

# Drug and Alcohol Policy



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## **I. PURPOSE OF POLICY**

The Valley of the Moon Water District (District) has a significant interest in ensuring the health and safety of its employees. It has an obligation to ensure that its employees do not present a safety risk to the general public. Drug or alcohol use may pose a serious threat to job performance, employee health and safety, and public safety.

For these reasons, it is the policy of the District to prevent substance use or abuse from having an adverse effect on its employees. The District maintains that the work environment is safer and more productive without the presence of alcohol, illegal or inappropriate drugs in the body or on company property. Furthermore, employees have a legitimate expectation to work in an alcohol and drug-free environment and to work with employees free from the effects of alcohol and drugs. Employees who abuse alcohol or use drugs are a danger to themselves, their coworkers and the District's assets.

The District will be firm in identifying and disciplining those employees who do not voluntarily seek assistance and who continue to abuse alcohol or use controlled substances in violation of the following:

No employee who is on duty or on standby for duty will:

1. Use, possess, or be under the influence of illegal or unauthorized drugs or other illegal mind-altering substances; or
2. Use or be under the influence of alcohol to any extent that would impede the employee's ability to perform his or her duties safely and effectively.

No employee will perform duties that, because of drugs taken under a legal prescription, cannot be performed without posing a threat to the health or safety of the employee or others. This includes medications that may impair the employee's ability to operate machinery or motor vehicles.

Employees will be subject to drug and alcohol testing when there is reasonable suspicion that the employee has violated the rules expressed herein. In addition, when such an employee has already been found in violation through the adverse action or medical examination process under this policy, as a result of substance testing under this policy, or by the employee's own admission, the employee will be required to submit to periodic substance testing as a condition of remaining in or returning to District employment.

## **II. SCOPE**

The purpose of this policy is to protect District employees and the public from risks associated with alcohol abuse and controlled substances use. This policy is also intended to comply with all applicable Federal and State regulations governing workplace anti-drug programs in the transportation industry. The

Department of Transportation (DOT) has implemented “Procedures for Transportation Workplace Drug Testing Programs” (49 CFR, Part 40) and “Controlled Substances and Alcohol Use and Testing” (49 CFR, Part 382). The regulations mandate urine drug testing and breathalyzer alcohol testing for safety-sensitive positions and prevent performance of such functions when there is a positive test result.

### **III. DESIGNATED EMPLOYER REPRESENTATIVE (DER)**

The Designated Employer Representative (DER) who is to answer employee questions about drug and alcohol policies and procedures is:

General Manager or  
Administration & Finance Manager  
19039 Bay Street  
Sonoma, California 95476  
(707)996-1037

### **IV. APPLICABILITY**

This policy applies to all employees when they are on District property or when performing any District-related business. It also applies to employees operating District vehicles or equipment. It applies to off-site lunch periods and breaks when an employee is scheduled to return to work.

Visitors, vendors, and contracted employees violating this policy will not be permitted to conduct business on District property or projects and will be ordered off District property.

#### **A. General (Non-Safety/Security Sensitive)**

Positions not addressed in safety/security sensitive category. This employment category is subject to reasonable suspicion, return-to-duty and follow-up controlled substance and/or alcohol testing.

#### **B. Safety/Security Sensitive**

Job positions which the District determines are safety or security sensitive in their nature. These positions include the following functions (specific job titles are listed in Appendix B:

1. Their duties involve a greater than normal level of trust, responsibility for or impact on the health and safety of others; and
2. Errors in judgment, inattentiveness or diminished coordination, dexterity or composure while performing their duties could clearly result in mistakes that would endanger the health and safety of others; and
3. Employees in these positions work with such independence or perform such tasks that it cannot be safely assumed that mistakes such as those described in (2) could be prevented by a supervisor or another employee.

## **V. PROPER APPLICATION OF THE POLICY**

The District is dedicated to assuring fair and equitable application of this policy. Therefore, supervisors are required to administer all aspects of the policy in an unbiased and impartial manner. Any supervisor who knowingly disregards the requirements of this policy, or who is found to deliberately misuse the policy with respect to their subordinates may be subject to disciplinary action, up to and including termination.

## **VI. PROHIBITED SUBSTANCES**

Prohibited substances addressed by this policy include the following:

### **A. Controlled Substances**

Controlled substances are drugs that include, but are not limited to, marijuana, amphetamines, opiates, phencyclidine (PCP), and cocaine.

### **B. Alcohol**

Alcohol is defined as the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohol, including methyl and isopropyl alcohol.

## **VII. PROHIBITED CONDUCT**

No employee will report to any work site or will work impaired by any drug or alcohol, lawful or unlawful.

No employee at any work site will use or possess any quantity of any drug or alcohol, lawful or unlawful, except for authorized drugs. This prohibition generally does not apply to alcohol in those circumstances designated as social by the District, nor does it apply to the use or possession of alcohol in their residences by those employees who reside in District-owned residences except to the extent that such use or possession would interfere with the performance of their duties.

No employee at any work site shall manufacture, dispense, distribute, or sell any drug or alcohol, lawful or unlawful.

No employee may perform or continue to perform security-sensitive or safety-sensitive functions if the employee is using alcohol.

No employee shall consume alcohol for eight (8) hours following involvement in an accident or until he/she submits to the post-accident drug/alcohol test, whichever occurs first.

No employee shall consume alcohol within six (6) hours prior of the start of their shift or have a breath alcohol content that would constitute a positive test result (0.02 or greater) while at work.

## **VIII. NOTIFICATION OF CRIMINAL DRUG CONVICTION**

All employees must, as a condition of employment, abide by the terms of this policy and report any conviction under a criminal drug statute for violations occurring on or off District premises while conducting District business. A report of conviction must be made to the Administration & Finance Manager within five (5) days after conviction, as mandated by the Federal Drug-Free Workplace Act of 1988 and the California Drug-Free Workplace Act of 1990. Failure to report such convictions may subject the employee to disciplinary action, up to and including dismissal.

## **IX. PRESCRIPTION AND NON-PRESCRIPTION SUBSTANCES**

Using or being under the influence of any legally obtained drug by an employee while performing District business, while on District property, or while on standby is prohibited if such use or influence may affect the safety of the employee, co-workers, members of the public, the employee's job performance, or the safe or efficient operation of the District's business.

An employee may continue to work, even though under the influence of a legal substance, if District management has determined, after consulting with a competent medical authority, that the employee does not pose a threat to their own safety or their co-workers and that the employee's job performance is not significantly affected by the legal drug. Otherwise, the employee may be reassigned to an alternative position, if available, or be required to take a leave of absence or comply with other appropriate action as determined by the District.

Failure to report the use of such drugs or failure to provide proper evidence of medical authorization may result in disciplinary action.

## **X. VOLUNTARY ADMITTANCE**

Employees who believe they may have a substance abuse problem are encouraged to seek assistance for resolving that problem. An employee voluntarily seeking help can make a confidential request for assistance to their supervisor. The employee will be referred to a Substance Abuse Professional (SAP) for assessment and rehabilitation recommendations.

Prior to the assessment, the employee must sign a release of information that will enable the Designated Employer Representative (DER) to receive the results of the assessment, and to receive subsequent reports related to the assessment, and the driver's successful completion of all recommendations for assistance.

Employees may use accumulated sick leave, vacation time, or compensatory time to participate in a rehabilitation program. The District will not be responsible for program costs.

Employees who admit to alcohol misuse or controlled substances use are not subject to disciplinary measures provided that the employee does not self-identify in order to avoid testing under the requirements of this program.

After approval from the SAP, the employee may return to work and may be subject to unannounced follow up testing, based on the SAP's recommendations. Any employee failing to complete the program will be subject to termination.

NOTE: Health insurance plans may provide coverage for rehabilitation costs. Health benefits information can be obtained from the District's human resources contact.

The following conditions must apply to the employee's self-admission:

1. The employee's admission cannot be made during his/her on-duty time. It must occur prior to the employee's reporting for duty on any particular day.
2. The employee's admission cannot be made in an attempt to avoid a required drug and/or alcohol test.
3. Under 49 CFR Part 382.121, FMCSA requires the driver be removed from safety-sensitive functions, including driving.
4. When the DER is satisfied that the driver has successfully complied with the SAP's recommendations for assistance, the employee's supervisor may return the employee to duty, including safety-sensitive functions, provided that:
  - a. Prior to returning to safety-sensitive functions, the employee will be required to provide a negative DOT drug and/or alcohol test result, and
  - b. An employee who self-identifies under this policy, and who then fails to comply with the SAP's recommendations will be considered to have engaged in conduct prohibited by this policy.

The District will adhere to the following terms, in accordance with its policy and 49 CFR Part 382.121:

1. No adverse action will be taken against a driver who admits to drug and/or alcohol use under the terms above, provided he/she cooperates with the assessment and recommendations for treatment.
2. An employee who self-identifies under this program will be given reasonable time to obtain the required assessment and assistance.
3. An employee, who complies with all requirements and the SAP's recommendations for assistance, will be permitted to return to duty as long as completion is 90 days or less.
4. A safety-sensitive employee who cooperates and successfully complies with this program will not be considered to have had a FMCSA violation of prohibited conduct under 49 CFR Part 382, Subpart B.
5. An employee who fails to comply with treatment recommendations, either under this provision, or as recommended by a SAP, will be subject to disciplinary action up to and including termination of employment.

## **XI. TESTING FOR PROHIBITED SUBSTANCES**

Testing will be conducted in a manner to assure a high degree of accuracy and reliability, using techniques, equipment, and laboratory facilities approved by the Department of Health and Human Services (DHHS).

Controlled substance testing includes marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP). An initial controlled substance screen will be conducted on each specimen. For specimens that test above initial screening thresholds, a confirmatory Gas Chromatography/Mass Spectrometry (GC/MS) test will be performed. The test will be considered positive if the controlled substance levels are above the minimum thresholds established in the DOT guidelines (49 CFR, Part 40).

Tests for alcohol concentration will be conducted utilizing an approved Evidential Breath Testing (EBT) device operated by a trained Breath Alcohol Technician (BAT). If the initial test indicates an alcohol concentration of 0.02 or greater, a confirmation test will be performed to confirm the result of the initial test. An employee who has a confirmed alcohol concentration of 0.02 or greater will be removed from their position for at least twenty-four (24) hours while the District determines disciplinary action which may include up to termination.

### **A. GENERAL EMPLOYEES**

#### **1. Reasonable Suspicion Testing**

The District shall conduct a drug and/or alcohol test when a manager or supervisor has reasonable suspicion to believe that the covered employee has used a prohibited drug and/or engaged in alcohol misuse.

The determination that reasonable suspicion exists shall be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the covered employee.

Reasonable suspicion determinations must be made by a manager or supervisor who is trained to detect the signs and symptoms of controlled substance and alcohol use, and who reasonably concludes that an employee may be adversely affected or impaired in his/her work performance due to prohibited substance abuse or misuse.

A written record shall be made of the observations leading to an alcohol or controlled substances reasonable suspicion test, and signed by the supervisor or company official who made the observations, within twenty-four (24) hours of the observed behavior or before the results of the alcohol or controlled substances tests are released, whichever is earlier.

Reasonable suspicion testing may be based upon, among other things:

- a. Observable phenomena, such as direct observation of drug use or possession and/or the physical symptoms of being under the influence of a drug.
- b. A pattern of abnormal conduct or erratic behavior.
- c. Arrest or conviction for a drug-related offense, or the identification of an employee as the focus of a criminal investigation into illegal drug possession, use, or trafficking.
- d. Adequate documentation of unsatisfactory work performance or on-the-job behavior.
- e. Physical signs and symptoms consistent with prohibited substance use.
- f. Occurrence of a serious or potentially serious accident that may have been caused by human error.
- g. Fights (to mean physical contact), assaults and flagrant disregard or violations of established safety, security, or other operation procedures.

The manager or supervisor requesting an employee to submit to a drug or alcohol test based on reasonable suspicion must document facts constituting reasonable suspicion in writing (**See Appendix F – “Reasonable Suspicion Documentation Form”**).

Employees reasonably believed to be under the influence of drugs or alcohol will not be permitted to engage in further work. In addition, such employees will not be permitted to drive themselves from the worksite. A supervisor will see that the employee is transported to the designated collection center (**See Appendix D – “Collection Center Location”**).

A controlled substance test is considered positive when a verified confirmation test indicates specimens have concentrations of a particular class of drug above the specified concentration levels. Drug classes and threshold concentration levels are listed in the “Controlled Substance (Drug) Test” Definition Section of this policy.

An alcohol test is considered positive when a verified confirmation test indicates a breath alcohol content greater than 0.02. “Alcohol Concentration Level” is defined in the Definition Section of this policy.

Following a reasonable suspicion determination, a supervisor or manager will take the following actions immediately:

- a. Confront the employee involved, and keep under direct observation until the situation is resolved.
- b. Secure the alcohol and drug program administrator's concurrence to observations; job performance and company policy violations must be specific.
- c. After discussing the circumstances with the supervisor, the alcohol and drug program administrator will arrange to observe or talk with the

employee. If he/she believes, after observing or talking to the employee, that the conduct or performance problem could be due to substance abuse, the employee will be immediately informed that continued refusal will result in disciplinary measures up to and including termination.

- d. Employees will be asked to release any evidence relating to the observation for further testing. Failure to comply may subject the employee to subsequent discipline or suspension from duties. All confiscated evidence will be receipted for with signatures of both the receiving supervisor, as well as the provider.
- e. If upon confrontation by the supervisor or manager, the employee admits to use but requests assistance, the alcohol and drug program administrator will arrange for assessment by an appropriate SAP.

## **2. Manager / Supervisor Training**

Reasonable suspicion determinations should be made by a manager or supervisor who is trained to detect the signs and symptoms of controlled substance and alcohol use and who reasonably concludes that an employee may be adversely affected or impaired in his/her work performance due to prohibited substance abuse or misuse.

Managers and supervisors should receive at least sixty (60) minutes of training on alcohol misuse and at least sixty (60) minutes of training on controlled substances use. The training will be used by the supervisors and/or managers to determine whether reasonable suspicion exists to require an employee to undergo testing. The training will include the physical, behavioral, speech, and performance indicators of probable alcohol misuse and use of controlled substances.

## **B. SAFETY/SECURITY SENSITIVE EMPLOYEES**

### **1. Covered Employees**

See Appendix B – “Covered Positions by Job Title.”

### **2. Pre-Placement/Post Offer Controlled Substance (Drug) Testing**

An applicant for a safety/security sensitive position with the District will be required to undergo a drug screening analysis prior to employment. Any offer of employment will be conditioned upon compliance with this policy. The applicant will be requested to execute a consent form which includes a waiver and release. The “Controlled Substances Custody and Control Form” will be completed by the applicant and collection center at the time of collection. A positive test indicating the presence of controlled substances as defined in this policy may constitute disqualification of the applicant for the position for a period of six months.

### **3. Reasonable Suspicion Testing**

The District shall conduct a drug and/or alcohol test when a manager or supervisor has reasonable suspicion to believe that the covered employee has used a prohibited drug and/or engaged in alcohol misuse.

The determination that reasonable suspicion exists shall be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the covered employee. A supervisor, or other company official, who is trained in detecting the signs and symptoms of drug use and alcohol misuse must make the required observations.

If an alcohol test is not administered within two (2) hours following the determination to conduct a reasonable suspicion test, the supervisor shall prepare and maintain on file a record stating the reasons the alcohol test was not promptly administered. If an alcohol test is not administered within eight (8) hours following the determination to test, cease attempts to administer an alcohol test and update the record with the reasons for not administering the test.

A written record shall be made of the observations leading to an alcohol or controlled substances reasonable suspicion test, and signed by the supervisor or company official who made the observations, within twenty-four (24) hours of the observed behavior or before the results of the alcohol or controlled substances tests are released, whichever is earlier.

- a. Reasonable suspicion testing may be based upon, among other things:
- 1) Observable phenomena, such as direct observation of drug use or possession and/or the physical symptoms of being under the influence of a drug.
  - 2) A pattern of abnormal conduct or erratic behavior.
  - 3) Arrest or conviction for a drug-related offense, or the identification of an employee as the focus of a criminal investigation into illegal drug possession, use, or trafficking.
  - 4) Adequate documentation of unsatisfactory work performance or on-the-job behavior.
  - 5) Physical signs and symptoms consistent with prohibited substance use.
  - 6) Occurrence of a serious or potentially serious accident that may have been caused by human error.
  - 7) Fights (to mean physical contact), assaults and flagrant disregard or violations of established safety, security, or other operation procedures.

Reasonable suspicion determinations will be made by a manager or supervisor who is trained to detect the signs and symptoms of controlled

substance and alcohol use and who reasonably concludes that an employee may be adversely affected or impaired in his/her work performance due to prohibited substance abuse or misuse. (**See Appendix F – “Reasonable Suspicion Documentation Form”**).

- b. Employees reasonably believed to be under the influence of drugs or alcohol will not be permitted to engage in further work. In addition, such employees will not be permitted to drive themselves from the worksite. A supervisor will see that the employee is transported to the designated collection center (**See Appendix D – “Collection Center Location”**).
- c. A controlled substance test is considered positive when a verified confirmation test indicates specimens have concentrations of a particular class of drug above the specified concentration levels. Drug classes and threshold concentration levels are listed in the “Controlled Substance (Drug) Test” Definition Section of this policy.
- d. An alcohol test is considered positive when a verified confirmation test indicates a breath alcohol content greater than 0.02. “Alcohol Concentration Level” is defined in the Definition Section of this policy.

#### **4. Manager / Supervisor Training**

Supervisors and managers will receive at least sixty (60) minutes of training on alcohol misuse and at least sixty (60) minutes of training on controlled substances use. The training will be used by the supervisors and/or managers to determine whether reasonable suspicion exists to require an employee to undergo testing. The training will include the physical, behavioral, speech, and performance indicators of probable alcohol misuse and use of controlled substances.

## **XII. REFUSAL TO SUBMIT**

Any employee who refuses to submit to a drug or alcohol test immediately when requested by a supervisor or law enforcement personnel will be treated in the same manner as an employee who has failed an alcohol or controlled substance test, as defined in this policy. No Safety Sensitive applicant who refuses to be tested will be extended an offer of employment. Attempts to alter or substitute the specimen provided will be deemed a refusal to take the drug test when required.

## **XIII. FAILURE TO APPEAR FOR TESTING**

Failure to appear for testing without a deferral will be considered refusal to participate in testing, and will subject an employee to the range of disciplinary actions, including dismissal, and an applicant to the cancellation of an offer of

employment. If an individual fails to appear at the collection site at the assigned time, the collector will contact the Designated Employer Representative (DER).

#### **XIV. VIOLATION OF POLICY AND DISCIPLINARY CONSEQUENCES**

An employee may be found to use illegal drugs or alcohol on the basis of any appropriate evidence including, but not limited to:

- Direct observation;
- Evidence obtained from an arrest or criminal conviction;
- A verified positive test result; or
- An employee's voluntary admission.

The District will refer an employee found to use illegal drugs or alcohol to the SAP and immediately remove the employee from their position. Disciplinary action taken against an employee found to use illegal drugs or alcohol may include the full range of disciplinary actions, including termination. At the discretion of the District, and as part of SAP counseling, an employee may return to duty if the employee's return would not endanger public health or safety.

The terms and conditions of the disciplinary consequences utilized by the District will not expand the rights and limitations of the employee under the "at will" provision of the employee handbook or the terms and conditions of any MOU between the District and the employee association.

If the District determines a rehabilitation program is appropriate for those employees having a positive controlled substance and/or alcohol test then a second verified positive test under any circumstances will constitute cause for immediate termination. Failure to complete a treatment program provided by the SAP will be treated as a second positive test.

The employee will pay rehabilitation program costs and subsequent controlled substance and/or alcohol costs related to return-to-work and follow-up testing. When recommended by the SAP, participation in and completion of the rehabilitation program is mandatory. Prior to return-to-duty testing, an employee must follow the rehabilitation program recommended by the SAP and agree to sign a return-to-duty agreement. The duration and frequency of follow-up testing will be determined by the SAP but will not be shorter than one year or longer than five years.

NOTE: Health insurance plans may provide coverage for rehabilitation costs. Health benefits information can be obtained from the District's human resources contact.

## **XV. EMPLOYEE RIGHTS**

Upon request, the employee will receive a full copy of any test results and related documentation of the testing process.

All confirmed positive samples will be retained by the testing laboratory in secure frozen storage for one year following the test or until the sample is no longer needed for appeal proceedings or litigation, whichever is longer.

## **XVI. REHABILITATION / RETURN-TO-DUTY**

Following a positive drug or alcohol (BAC at or above 0.02) test result or test refusal, the employee is immediately removed from their duties, referred to a SAP, and may be subject to disciplinary action up to and including termination.

Following a BAC of 0.02 or greater the employee is immediately removed from duties until the start of the next regularly scheduled duty period, but not less than 24 hours while the District determines disciplinary action which may include up to termination.

### **A. Rehabilitation**

After a verified positive test result, a conference will be conducted between the employee and a human resources contact. If warranted, the employee will be requested to participate in a substance abuse rehabilitation program developed by a SAP chosen by the District. Details will be outlined in a Return-to-Duty Agreement.

Employees may use accumulated sick leave, vacation time, or compensatory time to participate in a rehabilitation program. Program costs and subsequent controlled substance and/or alcohol-testing costs will be paid by the employee. Failure to participate in and complete such a program may result in employment termination.

### **B. Return-to-Duty**

Employees who have violated the prohibition set forth in this policy will be required to submit to a return-to-duty test before returning to their position. The test result must indicate an alcohol concentration of less than 0.02 and/or a verified negative result on a controlled substance test.

### **C. Follow-Up Testing**

After the return-to-duty test, employees will be subject to unannounced follow-up testing. A SAP will determine the number and frequency of tests, but at least six (6) tests will be performed during the first twelve (12) months following the employee's return to duty. Follow-up testing may be extended up to sixty (60) months from the date of the employee's return to duty, but the

SAP can terminate the requirement after the first six (6) tests, if they determine that testing is no longer necessary. The SAP, in coordination with the Drug Program Administrator, will conduct tracking and monitoring of follow-up tests.

## **XVII. RECORDKEEPING**

### **A. Maintenance of Records**

The District will maintain records of its alcohol misuse and controlled substances use prevention programs. The records will be maintained in a secure location with controlled access. The District will maintain the records in accordance with the following schedule:

One Year – Records of negative and cancelled controlled substances test results and alcohol test results with a concentration of less than 0.02.

Two Years – Records relating to the alcohol and controlled substances collection process.

Five Years – The following records will be maintained for a minimum of five years:

- Alcohol results indicating an alcohol concentration of 0.02 or greater.
- Records of verified positive controlled substances test results.
- Documentation of refusals to take required alcohol and/or controlled substances tests.
- Driver evaluation and referrals.
- A copy of each annual calendar year summary.

### **B. Confidentiality**

The District will maintain records of the circumstances and results of any employee testing under this policy. These records, and any other information pertaining to an employee's drug or alcohol test, will be considered confidential and will be released only to:

1. The employee who was tested or other individuals designated in writing by that employee;
2. The Medical Review Officer; or
3. Individuals who need the records or information to:
  - a. Properly supervise or assign the employee;
  - b. Determine, or assist in determining, what action the District should take in response to the test results; or
  - c. Respond to appeals or litigation arising from the drug or alcohol test or related actions.

## XVIII. DEFINITIONS

**Alcohol** means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohol including methyl or isopropyl alcohol.

**Alcohol Concentration** means the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath test under this regulation. For example, 0.02 means 0.02 grams of alcohol in 210 liters of expired deep lung air. Blood tests will not be used to determine alcohol concentration, unless administered by on-site police or public safety officials in a post accident situation.

**Applicant** means any individual tentatively selected—

1. For employment with the District; or
2. For a Safety-Sensitive Position, and who has not, immediately prior to the selection, been subject to random testing.

**Breath Alcohol Technician (BAT)** means a person trained to operate the Evidential Breath Testing (EBT) device that the technician is using in the alcohol testing procedures. BATs are the only qualified personnel to administer the EBT tests.

**Chain of Custody** means the procedures to account for the integrity of each urine specimen by tracing its handling and storage from point of collection to final disposition.

**Collection Site** means a place designated by the District where individuals present themselves for the purpose of providing a specimen of either urine and/or breath.

**Confirmation Test** for alcohol testing means a second test, following a screening test with a result of 0.02 or greater that provides quantitative data of alcohol concentration. For controlled substances testing, it means a second analytical procedure to identify the presence of a specific drug or metabolite which is independent of the screen test and which uses a different technique and chemical principle from that of the screen test, in order to ensure reliability and accuracy. Gas Chromatography/Mass Spectrometry (GC/MS) is the only authorized confirmation method of cocaine, marijuana, opiates, amphetamines, and phencyclidine.

**Controlled Substance (Drug) Test** is a method of detecting and measuring the presence of controlled substances, whether legal or illegal, in a person's body. A controlled substance test may be either an initial test or a confirmation test. An initial controlled substance test is designed to identify specimens having concentrations of a particular class of drug above a specific concentration level. It eliminates negative specimens from further consideration. A confirmation drug test is a second analytical procedure to detect the presence of a specific drug or

its metabolite. The confirmation procedure is conducted independent of the initial test and uses a different technique and chemical principal in order to confirm reliability and accuracy.

Controlled substances will be tested under the Department of Health and Human Service guidelines. The cutoff concentrations below are for initial and confirmation drug tests:

Initial Test Analyte	Initial Test Cutoff Concentration	Confirmatory Test Analyte	Confirmatory Test Cutoff Concentration
Marijuana metabolites	50 ng/mL	THCA <sup>1</sup>	15 ng/mL.
Cocaine metabolites	150 ng/mL	Benzoylecgonine	100 ng/mL.
Opiate metabolites			
Codeine/Morphine <sup>2</sup>	2000 ng/mL	Codeine	2000 ng/mL.
		Morphine	2000 ng/mL.
6–Acetylmorphine	10 ng/mL	6–Acetylmorphine	10 ng/mL.
Phencyclidine	25 ng/mL	Phencyclidine	25 ng/mL.
Amphetamines <sup>3</sup>			
AMP/MAMP <sup>4</sup>	500 ng/mL	Amphetamine	250 ng/mL.
		Methamphetamine <sup>5</sup>	250 ng/mL.
MDMA <sup>6</sup>	500 ng/mL	MDMA	250 ng/mL.
		MDA <sup>7</sup>	250 ng/mL.
		MDEA <sup>8</sup>	250 ng/mL

<sup>1</sup>Delta-9-tetrahydrocannabinol-9-carboxylic acid (THCA).

<sup>2</sup>Morphine is the target analyte for codeine/morphine testing.

<sup>3</sup>Either a single initial test kit or multiple initial test kits may be used provided the single test kit detects each target analyte independently at the specified cutoff.

<sup>4</sup>Methamphetamine is the target analyte for amphetamine/methamphetamine testing.

<sup>5</sup>To be reported positive for methamphetamine, a specimen must also contain amphetamine at a concentration equal to or greater than 100 ng/mL.

<sup>6</sup>Methylenedioxyamphetamine (MDMA).

<sup>7</sup>Methylenedioxyamphetamine (MDA).

<sup>8</sup>Methylenedioxyethylamphetamine (MDEA).

**Evidential Breath Testing Device (EBT)** means the device to be used for breath alcohol testing.

**Medical Review Officer** means the individual responsible for receiving laboratory results generated from the District’s Drug and Alcohol Program who is

a licensed physician with knowledge of substance abuse disorders and the appropriate medical training to interpret and evaluate all positive test results together with an individual's medical history and any other relevant biomedical information.

**Illegal Drugs** means a controlled substance included in Schedule I or II, as defined by section 802(6) of Title 21 of the United States Code, the possession of which is unlawful under chapter 13 of that Title. The term "illegal drugs" does not mean the use of a controlled substance pursuant to a valid prescription or other uses authorized by law.

**Pre-Employment Controlled Substance Testing** is conducted before applicants begin work, but after an offer to hire. It is also conducted when existing District employees are transferred to a safety sensitive position.

**Random Controlled Substance and/or Alcohol Testing** means a system of testing imposed without individualized suspicion that a particular individual is using illegal drugs. Testing is conducted on a random, unannounced basis for safety sensitive employees just before, during, or just after performing a safety sensitive function.

**Reasonable Suspicion Controlled Substance and/or Alcohol Testing** is conducted when a trained supervisor has a good faith belief based on specific, contemporaneous, and articulable facts or evidence that an employee may have violated the prohibitions set forth this policy.

**Refusal to Submit** means failing to provide an adequate breath or urine sample for testing without a valid medical explanation or engaging in conduct that clearly obstructs the testing process (i.e., verbal declarations, obstructive behavior, or physical absence resulting in the inability to conduct the test.)

**Substance Abuse Professional (SAP)** means a licensed physician (medical doctor or doctor of osteopathy), or a licensed or certified psychologist, social worker (with knowledge of and clinical experience in the diagnosis and treatment of drug and alcohol related disorders (the license alone does not authorize this), Certified Employee Assistance Professional, or addiction counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC) with knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances related disorders.

**Trained Supervisor** means a person in authority who received at least one hour of training on the signs and symptoms of alcohol abuse and at least one hour of training on the signs and symptoms of controlled substance abuse.

## **Drug and Alcohol Program**

### **Appendices**

- A. Alcohol and Drug Effects**
  - B. Covered Positions by Job Title**
  - C. Search/Evidence (Discrepancy) Documentation Form**
  - D. Collection Center Locations**
  
  - E. Post-Accident Drug and Alcohol Testing Decision Form**
  - F. Reasonable Suspicion Documentation Form**
  - G. Drug and Alcohol Testing Program Acknowledgment Form**
- Certificate of Receipt of DOT Drug and Alcohol Program**

## APPENDIX A

### **ALCOHOL AND DRUG EFFECTS**

Section 382.601(b)(11) FMCSR mandates that all employees be provided with training material discussing the effects of alcohol and controlled substance use on an individual's health, work, and personal life.

This attachment is intended to help individuals understand the personal consequences of substance abuse.

#### **ALCOHOL**

Although used routinely as beverage for enjoyment, alcohol can also have negative physical and mood-altering effects when abused. These physical or mental alterations in a driver may have serious personal and public safety risks.

#### **Health Effects**

An average of three or more servings per day of beer (12 ounces), whiskey (1 ounce), or wine (6 ounces) over time, may result in the following health hazards:

- \* Dependency
- \* Fatal liver diseases
- \* Kidney failure
- \* Pancreatitis
- \* Ulcers
- \* Decreased sexual function
- \* Increased cancers of the mouth, pharynx, esophagus, rectum, breast, and malignant melanoma
- \* Spontaneous abortion and neonatal mortality
- \* Birth defects

#### **Social Issues**

- \* 2/3 of all homicides are committed by people who drink prior to the crime.
- \* 2 - 3% of the driving population are legally drunk at any one time. This rate doubles at night and on weekends.
- \* 2/3 of all Americans will be involved in an alcohol-related vehicle accident during their lifetime.
- \* The separation and divorce rate in families with alcohol dependency problems is 7 times the average.
- \* 40% of family court cases are alcohol-related.
- \* Alcoholics are 15 times more likely to commit suicide.
- \* More than 60% of burns, 40% of falls, 69% of boating accidents, and 76% of private aircraft accidents are alcohol-related.

- \* Over 17,000 fatalities occurred in 1993 in highway accidents, which were alcohol-related. This was 43% of all highway fatalities.
- \* 30,000 people will die each year from alcohol-caused liver disease.
- \* 10,000 people will die each year due to alcohol-related brain disease or suicide.
- \* Up to 125,000 people die each year due to alcohol-related conditions or accidents.

### Workplace Issues

- \* It takes one hour for the average person (150 pounds) to process one serving of alcohol from the body.
- \* Impairment can be measured with as little as two drinks in the body.
- \* A person who is legally intoxicated is 6 times more likely to have an accident than a sober person.

## **ALCOHOL'S TRIP THROUGH THE BODY**

**Mouth and Esophagus:** Alcohol is an irritant to the delicate linings of the throat and food pipe. It burns as it goes down.

**Stomach and Intestines:** Alcohol has an irritating effect on the stomach's protective lining, resulting in gastric or duodenal ulcers. This condition, if it becomes acute, can cause peritonitis, or perforation of the stomach wall. In the small intestine, alcohol blocks absorption of such substances as thiamine, folic acid, fat, vitamin B1, vitamin B12, and amino acids.

**Bloodstream:** 95% of the alcohol taken into the body is absorbed into the bloodstream through the lining of the stomach and duodenum. Once in the bloodstream, alcohol quickly goes to every cell and tissue in the body. Alcohol causes red blood cells to clump together in sticky wads, slowing circulation and depriving tissues of oxygen. It also causes anemia by reducing red blood cell production. Alcohol slows the ability of white cells to engulf and destroy bacteria and degenerates the clotting ability of blood platelets.

**Pancreas:** Alcohol irritates the cells of the pancreas, causing them to swell, thus blocking the flow of digestive enzymes. The chemicals, unable to enter the small intestine, begin to digest the pancreas, leading to acute hemorrhagic pancreatitis. One out of five patients who develop this disease dies during the first attack. Pancreatitis can destroy the pancreas and cause a lack of insulin, thus resulting in diabetes.

**Liver:** Alcohol inflames the cells of the liver, causing them to swell and block the tiny canal to the small intestines. This prevents bile from being filtered properly through the liver. Jaundice develops, turning the whites of the eyes and skin yellow. Each drink of alcohol increases the number of liver cells destroyed, eventually causing cirrhosis of the

liver. This disease is eight times more frequent among alcoholics than among non-alcoholics.

**Heart:** Alcohol causes inflammation of the heart muscle. It has a toxic effect on the heart and causes increased amounts of fat to collect, thus disrupting its normal metabolism.

**Urinary Bladder and Kidneys:** Alcohol inflames the lining of the urinary bladder making it unable to stretch properly. In the kidneys, alcohol causes increased loss of fluids through its irritating effect.

**Sex Gland:** Swelling of the prostate gland caused by alcohol interferes with the ability of the male to perform sexually. It also interferes with the ability to climax during intercourse.

**Brain:** The most dramatic and noticed effect of alcohol is on the brain. It depresses brain centers, producing progressive lack of coordination: confusion, disorientation, stupor, anesthesia, coma, death. Alcohol kills brain cells and brain damage is permanent. Drinking over a period of time causes loss of memory, judgment and learning ability.

## DRUGS

### Marijuana

#### Health Effects

- \* Emphysema-like conditions.
- \* One joint of marijuana contains cancer-causing substances equal to 1/2 pack of cigarettes.
- \* One joint causes the heart to race and be overworked. People with heart conditions are at risk.
- \* Marijuana is commonly contaminated with the fungus *Aspergillus* which can cause serious respiratory tract and sinus infections.
- \* Marijuana lowers the body's immune system response, making users more susceptible to infection.
- \* Chronic smoking causes changes in brain cells and brain waves. The brain does not work as efficiently or effectively. Long-term brain damage may occur.
- \* Tetrahydrocannabinol (THC) and 60 other chemicals in marijuana concentrate in the ovaries and testes.
- \* Chronic smoking of marijuana in males causes a decrease in testosterone and an increase in estrogen, the female hormone. As a result, the sperm count is reduced, leading to temporary sterility.
- \* Chronic smoking of marijuana in females causes a decrease in fertility.
- \* A higher than normal incidence of stillborn babies, early termination of pregnancy, and higher infant mortality rate during the first few days of life is common in pregnant marijuana smokers.

- \* THC causes birth defects including brain damage, spinal cord, forelimbs, liver and water on the brain and spine in test animals.
- \* Prenatal exposure may cause underweight newborn babies.
- \* Fetal exposure may decrease visual functioning.
- \* User's mental function can display the following effects:
  - delayed decision making
  - diminished concentration
  - impaired short-term memory
  - impaired signal detection
  - impaired tracking
  - erratic cognitive function
  - distortion of time estimation

### Workplace Issues

- \* THC is stored in body fat and slowly released.
- \* Marijuana smoking has long-term effects on performance.
- \* Increased THC potency in modern marijuana dramatically compounds the side effects.
- \* Combining alcohol or other depressant drugs with marijuana increases the impairing effects of both.

### Cocaine

Used medically as a local anesthetic. When abused, it becomes a powerful physical and mental stimulant. The entire nervous system is energized. Muscles tense, heart beats faster and stronger, and the body burns more energy. The brain experiences an exhilaration caused by a large release of neurohormones associated with mood elevation.

### Health Effects

- \* Regular use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing damage to critical nerve cells. Parkinson's disease could also occur.
- \* Cocaine causes the heart to beat faster, harder, and rapidly increases blood pressure. It also causes spasms of blood vessels in the brain and heart. Both lead to ruptured vessels causing strokes and heart attacks.
- \* Strong dependence can occur with one "hit" of cocaine. Usually mental dependency occurs within days for "crack" or within several months for snorting coke. Cocaine causes the strongest mental dependency of all the drugs.
- \* Treatment success rates are lower than with any other chemical dependency.
- \* Extremely dangerous when taken with other depressant drugs. Death due to overdose is rapid. Fatal effects are usually not reversible by medical intervention.

### Workplace Issues

- \* Extreme mood and energy swings create instability. Sudden noise causes a violent reaction.
- \* Lapses in attention and ignoring warning signals increases probability of accidents.
- \* High cost frequently leads to theft and/or dealing.
- \* Paranoia and withdrawal may create unpredictable or violent behavior.
- \* Performance is characterized by forgetfulness, absenteeism, tardiness, and missing assignments.

### Opiates

Narcotic drugs which alleviate pain and depress body functions and reactions.

### Health Effects

- \* IV needle users have a high risk of contracting hepatitis or AID when sharing needle.
- \* Increased pain tolerance. As a result, people may more severely injure themselves and fail to seek medical attention as needed.
- \* Narcotic effects are multiplied when combined with other depressants causing an increased risk for overdose.
- \* Because of tolerance, there is an ever increasing need for more.
- \* Strong mental and physical dependency occurs.
- \* With increased tolerance and dependency combined, there is a serious financial burden for the users.

### Amphetamines

Central nervous system stimulant that speeds up the mind and body.

### Health Effects

- \* Regular use causes strong psychological dependency and increased tolerance.
- \* High doses may cause toxic psychosis resembling schizophrenia.
- \* Intoxication may induce a heart attack or stroke due to increased blood pressure.
- \* Chronic use may cause heart or brain damage due to severe constriction of capillary blood vessels.
- \* Euphoric stimulation increases impulsive and risk taking behavior, including bizarre and violent acts.
- \* Withdrawal may result in severe physical and mental depression.

### Workplace Issues

- \* Since the drug alleviates the sensation of fatigue, it may be abused to increase alertness during periods of overtime or failure to get rest.
- \* With heavy use or increasing fatigue, the short-term mental or physical enhancement reverses and becomes impairment.

## **Phencyclidine (PCP)**

Often used as a large animal tranquilizer and abused primarily for its mood altering effects. Low doses produce sedation and euphoric mood changes. Mood can rapidly change from sedation to excitation and a blank stare. Sudden noises or physical shocks may cause a "freak out" in which the person has abnormal strength, violent behavior, and an inability to speak or comprehend.

### **Health Effects**

- \* The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body.
- \* PCP, when combined with other depressants, including alcohol, increases the possibility of an overdose.
- \* If misdiagnosed as LSD induced, and treated with Thorazine, can be fatal.
- \* Irreversible memory loss, personality changes, and thought disorders may result.

### **Workplace Issues**

- \* Not common in workplace primarily because of the severe disorientation that occurs.
- \* There are four phases to PCP abuse:
  - Acute toxicity causing combativeness, catatonia, convulsions, and coma. Distortions of size, shape, and distorted perception are common.
  - Toxic psychosis with visual and auditory delusions, paranoia, and agitation.
  - Drug induced schizophrenia.
  - Induced depression which may create suicidal tendencies and mental dysfunction.

## **APPENDIX B**

### **Covered Positions by Job Title**

Operations and Maintenance Supervisor

Water Distribution Specialist

Water Distribution System Operator - III

Water Distribution System Operator - II

Water Distribution System Operator - I

Meter Reader/Field Service Technician – I/II

**APPENDIX C**

**Valley of the Moon Water District**

**Search/Evidence (Discrepancy) Documentation Form**

Department/work location: \_\_\_\_\_

Employee or subject name: \_\_\_\_\_

Social Security/employee number: \_\_\_\_\_

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

Investigated by: \_\_\_\_\_

Employed by: \_\_\_\_\_ Position: \_\_\_\_\_

Location of search: \_\_\_\_\_

Reason for search:  Routine  Periodic  Contractual

Reasonable Suspicion (or cause)

Location of evidence or prohibited items: \_\_\_\_\_

Description of evidence, items or substances (continue on back, if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were local authorities called? \_\_\_\_\_

Time: \_\_\_\_\_

\_\_\_\_\_  
Reporting supervisor's signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Witness' signature \_\_\_\_\_ Date \_\_\_\_\_

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

## **APPENDIX D**

### COLLECTION CENTER LOCATIONS:

OccuMed/Occupational Health  
Sonoma Valley Hospital  
347 Andrieux Street  
Sonoma, CA 95476  
Phone: 707-935-5470  
Fax 707.935.5461

The Occupational Health Department is open Monday through Friday, 8 am through 5 pm. The department is closed between 12 noon and 1 pm.

**APPENDIX E**

**Valley of the Moon Water District**

**Post-Accident Drug and Alcohol Testing Decision Form**

**Accident Information:**

Date of Accident \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Location of Accident \_\_\_\_\_

Employee Name: \_\_\_\_\_

**Decision Questions:**

1. Was there a **fatality**? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, DOT drug and alcohol testing required**

If there was **NO fatality**, answer the following questions:

2. Did the person performing safety-sensitive functions with respect to the vehicle **receive a citation** under State or local law for a moving traffic violation arising from the accident?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Did the accident involve **bodily injury** to any person who, as a result of the injury, immediately received medical treatment away from the scene of the accident?

Yes \_\_\_\_\_ No \_\_\_\_\_

Did one or more motor vehicles incur **disabling damage** as a result of the accident **requiring transportation away from the scene** by a tow truck or other motor vehicle?

Yes \_\_\_\_\_ No \_\_\_\_\_

- **If there was NO fatality AND you checked YES for QUESTION 3 AND either or both of the answers to QUESTION 4, a FMCSA Post-Accident DRUG and ALCOHOL test IS REQUIRED.**
- **If there was NO fatality AND you checked NO for QUESTION 3, a FMCSA Post-Accident DRUG and ALCOHOL test should not be administered.**



## APPENDIX F

### VALLEY OF THE MOON WATER DISTRICT REASONABLE SUSPICION DOCUMENTATION FORM

 Employee is reporting for duty

 Employee is already on duty

EMPLOYEE NAME:		DATE OF OBSERVATION:	
LOCATION:		TIME OF OBSERVATION	
		AM	AM
		FROM	TO
		PM	PM
<b>OBSERVED PERSONAL BEHAVIOR (CHECK ALL APPROPRIATE ITEMS)</b>			
BREATH: (Odor of alcoholic beverage)	<input type="checkbox"/> Strong <input type="checkbox"/> None	<input type="checkbox"/> Faint	<input type="checkbox"/> Moderate
EYES:	<input type="checkbox"/> Bloodshot <input type="checkbox"/> Clear <input type="checkbox"/> Dilated Pupils	<input type="checkbox"/> Glassy <input type="checkbox"/> Heavy Eyelids	<input type="checkbox"/> Normal <input type="checkbox"/> Fixed Pupils
SPEECH:	<input type="checkbox"/> Confused <input type="checkbox"/> Slurred <input type="checkbox"/> Stuttering <input type="checkbox"/> Not Understandable	<input type="checkbox"/> Mumbling <input type="checkbox"/> Good <input type="checkbox"/> Cotton Mouthed	<input type="checkbox"/> Thick Tongued <input type="checkbox"/> Fair <input type="checkbox"/> Mush Mouthed
ATTITUDE:	<input type="checkbox"/> Excited <input type="checkbox"/> Indifferent <input type="checkbox"/> Care Free <input type="checkbox"/> Cooperative	<input type="checkbox"/> Combative <input type="checkbox"/> Talkative <input type="checkbox"/> Cocky <input type="checkbox"/> Profane	<input type="checkbox"/> Hilarious <input type="checkbox"/> Insulting <input type="checkbox"/> Sleepy <input type="checkbox"/> Polite
UNUSUAL ACTION:	<input type="checkbox"/> Hiccoughing <input type="checkbox"/> Fighting <input type="checkbox"/> Other:	<input type="checkbox"/> Belching <input type="checkbox"/> Crying	<input type="checkbox"/> Vomiting <input type="checkbox"/> Laughing
BALANCE:	<input type="checkbox"/> Falling <input type="checkbox"/> Swaying	<input type="checkbox"/> Needs Support <input type="checkbox"/> Other:	<input type="checkbox"/> Wobbling
WALKING:	<input type="checkbox"/> Falling <input type="checkbox"/> Swaying	<input type="checkbox"/> Staggering	<input type="checkbox"/> Stumbling
TURNING:	<input type="checkbox"/> Falling <input type="checkbox"/> Swaying	<input type="checkbox"/> Staggering <input type="checkbox"/> Hesitant	<input type="checkbox"/> Stumbling
ANY OTHER UNUSUAL ACTIONS OR STATEMENTS:			
SIGNIS OR COMPLAINTS OF ILLNESS OR INJURY:			

#### SUPERVISOR'S OPINION

EFFECTS OF ALCOHOL/DRUG INTOXICATION	<input type="checkbox"/> NONE <input type="checkbox"/> EXTREME	<input type="checkbox"/> SLIGHT	<input type="checkbox"/> OBVIOUS
OPERATION OF EQUIPMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS:	
ADDITIONAL COMMENTS:			

Reasonable Suspicion Test Refused Yes  No  Date \_\_\_\_\_ Time \_\_\_\_\_  
 Reasonable Suspicion Test Performed Yes  No  Date \_\_\_\_\_ Time \_\_\_\_\_

Clinic: \_\_\_\_\_

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

Witness: \_\_\_\_\_ Signature \_\_\_\_\_  
 (if available and trained in Reasonable Suspicion)  
 Date \_\_\_\_\_ Time \_\_\_\_\_

**APPENDIX G**

**VALLEY OF THE MOON WATER DISTRICT**

**DRUG AND ALCOHOL TESTING PROGRAM  
ACKNOWLEDGMENT FORM**

I, \_\_\_\_\_, have received a copy, read and understand the Drug and Alcohol Testing Program policy and its supporting documents. I consent to submit to the drug and alcohol testing program as required by the Drug and Alcohol Program policy, its supporting documents and the law.

**ANY EMPLOYEE WHO REFUSES TO COMPLY WITH THE REQUIREMENTS OF THE DRUG & ALCOHOL TESTING POLICY MAY BE SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.**

**DO NOT SIGN THIS ACKNOWLEDGEMENT FORM UNTIL YOU HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE POLICY PROVISIONS LISTED ABOVE.**

Employee's Signature: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_