

APPENDIX A

S. 1994 DRUG AND ALCOHOL TEST STANDARDS

<u>Drug</u>	<u>Cutoff Level Screen (ng/ml)</u>	<u>Cutoff Level Confirmation (ng/ml)</u>
Amphetamine (speed)	1000.00	
Amphetamine		500.00
Methamphetamine		500.00
Cannabinoid (Marijuana)	50.00	15.00
Cocaine (benzoylecgonine)	300.00	150.00
Opiate	300.00	
Codeine		300.00
Morphine		300.00
Phencyclidine (PCP)	25.00	25.00
Alcohol	.04 percent BAL	.04 percent BAL

(Note - Additional substances listed under the Tennessee Drug Control Act of 1989 may be tested at the cutoff level customarily used by the selected laboratory. Cutoff levels are subject to change as DOT rules change.)

CONSENT AND ACKNOWLEDGMENT FORM

City/Town of Bluff City

DRUG/ALCOHOL TESTING PROCEDURES

CONSENT AND ACKNOWLEDGMENT FORM

As an applicant or an employee with the city/town of Bluff City, I hereby consent to and acknowledge that I am scheduled to undergo drug and/or alcohol testing. The test for alcohol will be a breath analysis test. The drug test will involve an analysis of a urine sample, which I will provide at a designated site. The purpose the test will be to test for the presence of the following substances: amphetamines, marijuana, cocaine, opiates, PCP, alcohol, and/or any additional drugs listed in the Tennessee Drug Control Act. I authorize qualified personnel to take and have analyzed appropriate specimens to determine if drugs and/or alcohol are present in my system. I acknowledge that the drug/alcohol screen test results will be made available to the testing laboratory, medical review officer (MRO), the City Manager or his/her designee. As an applicant, I am aware that a confirmed and verified positive drug/alcohol test result will rescind my conditional offer of employment. As an employee, I am aware that a confirmed and verified positive test result may lead to disciplinary action up to and including immediate dismissal. I will present a copy of this form to the collection site when I report for my scheduled drug/alcohol test. I also understand that failure to provide adequate breath for testing without a valid medical explanation, failure to provide adequate urine for controlled substances testing without a valid medical explanation, and engaging in conduct that clearly obstructs the testing process are the same as refusing to test.

Name of Applicant or Employee: _____

Department Name: _____

Social Security Number: _____

(Signature of Applicant or Employee) Date

(Signature of Witness) Date

ANTI-DRUG AND ALCOHOL POLICY TESTING REQUIREMENTS

TYPE OF TEST	EMPLOYEE GROUP			
	CDL REQUIRED	PIPELINE WORKER	SAFETY SENSITIVE	OTHER GENERAL
DRUG TESTING:				
1. Pre-Employment	Required	Required	Optional	No
2. Transfer*	Required	Required	Optional	No
3. Post-Accident/Incident	Required	Required	Optional	Optional
4. Reasonable Suspicion	Required	Required	Optional	Optional
5. Random	Required	Required	Optional	No
6. Return-to-Duty/ Follow-up	Required	Required	Optional	Optional
ALCOHOL TESTING:				
1. Post-Accident/Incident	Required	Optional	Optional	Optional
2. Reasonable suspicion	Required	Optional	Optional	Optional
3. Random	Required	No	No	No
4. Return-to-Duty/ Follow-up	Required	Optional	Optional	Optional
* Applies to existing employees transferring into a new position within the respective employee group.				

REQUIREMENTS FOR ALCOHOL AND DRUG TESTING POLICY STATEMENTS

Local governments are required to develop a policy statement for the alcohol and drug testing program. This policy statement must be distributed to every safety-sensitive employee prior to the start of the testing program, to representatives of employee organizations, and to new employees as they are hired or transferred into safety-sensitive positions. The FHWA rules require that the following information be included in the policy:

- 1) The name of the person designated by the employer to answer questions about the alcohol and drug testing program;
- 2) The employees who are covered by the DOT and FHWA rules and consequently the local government's alcohol and drug testing policy;
- 3) Information about the safety-sensitive functions performed by the covered employees;
- 4) Information concerning safety-sensitive employee conduct that is prohibited under the DOT/FHWA rules;
- 5) The circumstances under which a driver will be tested for alcohol and drugs;
- 6) The procedures that will be followed to:
 - a) Test for the presence of alcohol and drugs;
 - b) Protect the covered employee and the integrity of the testing processes;
 - c) Safeguard the validity of the test results;
 - d) Ensure that those results are attributed to the correct employee;
- 7) The requirement that a covered employee submit to alcohol and drug tests administered in accordance with the DOT/FHWA rules;
- 8) An explanation of what constitutes a refusal to submit to an alcohol

or drug test administered in accordance with the DOT/FHWA rules;

- 9) The consequences resulting from positive alcohol and/or drug tests;
- 10) Information concerning-
 - a) The effects of alcohol and drug use on an individual's health, work, and personal life;
 - b) Signs and symptoms of an alcohol or drug problem (the driver's or a coworkers's);
 - c) Available methods of intervening when an alcohol or drug problem is suspected, including confrontation, referral to any employee assistance program, and/or referral to management.

The policy may also include information on additional local government policies regarding the use or possession of alcohol or drugs that the local government has implemented under its own authority. For example, local governments may want to explain whether the local government will pay for all alcohol and drug tests, if the employees will pay for all the tests, or if the costs will be shared. Although these rules preempt any inconsistent state or local laws, state or local governments may have adopted policies that require funding of alcohol and drug tests and such policies would not be considered as inconsistent with these rules. A thorough, legal review of all state and local laws regarding alcohol and drug testing should be conducted before implementation of these rules begins.

The local government must ensure that each covered employee is required to sign a statement that he/she has received a copy of the policy described above. The local government keeps the original of the signed statement and may also provide a copy to the employee.