any Covered Employee who refuses to take the test is subject to immediate termination, and the Covered Employee's DFW ID card immediately becomes invalid. Refusing to test is treated as a Positive Test Result and the Covered Employee shall not be eligible for work for the applicable rehabilitation period under Section 6, and may return to work only after obtaining a work release from the EAP and providing a Negative Test Result.
- (f) Covered Employee Self-Help. If any Covered Employee suspects they have a substance abuse problem, the Covered Employee should seek assistance, without waiting to be called to take the test. Confidential help is available by contacting the EAP or DFW Office.

(g) Notice of Conviction. Any Covered Employee convicted of any drug-related offense occurring in the workplace must notify employer's management within five (5) days after such conviction.

5. **Negative Test Result.** Covered Employees with a Negative Test Result will be issued a DFW ID Card. The card will contain the Covered Employee's name, ID number, last test date, expiration date, and photo. Cards with photo will be suitable for donor verification at collection sites. Cards without photo will require additional photo ID such as a drivers' license, state ID card, etc. Lost or stolen cards will be subject to a reissue fee.

6. **Enforcement and Rehabilitation Periods.** A Covered Employee found to be in violation of this Policy by a prohibited use or a finding of reasonable suspicion, or a Positive Test Result that shows the presence of a prohibited substance in any amount above the cut-off value prescribed in the Northwest Ironworkers Health and Security Trust Drug Free Workplace Program, is subject to the following rules:

(a) First Violation by Covered Employee. In the event of a first Positive Test Result, the Covered Employee will not be eligible to work for an Individual Employer for a rehabilitation period of at least 30 days. Prior to rehire, the Covered Employee will be required to participate in education, counseling or rehabilitation which is determined appropriate by the Trust's EAP. Upon return to work, the Covered Employee will be subject to a minimum of four (4) accelerated tests for a period of one year as a condition of further employment. Frequency of the accelerated testing is to be determined by the EAP.

(b) Second Violation by Covered Employee. In the event of a second Positive Test Result, the Covered Employee will not be eligible to work for an Individual Employer for a rehabilitation period of at least 90 days. Prior to rehire, the Covered Employee will be required to participate in education, counseling or rehabilitation which is determined appropriate by the Trust's EAP. Upon return to work, the Covered Employee will be subject to a minimum of four (4) accelerated tests for a period of one year as a condition of further employment. Frequency of the accelerated testing is to be determined by the EAP.

(c) Third Violation by Covered Employee. In the event of a third Positive Test Result, the Covered Employee will not be eligible to work for an Individual Employer for a rehabilitation period of at least one year. Prior to rehire, the Covered Employee will be required to satisfactorily complete an education, counseling, or rehabilitation program prescribed by the EAP. For employment in the State of Washington, such rehabilitation program must be approved by the State. The cost of such education, counseling or rehabilitation is borne by the terminated Covered Employee and not by DFW, unless otherwise covered by the Trust Fund. Upon return to work, the Covered Employee will be subject to a minimum of four (4) accelerated tests for a period of one year as a condition of further employment. Frequency of the accelerated testing is to be determined by the EAP.

- (d) More Than Three Violations. In the event that a Covered Employee has more than three Positive Test Results, there is an additional one-year rehabilitation period per violation in addition to the rehabilitation periods listed above.
- (e) Reversion of Violation Status. The Covered Employee's violation status will revert back to a first violation following 36 months with a Negative Test Result during which the Covered Employee is continually participating in the DFW Program.
- (f) Violation by Applicants and Probationary Covered Employees. Probationary Covered Employees and Applicants who have a first Positive Test Result will be terminated and not eligible for rehire until they have completed a recommended education, counseling, or rehabilitation program as prescribed by the EAP (or by a state-certified EAP) at their own expense (unless it is a covered expense under the Trust Fund) and then reapply. These requirements are in addition to any requirements that may be imposed by the applicable Training Trust of JATC.
- (g) Covered Employee Refusal to Comply. If a Covered Employee refuses to participate in the testing required by this Policy that Covered Employee is subject to immediate termination and the DFW Program ID Card immediately becomes invalid. The Program Manager will refer the Covered Employee to the Trust's EAP for education, counseling or rehabilitation. The Covered Employee is required to remain off work and remain ineligible for rehire, until completion of a rehabilitation period outlined in this section and completion of education, counseling or rehabilitation which is determined appropriate by the EAP. The Program Office will notify the Employer and the union when a Covered Employee's DFW Program ID Card becomes invalid.
- (h) Invalidation of Card. When a Covered Employee has been terminated as a result of this Policy, the Covered Employee's DFW ID Card will become immediately invalid.
- (i) Return to Work. A Covered Employee must submit a work release from the EAP managing the Covered Employee's treatment, before the Covered Employee may return to work.
- (j) Employers. If a Covered Employee who is an owner or employer refuses to comply with this Policy, the Policy with the applicable Individual Employer is subject to termination by the Iron Workers District Council of the Pacific Northwest.

7. **Covered Employee Self-Help.** If any Covered Employee suspects they have a substance abuse problem, the Covered Employee is expected to seek assistance for that problem, either from the EAP, the DFW Office, the Northwest Ironworkers Health and Security Plan or another competent source. The EAP is a private and confidential service that provides information and referral services to Covered Employees for drug and alcohol problems.

8. **Privacy.** The Individual Employer will take reasonable measures to safeguard the privacy of Covered Employees in connection with this Policy, including maintaining the confidentiality of Covered Employees who come forward to discuss alcohol or drug abuse affecting them before any testing or disciplinary action. Any person employed by the Individual Employer who voluntarily seeks assistance or rehabilitation for alcohol or drug related problems before disciplinary action has commenced will not be subject to discipline so long as the person continues to participate satisfactorily in the education, rehabilitation or counseling program and continues to perform and behave satisfactorily.
9. **Consistent with Law.** Nothing in this Policy is intended, nor will it be construed, to authorize any action that is unlawful under federal or state law.
10. **Other Substance Abuse Policies.** This Policy is in addition to and separate from any substance abuse policies and procedures required by federal, state and local government organizations.
11. **Amendment.** This Policy may be amended by mutual agreement of the signatory parties.
12. **Project Waiver.** This Policy may be waived by the Individual Employer and the applicable Local Union on a project basis, but only if there is already a drug and alcohol program in place which is substantially equivalent to this Policy.
13. **Notice.** The Individual Employer will provide at least 60 days notice of this Policy before testing, unless the Individual Employer had a drug free workplace program in effect as of the date it becomes signatory to this Policy. The Individual Employer will post the Program and Policy in appropriate and conspicuous locations on its premises, and make copies available for inspection by Covered Employees during regular business hours.
14. **Training/Education.** The Individual Employer will provide supervisory training to the extent it may be required by applicable law or regulations. The Individual Employer will also provide employees with an education program on substance abuse to the extent it may be required by applicable law or regulations.
15. **IMPACT Eligibility.** The signatory parties recognize that employees may transfer from one jurisdiction to another jurisdiction. It is in the interest of employees and the Trust Fund to eliminate repetitive testing and to provide a safe work environment nationwide. Accordingly, the signatory parties acknowledge that the Trust Fund may participate in the Ironworkers-Management Progressive Cooperative Trust (“IMPACT”). If the Trust Fund does participate in IMPACT, the Union and Individual Employers, in lieu of requiring a DFW Card, may use the IMPACT verification system to verify that an employee has a valid drug test.

Dated this ____ day of _____, 2007, to be effective July 1, 2007

NORTHWEST IRONWORKERS
EMPLOYERS ASSOCIATION

Rex D. Smith, President

IRONWORKERS DISTRICT COUNCIL
OF THE PACIFIC NORTHWEST, INC.

Ron Piksa, President

MISSOULA CONSTRUCTION COUNCIL

Norman Carey, President

REASONABLE SUSPICION TESTING REPORT (Cont)
EMPLOYEE INTERVIEW

Employee Name: _____ Date: _____

- ARE YOU ILL HAVE YOU SEEN A DOCTOR/DENTIST RECENTLY? WHEN _____
 WHO _____ PURPOSE _____
- ARE YOU TAKING MEDICINE? WHAT _____ LAST DOSE _____ AM/PM
- DO YOU HAVE DIABETES? ARE YOU TAKING INSULIN?
- HAVE YOU USED MOUTHWASH RECENTLY?
- ARE YOU HURT? WHERE _____
- HOW MUCH SLEEP DID YOU GET LAST NIGHT? _____ TODAY? _____
- HAVE YOU BEEN DRINKING USING DRUGS WHAT KIND _____

CHECK THE WORDS DESCRIBING OBSERVED CONDITIONS. ADD OTHER WORDS OF YOUR OWN.)

BREATH - ODOR OR ALCOHOLIC LIQUOR	<input type="checkbox"/> NONE	<input type="checkbox"/> FAINT	<input type="checkbox"/> MODERATE	<input type="checkbox"/> STRONG	
COLOR OF FACE	<input type="checkbox"/> NORMAL	<input type="checkbox"/> FLUSHED	<input type="checkbox"/> PALE	<input type="checkbox"/> OTHER	
ATTITUDE	<input type="checkbox"/> POLITE	<input type="checkbox"/> EXCITED	<input type="checkbox"/> HILARIOUS	<input type="checkbox"/> TALKATIVE	<input type="checkbox"/> CAREFREE
	<input type="checkbox"/> SLEEPY	<input type="checkbox"/> COOPERATIVE	<input type="checkbox"/> INDIFFERENT	<input type="checkbox"/> ANTAGONISTIC	
	<input type="checkbox"/> COCKY	<input type="checkbox"/> COMBATIVE	<input type="checkbox"/> INSULTING	<input type="checkbox"/> OTHER: _____	
UNUSUAL ACTIONS:	<input type="checkbox"/> PROFANITY	<input type="checkbox"/> HICCOUGH	<input type="checkbox"/> BELCHING	<input type="checkbox"/> VOMITING	
	<input type="checkbox"/> FIGHTING	<input type="checkbox"/> OTHER _____			
EYES:	<input type="checkbox"/> NORMAL	<input type="checkbox"/> WATERY	<input type="checkbox"/> BLOODSHOT	<input type="checkbox"/> OTHER	
PUPILS:	<input type="checkbox"/> NORMAL	<input type="checkbox"/> DIALATED	<input type="checkbox"/> CONTRACTED	<input type="checkbox"/> POOR REACTION TO LIGHT	
BALANCE:	<input type="checkbox"/> FAIR	<input type="checkbox"/> SURE	<input type="checkbox"/> SWAYING	<input type="checkbox"/> WOBBLING	
	<input type="checkbox"/> SAGGING	<input type="checkbox"/> FALLING	<input type="checkbox"/> OTHER _____		
WALKING:	<input type="checkbox"/> FAIR	<input type="checkbox"/> SURE	<input type="checkbox"/> SWAYING	<input type="checkbox"/> STUMBLING	<input type="checkbox"/> STAGGERING
	<input type="checkbox"/> FALLING	<input type="checkbox"/> OTHER _____			
SPEECH:	<input type="checkbox"/> FAIR	<input type="checkbox"/> SLURRED	<input type="checkbox"/> STUTTERING	<input type="checkbox"/> CONFUSED	<input type="checkbox"/> INCOHERENT

ADDITIONAL COMMENTS REGARDING EMPLOYEES DISPOSITION OR ACTIONS DURING INTERVIEW:

WITNESSES (TWO SUPERVISORS REQUIRED):

<hr/>	<hr/>	<hr/>	<hr/>
Date	Supervisor Signature	Supervisor Printed Name	Phone Number
<hr/>	<hr/>	<hr/>	<hr/>
Date	Supervisor Signature	Supervisor Printed Name	Phone Number

POST-ACCIDENT TESTING REPORT
NORTHWEST IRONWORKERS HEALTH & SECURITY TRUST
DRUG FREE WORKPLACE PROGRAM
(P) 888-694-9337 Ext. 11 • (F) 360-823-1540

DO NOT LET THE EMPLOYEE DRIVE IF VISIBLY INTOXICATED OR INCAPACITATED OR OTHERWISE UNDER THE INFLUENCE OF SOME SUBSTANCE. TO AVOID POTENTIAL LIABILITY YOU OR YOUR AGENT SHOULD IMMEDIATELY TRANSPORT THE EMPLOYEE TO THE NEAREST AUTHORIZED COLLECTION SITE FOR TESTING.

- **ASK FOR A 10-PANEL / REASONABLE SUSPICION /CAUSE TEST**
- **FAX THIS COMPLETED FORM (2 PAGES) TO THE DFW OFFICE: 360-823-1540**

The purpose of this form is to document the purpose, facts and circumstances behind a decision to request a post-accident drug and alcohol test.

EMPLOYER:	_____	ID NO.	_____
ADDRESS:	_____	PHONE	_____
	_____	FAX	_____
INTERVIEWER NAME:	_____	DATE	_____
INTERVIEW LOCATION:	_____	TIME:	_____ AM / PM
EMPLOYEE NAME:	_____	SSN/ID NO.	_____
EMPLOYEE ADDRESS:	_____		_____

NATURE OF THE ACCIDENT:	Date of Accident: _____
<input type="checkbox"/> Accident causing a fatality	<input type="checkbox"/> Unsafe activity or near-accident that could have caused:
<input type="checkbox"/> Accident causing an injury requiring off-site medical attention	<input type="checkbox"/> Possible death
<input type="checkbox"/> Accident causing significant property damage	<input type="checkbox"/> Possible injury
	<input type="checkbox"/> Possible property damage

4. WHAT ARE THE EVENTS LEADING UP TO THE ACCIDENT, AND THE PEOPLE AND/OR PROPERTY INVOLVED: _____

5. Did you witness the situation personally, YES NO
6. Are the witnesses reliable and have they provided first-hand information? YES NO

UNUSUAL ACTIONS OR STATEMENTS: _____

VISIBLE SIGNS OF ILLNESS OR INJURY: _____

ARE THE FACTS REGARDING THE OBSERVED IMPAIRMENT CAPABLE OF EXPLANATION?

TEST APPROVED BY:

Supervisor Signature

Date

Supervisor Printed Name / Title

POST ACCIDENT TESTING REPORT (Cont)

Employee Name: _____ Date: _____

<u>Crew Members Names</u>	<u>Social Security No.</u>	<u>Crew Members Names</u>	<u>Social Security No.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Collection Site or Mobile Testing Unit Used: _____

WITNESSES (TWO SUPERVISORS REQUIRED):

<u>Date</u>	<u>Supervisor Signature</u>	<u>Supervisor Printed Name</u>	<u>Phone Number</u>
_____	_____	_____	_____