

a certified lab; applicants may choose to have a confirmatory test done by a certified lab of the employer's choice at the applicant's expense. The City of Helena may, at its own cost and discretion, refer negative screening results to a certified lab for confirmatory testing. Applicants will be reimbursed if they pass the drug test.

Laboratory ("Lab")--A laboratory certified for drug testing by the Department of Health and Human Services (DHHS), according to standards published in the DOT regulations 49 C.F.R. Part 40: Procedures for Workplace Drug Testing Programs, Final Rule; or a laboratory approved by the College of American Pathologists; and which meets the testing and collection standards set forth in Code of Alabama, §25-5-335, et seq.

Medical Review Officer (MRO)--A licensed physician (medical doctor or doctor of osteopathy), certified by either the American College of Occupational and Environmental Medicine or The American Association of Medical Review Officers, responsible for receiving laboratory results generated by an employer's drug-testing program. The MRO shall have knowledge of substance abuse disorders and appropriate medical training to interpret and evaluate an individual's confirmed positive test, medical history, and other relevant biomedical information. The MRO shall be responsible for compliance with the applicable statutory and regulatory requirements.

On-Call Employee--An employee who has been called or notified by telephone or beeper/pager to report to a specified location and perform his/her work duties. The employee is considered on duty and subject to drug or alcohol testing under this policy at such time as he or she receives the call to report to work.

Pass a Drug Test--A drug test reported by the laboratory that the MRO finds:

1. Showed no evidence or insufficient evidence of a prohibited drug; OR
2. Showed evidence of a prohibited drug but there was a legitimate medical explanation for the result; OR
3. Was scientifically insufficient to warrant further action.

Non-Prescription Medication--A drug or medication authorized pursuant to the Federal or state law for general distribution and use without a prescription in the treatment of human disease, ailments, or injuries.

Pass an Alcohol Test--A screening or confirmation breath alcohol test which indicates a concentration of alcohol of less than 0.04 for a safety sensitive employee and less than 0.08 for a non-safety sensitive employee. Non safety-sensitive employees will be subject to discipline, short of discharge for the first offense, for a breath alcohol content of 0.04 or higher and subject to additional discipline, including termination, for a subsequent breath alcohol content of 0.04 or higher.

Positive Drug Test--A drug test reported positive by the laboratory and subsequently verified after review by the Medical Review Officer (MRO) as evidence of the illegal or illicit use of a prohibited drug.

Positive Alcohol Test--A confirmed breath alcohol test conducted by a properly trained Breath Alcohol Technician (BAT) using a properly calibrated Evidential Breath Testing (EBT) device which indicates an alcohol concentration of 0.04 or greater for safety sensitive functions, greater than 0.08 for non-safety sensitive functions. Non safety-sensitive employees will be subject to discipline, short of discharge for the first offense, for a breath alcohol content of 0.04 or higher and subject to additional discipline, including termination, for a subsequent breath alcohol content of 0.04 or higher.

Prescription Medication--A drug or medication lawfully prescribed by a physician for an individual and taken by that individual in accordance with the prescription.

Prohibited Drug--One of the drugs authorized by the DOT to be tested for under 49 C.F.R. Part 40, and under Code of Alabama (1975) §25-5-331(4). The term "prohibited drug" includes but is not limited to: Amphetamines, Cocaine, Cannabinoids, Opiates, Phencyclidine (PCP), barbiturates, benzodiazepines, or propoxyphene, unless the substance was prescribed by a licensed medical practitioner who is familiar with the employee's medical history and assigned duties.

Reasonable Suspicion Testing--Substance abuse testing based on a belief that an employee is using or has used drugs or alcohol in violation of the policy of the employer drawn from specific objective and articulable facts and reasonable inferences drawn from the facts in light of experience and/or training. As enumerated on the Reasonable Suspicion Contemporaneous Observation Checklist and the Reasonable Suspicion Long-Term Observation Checklist, the facts and inferences used in this determination may be based upon, but not limited to, the following criteria:

- a. Observable phenomena while at work, such as direct observation of substance abuse or of the physical symptoms or manifestations of being impaired due to substance abuse.
- b. Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance.
- c. A report of substance abuse provided by a reliable and credible source.
- d. Evidence that an individual has tampered with any substance abuse test during his or her employment with the current employer.
- e. Information that an employee has caused or contributed to an accident at work.
- f. Evidence that an employee has used, possessed, sold, solicited, or transferred drugs while working or while on the premises of the employer or while operating the employer's vehicle, machinery, or equipment.

Refuse an Alcohol Test--A verbal or written refusal by an employee to provide a breath specimen, or to sign the breath alcohol testing form (Step 2) or otherwise to cooperate with the testing process in a way that prevents the completion of the test for an alcohol test required under this policy. Also, a written conclusion by a licensed physician acceptable to the City of Helena that the employee's apparent inability to provide an adequate amount of breath for the alcohol test was not, with a high degree of probability, caused by a medical condition that precluded the employee from providing an adequate amount of breath. Failure to report for screening or testing in one (1) hour is also a refusal to test and classified as a positive test.

Refuse a Drug Test--A verbal or written refusal by an employee to provide a urine specimen for a drug test or screen authorized under this policy. Also, a written conclusion by the Medical Review Officer (MRO) that the employee's apparent inability to provide a complete specimen for a drug test constitutes a refusal to provide a specimen. Failure to report for screening or testing in one (1) hour is also a refusal to test and classified as a positive test.

Safety-Sensitive Positions--Safety-sensitive employees are those employees who discharge duties fraught with risks of injury to others that even a momentary lapse of attention can have disastrous consequences. Factors which have been considered in determining whether a position is safety sensitive include handling of potentially dangerous machinery, mostly unsupervised responsibility for children, and handling of hazardous substances in an environment where others could be injured. Positions which have been found to be safety sensitive include firefighters, emergency medical technicians, law enforcement officials who carry firearms, fire and police dispatchers, 911 operators, heavy machinery operators, bus drivers, some (but not all) transportation workers, pipeline operators, gas meter repairmen, jail officers, and airline

industry personnel. Some employees which come under federal laws and regulations, such as those under the Department of Transportation regulations, natural gas pipeline industry, and aviation, are determined to be safety sensitive by those regulations. Unless an employee comes under drug-testing regulations of some federal agency, each position must be individually evaluated to determine whether it is safety sensitive.

Specimen--Tissue, blood, hair, saliva, sweat, breath, urine, or other product of the human body capable of revealing the presence of drugs or of alcohol.

Substance--Drugs or alcohol.

Substance Abuse Test or Test--Any chemical, biological, or physical instrumental analysis administered for the purpose of determining the presence or absence of a drug or of alcohol.

Vehicle--Any mode or manner of transportational mechanism, including but not limited to automobiles, trucks, forklifts, tow motors, off-road vehicles; or heavy equipment, such as bulldozers, backhoes, or cranes; or motorized mechanism otherwise used to convey people, product, or equipment.

12. General

This policy should not be construed as contractual in any nature. It represents the City of Helena's current guidelines in dealing with a developing problem under evolving laws and facts. The City of Helena reserves the right to alter, amend, or supplement the terms and conditions of this Alabama Drug-Free Workplace Policy Statement to accommodate changes in current state and Federal regulations, insurance requirements, testing technologies, or circumstances which impact City of Helena practices and policies or industry standards.

Drug Educational Information

Alcohol (Depressant)

Common Forms:

Beer, wine, hard liquor **How Used:**

Oral ingestion, patterns of use vary. **Desired Effect:**

People drink to relax, to socialize, as a part of a religious ceremony, for the control of physical and emotional pain, or for a variety of other reasons. Its depression of the central nervous system is progressive and continuous. It is a mood-modifying drug that usually provides a temporary feeling of mild euphoria and stimulation. This is a result of the initial depression of the higher centers of the brain which control inhibition. The more you drink, the more sedated you then become. **Time in body:**

Depends on many factors, such as body size, amount of alcohol consumed within an hour, and other individual factors. Performance is effected in relation to the amount consumed. Generally, a medium-sized person eliminates the equivalent of one drink per hour. However, "hangover" effects of alcohol have been documented for as long as 14 hours after consuming an intoxicating dose, well after the blood alcohol levels have returned to zero.

Observable effects:

Staggering gait

Slurred speech

Odor of alcoholic beverage

Shaky hands

Poor eye-hand coordination

Slowed reaction time

Eyes react slowly to light - wears sun glasses **Work behavior:**

Arrive late, leave early, mis-outs

Neglect of physical appearance

Restlessness

Tremors (hands, face, fingers, lips tongue)

Slurred speech

Uninhibited - makes inappropriate remarks **Material**

Empty liquor bottles, cans, often in paper bags **Indicators:**

Flasks, sometimes disguised as other things **Slang Terms**

Booze, juice, hooch, grape, eye-opener, hair-of-the-dog, brew, suds, etc .

Amphetamines (Amphetamine and Methamphetamine)

Stimulant

Common forms:

Amphetamine - usually capsules or white, flat, double-scored pills. Methamphetamine - white or granular powder, often packaged in aluminum foil or plastic bags. **How used:**

Orally, sniffed up the nose, or injected. **Desired effects:**

Most commonly sought after effects include euphoria, postponement of fatigue, increased energy, alertness and feelings of personal power. Repeated or chronic use often causes strong a dependence reaction and a schizo-phrenic loss contact with reality. Users coming off the drug experience extreme fatigue-induced sleep ("crash"), often followed by continued fatigue and depression. **Time in body:**

Injection or sniffed up the nose; "rush" felt within 1 minute. Orally, effects felt within about 1/2 hour. Single doses detectable for about 48 hours.

Observable effects:

Dilated pupils. Flushed face, rapid respiration, profuse sweating. Hyper-excitability, talkativeness, restlessness. "Stereotypic" behavior often seen: person engages in repetitive tasks or mannerisms for extended periods of time. In large doses, inability to concentrate, confusion, panic. **Work behavior:**

Try to do job beyond competence level. Impaired ability to operate equipment. Takes chances, risks. **Material**

Pills, capsules, white powder, granular crystals **Indicators:**

Foil wrapped tubes, baggies. Hypodermics and paraphernalia for injections **Slang terms:**

Defies, bennies, speed, crank, ice, crystal, white crosses, black beauties

Cocaine - A Stimulant

Common forms:

Cocaine - White crystalline powder. Free-base cocaine (crack) - white granular "rocks" **How used:**

Cocaine--usually snorted up the nose through a straw or from a "coke spoon" after being chopped to a fine powder with a razor blade. "Crack" -- freebase cocaine--is a processed version which is vaporized in a pipe and inhaled. Either form may also be injected. **Desired effect:**

Most commonly sought after effects are euphoria, stimulation, postponement of fatigue and feelings of personal power. The "high" lasts approximately one hour, with a "down" follow-on period. Psychological and physical dependence to "crack" after one to two uses; dependency to snorted coke takes longer to develop. **Time in Body:**

Single doses detectable for 12-24 hours **Observable effects:**

Dilated pupils. Talkativeness, restlessness. Sniffing, runny nose, irritated or bloody nose. Dramatic mood swings, from "down" to "up" in minutes. Sense of power sometimes manifested in aggressiveness **Work issues:**

Frequent trips "to the restroom"--secluded place. Frequent sick-outs and unexplained absences. Hyper-excitability and over-reaction to stimulus. Isolation/withdrawal from friends and activities. Financial problems--borrows, steals and/or sells to support habit. Insomnia, restlessness, lack of sleep **Material Indicators:**

Small folded paper envelopes (bundles), plastic bags, small vials used to store drug, Razor blades, mirrors, cut off straws, coke spoons. Small glass pipes, and heat sources used to volatilize crack. **Slang terms:**

Coke, snow, root, crack, blow, happy dust, "C"

Marijuana

Common forms:

Dried green-brown flowers and leaves of the hemp (cannabis) plant—also as compressed tar like lumps (hashish) and sometimes as an oil to be spread on cigarettes (hash oil). **How used:**

Generally smoked in hand-rolled cigarettes (joints) or a small pipe, sometimes eaten in baked goods or steeped to make a tea. **Desired effects:** Effects are somewhat dependent on the user and potency of the plant. Low doses tend to produce a dreamy state of relaxation and euphoria with changes in sensory perceptions (usually intensified) and alteration in thought formation and expression. Higher doses intensify these reactions with fragmentation of thought, memory impairment, shortened attention span, and illusions of insight. Marijuana currently sold on the street is 10 times more potent today than in past years. **Time in body:**

Marijuana dissolves in body fat cells and is detectable for extended periods of time—up to seven (7) days for occasional users and four (4) weeks or longer for chronic users. **Observable effects:**

Red bloodshot glassy eyes (users often wear dark glasses and use eye drops to combat). Poor muscular control. Rambling, disconnected speech patterns. Euphoria—as laughing out of context. Getting "hung up" - i.e. going into the bathroom to comb your hair and coming out two hours later. Distinctive odor in air and/or on clothing. **Work issues:**

Lack of attention, vision and auditory changes, and poor muscular control. Inability to respond to emergencies and sudden situational changes. Frequent sick-outs and mis-outs. Lackadaisical "I don't care" attitude about person and work. Chronic health problems for frequent users—persistent cough, fatigue, frequent sickness. **Material indicators:**

Baggies of green-brown vegetable matter; rolling papers; small pipes (for marijuana) and very small pipes (for hashish); "roach clips" to hold the burned end of the marijuana cigarette; "roaches" discarded on the floor or in ash trays; distinctive odor of marijuana in the air. **Slang terms:** Dope, grass, reefer, weed, ganja, pot, etc.

Opiates (Morphine and Codeine)—Narcotic Depressants

Common forms:

Street forms are pills, liquids and powders. Morphine is derived from opium. Opium dissolved in alcohol, containing 10% morphine, is legally available in many states as "paregoric."

Morphine and codeine are widely used medicinally. Morphine is a naturally occurring alkaloid, and is also found in products containing poppy seeds. Heroin is a semi-synthetic derivative of morphine. **How used:**

Opium is usually smoked. Codeine is most commonly taken orally. Heroin and morphine are injected; powders can be snorted; cigarettes can be dipped in paregoric and smoked. **Desired effects:**

Most commonly effects include euphoria, relief from pain, and a feeling of dissociated well-being. Low maintenance doses allow the addict to function on a daily basis. The heroin user experiences a "rush" described as a very pleasurable whole body reaction lasting 5-10 minutes, followed by several hours of mental and physical relaxation. **Time in body:**

Single doses are usually detectable for 48-72 hours. **Observable effects:**

Pinpoint pupils. Sweating, nausea, vomiting in novice users. "Nodding off"—the head drooping toward the chest, then bobbing up. Overly calm, detached facial expression. Confusion, mental dullness and slurred speech. Needle marks over veins. **Work issues:**

Increased sick-outs, mis-outs. Lack of interest in work, no attention to detail. Sharing of needles brings a high risk of contracting hepatitis and/or AIDS. High cost of the addiction may lead to borrowing money, stealing and selling (on or off the premises). **Material indicators:**

Foil or paper "bindles" for holding the drug. Charred spoons or bottle caps, used to cook the drug. Multiple burned matches used to cook the drug. Needles, syringes, eye droppers used for injection. Balloons or prophylactics used to hold drug. Bloody tissue papers, blood on shirt sleeves. **Slang terms:**

Heroin, dope, smack, shit, hard stuff, "H", china, monkey dust, china white, etc.

Phencyclidine (PCP)

Common forms:

Pills, liquid, powder, and PCP cigarettes. **How used:**

Usually smoked with tobacco or marijuana, but may be injected, swallowed, eaten or snorted. **Desired effects:**

Users report desirable feelings of immobility, numbness, and detachment. Other sought-after effects include feelings of strength, power, and invulnerability, a dream-like detachment from reality (often coupled with lack of coordination). **Time in body:**

Usually detectable 1- 8 days, but chronic users may test positive for several weeks following the last dose. **Observable effects:**

Low doses: Sedated, euphoric, uncoordinated behavior. Wide mood swings. Sparse and purposeless speech. Muscle rigidity and jerky eye movements (nystagmus). **High doses:**

Coma-like states with muscle rigidity and staring, half-closed eyes. Sudden stimuli may send the user into a psychotic state, with extreme agitation, violent behavior, abnormal strength, and inability to speak or comprehend. **Work issues:**

Wide mood swings, unpredictable behavior, aggressive. Tremendous liability in the work force. **Material indicators:**

Cigarettes that look as if they have been wet. Crystals, liquids or powders in small vials. Folded aluminum foil or paper packets. **Slang terms:** PCP, angel dust, hog, dust, DOA, shermans, sherns, peace pills, dummy, etc.

Substance Abuse Resources

NATIONAL RESOURCES

A2Z Alcohol & Drug Abuse-Addiction 1-800-274-2042

Al-Anon/Alateen Family Group Headquarters 1-800-356-9996

Alcoholics Anonymous World Service	1-212-870-3400
American Council on Alcoholism Helpline	1-800-527-5344
800 Cocaine--An Information and Referral Hotline	1-800-262-2463
Nar-Anon Family Group Headquarters	1-310-547-5800
Narcotics Anonymous	1-818-773-9999
National Council on Alcoholism and Drug Dependency Helpline	1-800-622-2255

ALABAMA RESOURCES

Alcohol & Drug Abuse 24-hour help line and Treatment	1-800-888-9383
Alanon/Alateen	1-334-281-3861
Bradford-Parkside	1-800-333-1865
Drug Dependence Information & Referral Service	1-334-262-7401
Hill Crest Behavioral Health Services	1-800-239-5824
State of Alabama Department of Mental Health, Substance Abuse Services Division (Information available on treatment centers located throughout the State of Alabama in the Treatment Access Project)	1-334-242-3961

**City of Helena, Alabama, a Municipal Corporation
Active Employee Certificate of Agreement,
Receipt of Employee Policy Statement
Consent Form**

I do hereby certify that I have received and read City of Helena, Alabama, a Municipal Corporation Alabama Drug-Free Workplace Policy Statement, which explains the City of Helena's adherence to and in compliance with Section 25-5-334, et seq., the Alabama Drug-Free Workplace Act and regulations. I have had the terms and conditions of the City of Helena's drug-free workplace program explained to me and freely and voluntarily consent to submit to drug and alcohol screening or testing as set forth in the City of Helena's program. I understand and acknowledge that under Section 25-5-51, et seq., of the Code of Alabama (1975), no workers' compensation benefits will be paid to me if I test positive for drugs or alcohol in a confirmed laboratory test at the time of a work-related injury or death, or if I refuse to submit to either a drug or alcohol test or screening at the time of a work accident. Section 25-5-51, et seq. of the Code of Alabama (1975), reads, in part:

"A positive drug test conducted and evaluated pursuant to standards adopted for drug testing by the U.S. Department of Transportation in 49 C.F.R. Part 40 shall be a conclusive presumption of impairment resulting from the use of illegal drugs. No compensation shall be allowed if the employee refuses to submit to or cooperate with a blood or urine test as set forth above after the accident after being warned in writing by the employer that such refusal would forfeit the employee's right to recover benefits under this Chapter."

Further, I understand that a positive confirmed laboratory result from a post-accident drug or alcohol test is evidence of willful misconduct so as to disqualify me from Workers' Compensation benefits. I also understand and acknowledge that under Section 25-4-78, et seq., of the Code of Alabama (1975), no unemployment benefits will be paid to me if I am dismissed as the result of a positive confirmed laboratory test for drugs or alcohol; or if I refuse to submit to an initial screening or a laboratory test for drugs or alcohol; or if I refuse to cooperate with the City of Helena's representative in an initial screening; or if I knowingly alter or adulterate any screening or test sample. Section 25-4-78, et seq., reads, in part:

"A confirmed positive drug test that is conducted and evaluated according to standards set forth for the conduct and evaluation of such tests by the U.S. Department of Transportation in 49 C.F.R. Part 40 or standards shown by the employer to be otherwise reliable shall be a conclusive presumption of impairment by illegal drugs. No unemployment compensation benefits shall be allowed to an employee having a confirmed

positive drug test if the employee had been warned that such a positive test could result in dismissal pursuant to a reasonable drug policy....Further, no unemployment compensation benefits shall be allowed if the employee refuses to submit to or cooperate with a blood or urine test as set forth above, or if the employee knowingly alters or adulterates the blood or urine specimen."

I understand that the refusal to submit to screening or testing, or a positive confirmed laboratory test result will affect my continued employment and result in disciplinary action as described in the City of Helena's Alabama Drug-Free Workplace Policy Statement, up to and including discharge. I also understand that it is not the purpose of this test to identify any disability I may have and that all activities will be conducted in accordance with ADA regulations.

I give my consent to the City of Helena and/or its designated representative to collect specimens for screening or testing for the purpose of determining the presence of, and content of, drug and alcohol substances, as well as to obtain results from any alcohol or drug screen or test administered post-accident, as set out in the substance abuse and testing policy. I further agree to and hereby authorize the release of the results of said tests to the City of Helena, to the City of Helena's Medical Review Officer and as set forth in the Policy Statement.

I further agree that a reproduced copy of this consent form shall have the same force and effect as the original. I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent form is a voluntary act on my part and that I have not been coerced into signing this document by anyone. I expressly authorize the City of Helena, its agents and its MRO to release any screening or testing-related information, including positive confirmed laboratory test results, to the Alabama Department of Industrial Relations, Unemployment Compensation Agency, the City of Helena's workers' compensation administrator or carrier, officials of the government agency investigating my employment or the termination thereof, or in any related administrative or court proceeding and as set forth in the Policy Statement. I understand that this agreement in no way limits my right to terminate my employment or be terminated and the Policy Statement is not in any manner contractual in nature.

Employee Printed Name: _____

Employee Signature: _____

D a t e : _____

Witness Printed Name: _____

Witness Signature: _____

(This form is to be signed by employee and retained in personnel file.)

FORMS TOOLKIT

THE FOLLOWING FORMS ARE TO BE RETAINED BY CONTACT PERSON OR PROGRAM ADMINISTRATOR AND UTILIZED TO ADMINISTER DRUG-FREE WORKPLACE PROGRAM

(they are not part of employee policy statement)

City of Helena, Alabama, a Municipal Corporation Pre-Employment Substance Testing Consent and Release Form

I do hereby certify that I have been given notice of the City of Helena's pre-employment substance testing policy; that I have been provided with access to a copy of the City of Helena's Alabama Drug-Free Workplace Policy Statement; and that I have read or waived my right to read it. I hereby freely and voluntarily consent to submit to urinalysis and/or other screening or tests as shall be determined by the City of Helena in the selection process of final applicants for employment, for the purpose of determining the presence of, and content of, any or all of the following substances:

- | | |
|------------------------|--------------------|
| 1. Amphetamines | 6. Methadone |
| 2. Cannabinoids | 7. Methaqualone |
| 3. Cocaine | 8. Barbiturates |
| 4. Phencyclidine (PCP) | 9. Benzodiazepines |
| 5. Opiates | 10. Propoxyphene |

I agree that the employer representative, collection site, physician, or clinic or may collect these specimens for screening or testing and may screen them or forward them to a testing laboratory designated by the City of Helena for analysis.

I further agree to and hereby authorize the release of the results of said tests to the City of Helena and to the City of Helena's Medical Review Officer and its agents as provided in the Policy Statement. I further agree to release and hold harmless the City of Helena and its agents individually and collectively, including each person or business entity involved in the sample request, collecting, screening, testing, evaluation, and reporting; and for any decisions, adverse or otherwise, made concerning my application for employment based on the screening or test results.

I understand that a negative screen or test is a pre-condition of employment with the City of

Helena and that the refusal to submit to screening or testing, or a positive screen or test result will result in the rejection of my application, or the rescinding of a conditional offer of employment, as described in the City of Helena's Alabama Drug-Free Workplace Policy Statement. I also understand that it is not the purpose of this screen or test to identify any disability I may have and that pre-employment screening and testing activities are conducted in compliance with ADA requirements.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original. I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant: Print name: _____ SS# _____

Applicant Signature: _____ Date _____

Witness Printed Name: _____ Witness Signature: _____

City of Helena, Alabama, a Municipal Corporation
Determination of Safety-Sensitive Positions

To: _____

From: _____

Re: Determination of Positions Classified as Safety Sensitive

I have reviewed the job descriptions and duties for the following positions and have determined that they meet the criteria for a safety-sensitive position as set forth in the Policy Statement, in that they discharge duties fraught with risks of injury to others and that even a momentary lapse of attention can have disastrous consequences, such that the public interest in safeguarding the health and welfare of other employees or the public mandates that steps be taken to ensure that the people in these positions are not under the influence of drugs or alcohol at work:

job classifications

(SAFETY-SENSITIVE EVALUATOR)

DATE

City of Helena, Alabama, a Municipal Corporation
Confidential Work-Related Accident Report
(STRICTLY CONFIDENTIAL)

Name of Employee involved in accident: _____

Is this employee in a safety sensitive job category? Circle one. Yes No

Accident Date	Time		
Prepared By		Title	Date

Witnesses (If statements taken, attach pages.)

(Safety sensitive employees are subject to post-accident drug testing without any further finding of individualized suspicion of drug or alcohol use.)

Complete to determine reasonable suspicion of alcohol/drug impairment for post-accident testing of non-safety sensitive employees:

Location of accident

Describe in detail how accident occurred

Was the employee involved in the accident actively engaged in the activity that resulted in the accident or caused the injury, or was the employee operating or controlling any

machinery that was involved in the accident or injury (as opposed to being an uninvolved bystander)? Circle one. Yes No Explain.

Did equipment malfunction so as to be the sole cause of the accident? Circle one.

Yes No

Explain.

Is it possible that impairing effects of drug or alcohol contributed to the accident (Review impairing effects on page 2 and check which may be applicable)? Circle one. Yes No

Based upon my evaluation of the information set forth above, I have a good faith suspicion that alcohol or drug impairment may have caused or contributed to the accident and direct that the employee submit to a post-accident test in accordance with the City of Helena, Alabama, a Municipal Corporation Drug-Free Workplace Policy. Circle one. Yes No (If you respond "yes", have employee immediately escorted to collection site for testing. If you respond "no", do not send non safety-sensitive employee for testing at this time.)

Supervisor's Signature

Date

Time

City of Helena, Alabama, a Municipal Corporation
Confidential Work-Related Accident Report Page 2
POSSIBLE WORK RELATED IMPAIRING EFFECTS OF DRUG/ALCOHOL

- () 1. Slurred or incoherent speech
- () 2. Unsteady gait or loss of physical control, poor coordination, loss of balance
- () 3. Dilated or constricted pupils or unusual eye movement
- () 4. Bloodshot or watery eyes
- () 5. Extreme fatigue or sleeping on the job
- () 6. Excessive sweating or clamminess of skin
- () 7. Flushed or very pale face
- () 8. Highly excited or nervous, anxious, agitated
- () 9. Nausea or vomiting
- () 10. Odor of an alcoholic beverage
- () 11. Odor of marijuana
- () 12. Disheveled appearance or out of uniform
- () 13. Dry mouth (frequent swallowing/lip wetting)
- () 14. Dizziness or fainting
- () 15. Shaking hands or body tremors/twitching
- () 16. Rapid breathing/breathing irregularly/difficulty breathing/slow breathing
- () 17. Runny nose or sores around the nose
- () 18. Inappropriate wearing of sunglasses
- () 19. Puncture marks or "tracks" over veins
- () 20. Employee failed to wear required personal safety devices
- () 21. Inability to concentrate or remain focused on a single thought or idea
- () 22. Inability to accurately gauge lengths of time and distance
- () 23. Impairment of hearing and vision
- () 24. Inability to cope with sudden changes in surrounding and/or emergency situations
- () 25. Visual and/or auditory hallucinations
- () 26. Non-caring, uncommitted, unconcerned attitude
- () 27. Over reaction to stimulus
- () 28. Increased apprehension and restlessness
- () 29. May cause muscular spasm, stomach and/or chest pain and an increased susceptibility to seizures
- () 30. Unrealistic sense of power, control, or abilities
- () 31. Extreme aggressiveness and suspicion toward others; verbal or physical abusiveness
- () 32. Questions authority
- () 33. Depression and exhaustion
- () 34. Paranoid statements
- () 35. Overly calm, detached facial expression, withdrawn, unresponsive
- () 36. Erratic or inappropriate behavior (Wide mood swings, unpredictable,

tearfulness, disoriented, excessive euphoria, talkativeness, confusion)
() 37. Observed possession or use of an unknown or known substance or drug
paraphernalia

Supervisor's Signature

Date

Time