THE PIPE FITTING COUNCIL OF GREATER CHICAGO

SUBSTANCE ABUSE TESTING AND TREATMENT POLICY

Participants:

Mechanical Contractors Association
7065 Veterans Boulevard, Burr Ridge, Illinois 60527
Phone: 312/384-1220

Pipe Fitters Association, Local Union 597, UA
45 North Ogden Avenue, Chicago, Illinois 60607
Phone: 312/829-4191

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I. PROGRAM OBJECTIVE

The Pipe Fitting Council of Greater Chicago is committed to establishing and maintaining a drug free workplace for every Employee covered under the Collective Bargaining Agreement (CBA) between the Pipe Fitters Association, Local 597 U.A. (Union) and the Mechanical Contractors Association (MCA). As such, the objective of this Substance Abuse Testing and Treatment Policy (Policy) is to provide consistent, fair and manageable procedures for Illegal/Unauthorized Drug(s) and Alcohol screening of applicants and Employees that will be accepted by participating Employers and job site Owners, and to maintain a central database of participating Employees in order to expedite their employment and access to job sites.

The purpose of this Policy is to increase on-the-job safety and ensure high quality services and productivity by denying job site presence to Employees whose abilities are impaired by Illegal/Unauthorized Drugs or Alcohol or have otherwise violated this Policy. The types of testing conducted under this Policy will involve random, post-accident, reasonable cause/suspicion, periodic, return to work and probationary status/follow-up testing. This Policy, along with any Employee Assistance Program (EAP) that may be in effect, will:

1. Help produce a safe, healthful and drug-free work place for all Employees;
2. Increase Union market share;
3. Educate Employers and Employees on the signs, symptoms and consequences of substance abuse;
4. Improve work place safety and reduce substance abuse-related injuries and property damage;
5. Reduce substance abuse-related absenteeism and tardiness;
6. Refer Employees with substance abuse problems to appropriate care and assistance;
7. Deter Employees from bringing, possessing, using, distributing or having in their systems Alcohol or Illegal/Unauthorized Drugs on work time or premises;
8. Improve the image of our industry;
9. Improve productivity and service quality.
II. DEFINITIONS

As used in this Policy, the following terms shall have the following meaning:

1. “Accident” – Any on-the-job event or event occurring in or on Employer Property resulting in injury to a person requiring outside medical care or treatment or property damage to which an Employee contributed as a direct or indirect cause.

2. “Adulterated Test Result” – The donor has tainted the specimen with a foreign contaminate, such as bleach, to prevent the detection by the laboratory of an Illegal/Unauthorized Drug. An adulterated sample is considered an administrative positive and has the same consequences as a confirmed Positive Test Result.

3. “Alcohol” or “Alcoholic Beverages” – The intoxicating agent in beverage alcohol, ethyl alcohol or other low molecular weight alcohols, including methyl and isopropyl alcohol.

4. “Applicant” – Any individual who will perform work and has been referred for hire by a labor local or a person selected through a direct hire process. As a condition of employment, applicant must meet the applicable conditions of this Policy prior to employment.


6. “Company/Employer Premises and/or Property” – Any and all property, facilities, land, parking lots, structures and vehicles owned, leased, used or under the control of the Employer, and any job site to which the Employer assigns any Employee.

7. “Committee” – The Joint Labor Management Cooperation Committee (LMCC) between the Pipe Fitters Association Local 597 U.A. and the Mechanical Contractors Association, which will be known as the Pipe Fitting Council of Greater Chicago (PFCGC).

8. “Communicator” – Employer representative designated by the Employer to preserve the confidentiality of an Employee’s drug testing information. The Employer is required to designate both a Primary Communicator and Alternate Communicator.

9. “Diluted Test Result” – A Diluted Test Result means that the specific gravity of the specimen is 1.003 or less and the creatinine level is less than 20 mg/dl. The following are some of the causes for a diluted sample and the related procedures:

Causes

a) Dialysis or chemotherapy.

b) A kidney or pancreas disorder requiring medical attention.
c) The Employee is attempting to flush out their system of Illegal/Unauthorized Drugs. This requires an enormous amount of water/fluids to be consumed over approximately twenty-four (24) hours prior to providing a sample. The normal consumption of liquids or consuming liquids prior to testing will not cause a sample to be diluted.

**Procedures**

a) A diluted specimen with a creatinine level of less than 20 mg/dl but greater than 5 mg/dl will require the Employee to provide another sample.

b) A diluted specimen with a creatinine level greater than or equal to 2 mg/dl, but less than or equal to 5 mg/dl will require the Employee to provide another specimen under direct observation.

c) A diluted specimen with a creatinine level of less than 2 mg/dl will be ruled as a substituted specimen and will have the same consequences as a Positive Test Result.

10. **“Employee Assistance Program (EAP)”** – An EAP is a qualified independent third party professional organization that will conduct assessments, make referrals and monitor compliance with this Policy.

11. **“Employee”** – Has the meaning ascribed to it in the current version of the Area and Industrial Agreements by and between the Mechanical Contractors Association of Chicago, for and on behalf of Employers, and the Pipe Fitters Association Local 597 U.A., for and on behalf of Employees.

12. **"Employee Eligibility Status"** – The Third Party Administrator (TPA) shall maintain a database of Employees that indicates each Employee’s current eligibility status. An Employee’s status shall indicate the Employee’s compliance or non-compliance with the Policy's terms and conditions as follows:

   a) **Compliant:** Employees who have been subject to a drug test and/or are in compliance with the Policy's terms and are therefore eligible for immediate placement without having to take a drug test. This includes Employees that are subject to periodic and/or random drug testing, but have not yet been selected to perform a drug test.

   b) **Non-Compliant:** Employees who are not in compliance with this Policy for any reason set forth in Section X(A).

13. **“Employer”** – Has the meaning ascribed to it in the current version of the Area and Industrial Agreements by and between the Mechanical Contractors Association of Chicago, for and on behalf of Employers, and the Pipe Fitters Association Local 597 U.A., for and on behalf of Employees.

14. **“Illegal/Unauthorized Drugs”** – Any drug that is illegal under federal law or the use of a Legal/Controlled Drug(s) by an individual other than the individual for whom the drug is prescribed or the use of a Legal/Controlled Drug by the individual for whom it was prescribed for a purpose other than the purpose for which it was prescribed. Notwithstanding state medical marijuana laws, marijuana is an illegal drug under federal law and, therefore, is an Illegal/Unauthorized Drug under this Policy.
15. **“Legal/Controlled Drugs”** – Any prescribed or over-the-counter drug, which has been lawfully prescribed/obtained under federal law and is being used for the purpose for which it was prescribed.

16. **“Medical Review Officer (MRO)”** – The MRO is a licensed physician who has knowledge of substance abuse disorders and has received the appropriate medical training to interpret and evaluate an Employee’s Positive Test Result as it relates to the Employee’s medical history and any other biomedical condition.

17. **“Negative Test Result”** – A Negative Test Result indicates that the Alcohol level is below .04 Breath Alcohol Content (“BAC”) and/or an Illegal/Unauthorized Drug above the levels as described in this Policy has not been detected in the Employee’s specimen by the laboratory.

18. **“Not Consistent with Human Urine or Substituted Test Result”** – This test result is self-explanatory and is determined by the laboratory. A Not Consistent with Human Urine or Substituted Test Result has the same consequences as a confirmed Positive Test Result.

19. **“Notify”, “Notice” or “Notification”** – Actual Notice delivered in such a way as to give sufficient assurance that the information has been conveyed to the recipient.

20. **“Positive Test Result”** – A Positive Test Result indicates that the Alcohol level is .04 BAC or above and/or the laboratory and MRO have confirmed an Illegal/Unauthorized Drug(s) in the Employee’s system as described in this Policy.

21. **“Possession”** – Actual or constructive care, custody, control or immediate access to Illegal/Unauthorized Drugs and Alcohol Beverages.

22. **“Prohibited Substances and Items”** include:
   a) Illegal or Legal Drugs that have not been legally prescribed for the Employee and controlled substances, “look-alike”, designer and synthetic drugs and mood or mind altering substances.
   b) Prescribed drugs used in a manner inconsistent with the prescription.
   c) Reporting to work Under the Influence of Alcohol is also strictly prohibited.

23. **“Reasonable Suspicion” shall be defined as abnormal or unusual behavior exhibited by an Employee on Employer Property who:**
   a) Is observed by either: (i) a supervisor trained in accordance with this Policy, or who has been trained to recognize the symptoms of drug abuse, impairment or intoxication, which observations shall be documented by the observers; (ii) any supervisor, regardless of training, and such observance is witnessed and confirmed by a second supervisor; or (iii) any supervisor or managerial personnel who believes that the Employee presents a danger to himself or others or the Employer’s Property;
   b) Exhibits the type of behavior which shows accepted symptom(s) of intoxication or impairment caused by Prohibited Substances or Alcohol or addiction to or dependence upon said Prohibited Substances or Alcohol; and
c) Exhibits conduct that cannot be reasonably explained as resulting from other causes, such as fatigue, lack of sleep, side effect of prescription or over-the-counter medications, illness, reaction to noxious fumes or smoke.

Reasonable Cause/Suspicion Documentation should be utilized whenever an Employee is suspected of Alcohol and/or drug use by actions, appearance or conduct, which constitutes a major change in the Employee's appearance and/or behavior. Employees testing for Reasonable Suspicion shall have the right to have their Union representative present during written documentation and at the collection site during testing.

24. “Substance Testing” – Drug analysis by means of urine, oral fluid, or blood and Alcohol analysis by means of breath, urine or blood.

25. “Third Party Administrator” (TPA) – A TPA is an independent third party professional organization that will implement and monitor the Policy and its contents, including, but not limited to, testing; collection sites; random selection; random testing; auditing of Policy integrity; and advising the Committee regarding recommended updates and maintenance of the Policy to keep pace with current and developing trends in the field of substance abuse and screening.

26. “Under the Influence” – The presence of a Prohibited Substance in body fluids or breath that affects the Employee in any detectable manner. The symptoms of influence may be, but are not limited to, slurred speech or difficulty in maintaining balance. Under the Influence for Alcohol refers to a breath Alcohol content of .04 or greater.

27. “Unsuitable Test Result” – The laboratory determines that the specimen contains a foreign contaminate or the Employee has ingested fluids to mask the Illegal/Unauthorized Drug(s) but the levels are not in the range to legally determine if the specimen is Adulterated or substituted. An Unsuitable Test Result will require the Employee to provide another sample under observation.

III. POLICY STATEMENT

1. This is to Notify all Employees that the use, abuse or reporting to work Under the Influence, bringing onto Employer Property the unlawful manufacture, distribution, Possession, transfer, storage, concealment, transportation, promotion or sale of Illegal/Unauthorized Drugs, Prohibited Substances or drug related paraphernalia by Employees is strictly prohibited and is a violation of this Policy.

Employees using Legal/Controlled Drugs, which may impair the performance of job duties, either mental or motor functions, must immediately inform the Employer of such prescription substance use. The Employer will attempt to accommodate the Employee's needs by making an appropriate reassignment if required. However, if a reassignment is not possible, the Employee will be placed on temporary medical leave until released as fit for duty by the prescribing physician.

2. Every Employee consents to be tested for drugs and authorizes release of the results to the TPA, the clinic, the laboratory, the EAP, and the MRO. The Employee shall sign a written consent and release with the TPA at the time of testing. Except as otherwise provided in this Policy, the TPA shall only report an Employee’s status as “Compliant” or “Non-Compliant” with the Policy and whether
the Employee is currently “Non-Compliant” with the reinstatement requirements for a “Third or Subsequent Confirmed Instance of Non-Compliance” in Section X(C)(3)(c). The TPA shall not release any Employee’s test results except as provided in Section IX(A).

3. It is understood that the Union shall not be responsible for ascertaining or monitoring the drug-free or Alcohol-free status of any Employee or applicant for employment or otherwise ensuring safety on the job site.

4. Nothing in this policy overrides the Employer’s superseding obligation, duty and discretion under Occupational Safety and Health Administration to provide a safe work site.

5. An Employee that is Non-Compliant with the requirements of any substance abuse testing program required by an owner, or another entity to which the Employer is contractually bound, shall not be thereby deemed to be “Non-Compliant” under this Policy. However, an Employee that is Compliant with such a program may be deemed to be Complaint under this Policy in accordance with the “Grandfathered” Compliance provision set forth in Section IX (C)(10).

6. An Employer’s adherence to the requirements of any substance abuse testing program required by an owner, or another entity to which the Employer is contractually bound, shall not be considered an Employer breach of the terms and conditions of this Policy.

IV. PIPE FITTING COUNCIL OF GREATER CHICAGO

The development, implementation and overall responsibility of this Policy shall be the joint responsibility of the Local 597/MCA Labor Management Cooperation Committee, which shall be known as the Pipe Fitting Council of Greater Chicago (“Committee”). The Committee shall:

1. Determine operating procedures.
2. Interpret the Policy.
3. Appoint a Third Party Administrator (TPA).

V. THIRD PARTY ADMINISTRATOR

The Committee will appoint a TPA to administer this Policy. The responsibilities of the TPA shall be:

1. Select and utilize the services of a laboratory certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) under the Department of Health and Human Services (DHHS) guidelines.
2. Select an MRO that is licensed by the American Association of Medical Review Officers.
3. Provide chain of custody forms, test kits and collection locations that utilize SAMHSA procedures to insure both proper chain of custody protocols and Employee confidentiality is met.
4. Inform the Committee of revisions to SAMHSA regulations, enhancements to the Policy and new technology in drug and Alcohol testing.

5. Maintain appropriate systems, databases, records and administrative procedures to provide participating Employers with accurate and timely information as to the Employee Eligibility Status in order to expedite their employment and access to the job site.

6. Perform random selections by use of a computer generated numerical software program designed to ensure that no Employee is singled out.

7. Notify the appropriate Employer Communicator of Employees that have been selected for a random and periodic renewal drug test. Except as provided in this Policy, no Employee will be tested for Alcohol unless there exists a Reasonable Suspicion that the person is Under the Influence of Alcohol, or they are involved in an Accident.

8. Notify the Employer Communicator of Employee Eligibility Status.

9. Refer Employees who have provided a laboratory confirmed non-Negative Test Result to the MRO for interpretation and final confirmation of the non-Negative Test Result.

10. Ensure that the EAP has released Employees who have had a Positive Test Result to return to work, and that said Employees have provided an acceptable Negative Test Result.

11. Ensure that all necessary follow-up/probationary status tests are performed as provided for in the Policy.

12. Provide training to the Employers' designated Employees in their responsibilities and administration of the Policy and to supervisory personnel responsible for determining whether an Employee must be tested based on Reasonable Suspicion.

13. Assist in referring Employees who have tested positive for drugs and/or Alcohol to the appropriate EAP for counseling.

14. Ensure that the Policy complies with applicable Federal, State and Local laws.

VI. MEDICAL REVIEW OFFICER (MRO)

The responsibilities of the MRO shall be to:

1. Review the chain of custody form to ensure that proper SAMHSA protocols have been maintained.

2. Discuss with the Employee who has provided a non-Negative Test Result confirmed by the laboratory to allow the Employee to provide documentation for any Legal/Controlled Drug(s).

3. Notify the Employee of the Positive or Negative Test Result.
4. Allow Employees who have provided a confirmed Positive Test Result an opportunity to request that their original sample be retested by a SAMHSA certified laboratory of their choice.

VII. RIGHTS OF EMPLOYEES

Employees shall have the following rights:

1. The PFCGC will provide each journeyman Employee a copy of this Policy within 120 days of adoption. Further, the PFCGC will reasonably provide any Employee with a copy of this Policy upon request. The Employer shall provide each Employee with the Employee Notice of Policy and Consent and Release Form at the time of notifying the Employee they have been selected for random or periodic Substance Testing as well as a list of nearby collection facilities or on-site facility to which the Employee must report to provide his or her donation. The Employer must have the Employee sign and date a receipt acknowledging they have been notified to submit to a random or periodic Substance Test within 24 hours.

2. Allowed the opportunity to discuss with the MRO any medical conditions, Legal/Controlled Drugs that the Employee is currently taking or has recently taken or any other relevant information to explain the non-Negative Test Result.

3. Allowed the opportunity to request a retest pursuant to Section IX(C)(6).

4. Reimbursed by the Employer for the cost of the retest and paid all wages and benefits lost while awaiting final determination of the sample if the retest results in a Negative Test Result.

VIII. VOLUNTARY DISCLOSURE

Each Employee is responsible for seeking help before an Alcohol and/or drug problem leads to disciplinary action. The EAP provides confidential assistance to Employees and their dependents that are experiencing substance abuse and/or an Alcohol-related problem in their own lives. Employees are encouraged to contact the EAP for assistance.

The Employee’s decision to seek assistance (self-referral) to bona fide treatment through the EAP or otherwise prior to a violation of the Policy will not be used against the Employee as a basis for being deemed Non-Compliant. Employees who seek assistance through the EAP or otherwise as a consequence of a Positive Test Result remain subject to the terms and conditions established by this Policy.

IX. SUBSTANCE ABUSE TESTING PROTOCOLS

Employees will be required to undergo Substance Testing to determine the use of any Illegal/Unauthorized Drug, Alcohol or Prohibited Substances.

A. CONFIDENTIALITY: An Employee’s expectation of privacy and confidentiality is a top priority of this Policy. Accordingly, all Substance Testing records will be considered confidential and will only be released upon written consent of the Employee, except that such information will be released, regardless of consent: 1) to inform the Employer and/or the Union in accordance with this Policy that the Employee is “Compliant” or “Non-Compliant” under the Policy and whether the
Employee is currently “Non-Compliant” with the reinstatement requirements for a “Third or Subsequent Confirmed Instance of Non-Compliance” in Section X(C)(3)(c); 2) upon issuance of a subpoena compelling release of such information from a duly situated and authorized administrative or judicial forum; 3) to the parties of a grievance initiated by the Employee and/or Union in which the Substance Testing results are a material issue; or 4) to workers compensation carriers and the Unemployment Compensation Commission in which the Substance Testing results are a material issue.

B. SPECIMEN COLLECTIONS: Certified Collection Specialists and Breath Alcohol Technicians will collect all samples, utilizing Substance Abuse & Mental Health Services Administration (SAMHSA) procedures to insure both proper chain of custody protocols and Employee confidentiality are met. All samples will be collected with concern for each Employee’s personal privacy, dignity, and confidentiality. The TPA shall provide the following three (3) options for Illegal/Unauthorized Drug(s) and Alcohol screening collections:

1. **Mobile On-Site Collections**: Certified collectors may be available to conduct the Substance Testing collections at the job site or the Employer’s office.

2. **Clinical Collections**: The TPA shall make arrangements with clinical collection sites for Substance Testing of Employees.

3. **TPA Office Collections**: Substance Testing collections may be available when the TPA has an office in the area.

All specimen collections for Illegal/Unauthorized Drug and/or Alcohol testing will follow the manner and methods provided in DHHS and SAMHSA guidelines.

C. TYPES OF TESTING TO BE CONDUCTED:

The following types of testing will be performed:

1. **Random Testing**: Employees shall be subject to unannounced random drug testing (not Alcohol). Random selections will be made by use of a computer generated numerical program designed to ensure that no Employee can be singled out. Upon notification of Employees selected for random testing, Employers shall have five (5) business days to complete the random testing requirement. Employees must report for random testing within 24 hours of notification by their Employer Communicator of their selection for random testing.

   Employees will be selected randomly from a thirty-two percent (32%) pool. The names of selected participants will not be returned to the pool until twenty-four (24) months from the end of the calendar year in which they were tested, so that every three (3) years all Employees will have been tested at least once. Apprentices will not be included in Random Testing.

   In the event that the Employee is unavailable for testing within the five (5) business days or is no longer employed by the Employer, the Employer Communicator shall Notify the TPA of the Employee’s unavailability within five (5) business days.

2. **Post-Accident Testing**: Employees shall be required to take an Illegal/Unauthorized Drug and/or Alcohol test after having been involved in an Accident wherein there is reasonable possibility that drug or alcohol use
contributed to the injury, Testing of Employees will be consistently and equally applied to all Employees. Illegal/Unauthorized Drug and/or Alcohol testing by use of blood will only be used for post-accident testing and only when the Employee is unable to provide a normal urine drug and/or breath screen.

If testing under this Policy is ever required of an Employee who is in need of medical attention, necessary medical attention will not be delayed in order to collect the specimen. However, such an Employee shall promptly, upon request, provide the necessary authorization for obtaining hospital reports and records and any other information at the time the need for medical attention and/or testing arose.

The Employer will make transportation arrangements for any Employee to be tested following the mandatory guidelines of the DHHS.

3. **Reasonable Suspicion Testing:** A decision to test under the “Reasonable Suspicion” procedures will be based on physical, behavioral or performance indicators (i.e., abnormal or unusual behavior or other circumstances sufficient to lead a reasonable person to suspect that an Employee is using, under the influence of, or is in possession of abused drugs, Alcohol or Prohibited Substances).

During the process of establishing Reasonable Suspicion for testing, the Employee has the right to request his Union representative to be present. The Employer will make transportation arrangements for any Employee to be tested following the mandatory guidelines of DHHS.

As soon as practicable following any test based on Reasonable Suspicion, the company supervisor or manager shall complete all documentation and prepare a written report of all of the events that occurred from the initial observation of Reasonable Suspicion through the testing process, including the actions of the Employee.

Although the “Reasonable Suspicion” may be found under various circumstances, “Reasonable Suspicion” will be established as a matter of certainty: (a) If a supervisor who has received training in the detection of possible symptoms of Illegal/Unauthorized Drug and Alcohol use confirms the observation in writing within 24 hours of its occurrence; or (b) If any supervisor, regardless of training, confirms the observation in writing within 24 hours of its occurrence and such observance is witnessed and confirmed by a second supervisor.

Nothing in the preceding clause will prevent or otherwise limit any supervisor from requiring an Employee to submit to Reasonable Suspicion testing if the supervisor believes that the Employee presents a danger to himself or others or the Employer’s Property and equipment and delaying testing would increase that danger.

4. **Return to Work, Post Treatment, Rehabilitation Testing:** Employees shall be required to successfully pass a drug and/or Alcohol test upon release from an approved rehabilitation and/or assessment program prior to being returned to “Compliant” status.
5. **Probationary Status/Follow-Up Testing:** Employees who have previously tested positive for drugs and/or Alcohol and are subject to the reinstatement requirements of this Policy.

6. **Retest:** Employees receiving a confirmed Positive Test Result shall have the right to request that their original sample be retested by a SAMHSA certified laboratory of their choice. The request must be postmarked to the MRO within two (2) business (M-F) days of the Notification of a confirmed Positive Test Result. The Employee requesting the retest shall pay the initial cost for a retest in advance to the MRO. The Employee shall be furnished in writing the result of the retest.

In the event that said retest should prove to be a Negative Test Result, the Employee shall be reimbursed by the Employer for the cost of the retest and paid all wages and benefits lost while awaiting the retest results, and shall be immediately reinstated to Compliant and eligible to return to work.

7. **Federally Mandated Testing:** Any Employee, for whom Substance Testing is mandated under a Federal Substance Abuse Testing Program, will remain subject to such testing notwithstanding the requirements of this Policy.

8. **Other Mandated Testing.** Any Employee, for whom Substance Testing is mandated for a particular site by an owner, including any entity to whom the Employer is contractually bound, shall be subject to such testing notwithstanding the requirements of this Policy.

9. **Periodic Testing:** All Employees will be part of a second pool in which three percent (3%) of the participants will be selected for testing each year. Participants in this three percent (3%) pool can be selected for testing at any time even if they have been selected recently for Random testing (32% pool). All apprentices shall be included in this Periodic testing (3% pool) after their first year, but not Random testing (32% pool). Additionally, A Periodic drug test will be required of all Employees who have not been otherwise tested within a 36 month period.

10. **“Grandfathered” Compliance:** Employees covered and in verifiable compliance with a public and/or private substance abuse testing policy equal to or more stringent than this Policy who provided a negative drug and/or Alcohol test within the previous 180 days of selection for periodic and/or random testing from the thirty-two percent (32%) pool may be considered “Compliant” under this Policy. No Employee shall be grandfathered out of the required random testing from the three percent (3%) pool.

11. **Oral Fluid Testing.** Oral fluid testing is authorized under this Policy under the following circumstances:

   a. **Diluted Test Result.** A single Diluted Test Result is not accepted as a valid Negative Test Result and the Employee will have the option to retest not more than 24 hours after notification by the Employer. If the second specimen is also a Diluted Test Result, the Employee may request a third test using the oral fluid method. Following notification by the Employer of the second subsequent Diluted Test Result, the Employee shall contact the TPA within 24 hours and the TPA will provide the Employee instructions on how and where to test using the oral fluid method.
b. **Inability to Produce a Sample / Shy Bladder.** When a shy bladder occurs, the Employee will be instructed by the TPA’s specimen collector to drink fluids and provide an acceptable urine sample within two (2) hours. If at the conclusion of the two (2) hours, the Employee remains unable to produce a urine sample, the collection site shall release the Employee who must contact the TPA within 24 hours. The TPA will provide the Employee with instructions on how and where to test using the oral fluid method.

If the Employee does not complete the oral fluid test under one of the above-mentioned options, the Employee will be considered Non-Compliant under Article X, Section A of this Policy.

D. **SPECIMEN ANALYSIS:** All samples collected under this Policy will be analyzed by a SAMHSA certified laboratory, and shall include an initial Enzyme Multiplied Immunoassay Screening Test (EMIT) and, when necessary, confirmed by a Gas Chromatography/Mass Spectrometry (GC/MS) Confirmation Test. Said testing must screen, at a minimum, for the following substances and below the following levels to result in a Negative Test Result:

<table>
<thead>
<tr>
<th>Drugs Tested</th>
<th>(EMIT) Initial Test Cut-Off Level (ng/ml)</th>
<th>(GC/MS) Confirmation Test Cut-Off Level (ng/ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamines/Methamphetamines/MDMA*</td>
<td>500</td>
<td>250</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>300</td>
<td>200</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>300</td>
<td>200</td>
</tr>
<tr>
<td>Cannabinoids (Marijuana - THC)*</td>
<td>50</td>
<td>15</td>
</tr>
<tr>
<td>Cocaine Metabolite*</td>
<td>150</td>
<td>100</td>
</tr>
<tr>
<td>Methadone</td>
<td>300</td>
<td>200</td>
</tr>
<tr>
<td>Methaqualone</td>
<td>300</td>
<td>200</td>
</tr>
<tr>
<td>Opiates*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) Codeine/Morphine</td>
<td>2,000</td>
<td>2,000</td>
</tr>
<tr>
<td>(ii) Heroin</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Phencyclidine (PCP)*</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Propoxyphene</td>
<td>300</td>
<td>200</td>
</tr>
<tr>
<td>Breath/Blood Alcohol Content (BAC)</td>
<td>.04%</td>
<td>.04%</td>
</tr>
</tbody>
</table>

* Cut-off levels meet those established by the Department of Health and Human Services in their mandatory Guidelines for Federal Workplace Drug Testing Programs (DHHS/DOT). In the event the DHHS/DOT drugs and cut-off levels are amended, the Policy will be amended accordingly.

1. The Committee shall have the right to change the drugs tested, the cut-off levels and the analysis procedures as new technology in Substance Testing warrants.

2. Any Employee who provides an Unsuitable Test Result may be required to have subsequent drug tests observed.

3. Blood, urine or breath screen tests are acceptable for Alcohol testing.
4. Screening for Alcohol will utilize an approved Evidential Breath Testing devise (EBT) as listed in the Conforming Products List for instruments that conform to the Model Specifications for Evidential Breath Testing Devices. A confirmed screening level less than 40 mg/dl (.04%) is considered a Negative Test Result.

E. RECORD KEEPING: Hard copy Substance Testing results shall be maintained by the TPA for the following specified periods:

1. Negative Test Results will be maintained for one (1) year;
2. Positive Test Results will be maintained for five (5) years; and
3. Rehabilitation records will be maintained for five (5) years.

X. POLICY VIOLATIONS

An Employee’s failure to comply with any provisions of this Policy shall be cause for disciplinary action in accordance with this Policy.

A. Determination for Violation of Policy (Non-Compliant):

1. A confirmed Positive Test Result.
2. Failure or refusal to sign Notice of Policy Consent and Release Form at the time of Substance Testing and/or failure or refusal to sign acknowledgement of notice to submit for a random or periodic test as provided for in Section VII (1).
3. Failure to contact the MRO as directed.
4. Failure to report as directed for Substance Testing.
5. The use, Possession, sale or distribution of Alcohol or an Illegal/Unauthorized/Drug(s) on Employer Property.
6. Working, reporting to work, being in the work place, or in an Employer owned, leased or rented vehicle while Under the Influence.
7. Providing an Adulterated Test Result, switching, or attempting to tamper with any sample submitted for drug or Alcohol testing, or otherwise interfering or attempting to interfere with the testing process.
8. Refusal to submit a specimen for testing will be viewed as a Positive Test Result and will carry with it the same consequences as specimens tested and confirmed as a Positive Test Result.
9. The use of Legal/Controlled Drug(s) by an Employee that does not possess a valid prescription for the drug.
10. Failure to keep an EAP appointment or complete the specified education or treatment program. If the Employee declines assistance or fails to complete any evaluation, recommended treatment and/or counseling program, he/she will be reported as “Non-Compliant” with the Policy until such time as the EAP notifies the TPA in writing that the reinstatement conditions have been satisfied.
11. Providing a specimen that is deemed a Diluted Test Result, for a second time without subsequently providing a Negative Test Result by oral fluid test per Article IX(C)11.

12. Failure to provide a sample at the collection site within two (2) hours and leaving the collection site without subsequently providing a Negative Test Result by oral fluid test per Article IX(C)11.

B. Confirmed Positive Test Results:

1. MEDICAL REVIEW OFFICER NOTIFICATION (MRO)

   After the reporting of a non-Negative Test Result by the laboratory, it will be necessary for the MRO to speak with the Employee to allow the Employee the opportunity to provide documentation for any Legal/Controlled Drug(s). Employees who fail to contact the MRO within two (2) business days of their notification will be reported as a non-contact positive, and will carry the same consequences as a confirmed Positive Test Result.

2. ILLEGAL AND/OR PROHIBITED SUBSTANCES

   Any Employee who receives a confirmed Positive Test Result for a Prohibited Substance will be reported as “Non-Compliant” and subject to disciplinary action in accordance with this Policy.

3. ALCOHOLIC OR INTOXICATING BEVERAGES

   The following actions of an Employee that involve Alcoholic Beverages are prohibited by this Policy and any violation thereof and the Employee will be subject to disciplinary action in accordance with this Policy:

   a) The consumption, manufacture, distribution, Possession, use, sale or storage of any Alcoholic Beverage while on Employer Property is prohibited.

   b) The performance or attempted performance of any job function or the operation of any Employer Property or equipment while Under the Influence.

   c) An Alcohol screening and confirmation result of .04 BAC or greater.

   Alcohol testing will not be done for Random or Periodic tests.

4. PROCEDURE FOR POSITIVE TEST RESULTS

   a) All samples reported as a non-Negative Test Result by the laboratory will be referred to the Medical Review Officer (MRO) for review, evaluation and confirmation.

   b) Upon the receipt of a Non-Negative Test Result from the laboratory, the TPA will contact the designated Employer Communicator.

   c) The Employer Communicator will then Notify the Employee to contact the MRO.
d) Employees who fail to contact the MRO within two (2) business days of being notified by the Communicator will be reported as a “non-contact positive,” and will carry the same consequences as a confirmed Positive Test Results.

e) If the non-Negative Test Result is due to a Legal/CONTROLLED Drug, and the MRO is able to verify such, the Employee’s test result will be ruled as Negative Test Result.

f) If the non-Negative Test Result is due to an ILLEGAL/UNAUTHORIZED/Drug(s), the MRO will confirm the Employee’s test as a Positive Test Result and will Notify the Employee to contact the EAP to initiate the Reinstatement Requirements.

g) In addition to the referral, the MRO will explain the Employee’s right to have their original sample re-tested by another SAMHSA certified laboratory of their choice.

h) After the Employee has concluded their conversation with the MRO, the Employee should wait for the MRO’s ruling.

i) The TPA will Notify the Employer Communicator of the MRO’s confirmation ruling within an hour.

j) If the Employee’s drug test is confirmed as a Positive Test Result by the MRO, the Employer Communicator will then provide the Employee with a copy of the Reinstatement Requirements (See Exhibit F).

k) Once the EAP counselor determines that the Reinstatement Requirements of this Policy have been satisfied, the EAP counselor will determine a Follow-up Testing regimen and make a determination as to whether the Employee is ready to return to work.

l) The EAP will provide a written release to the TPA that the Employee has been released to return to work.

m) The Employee will be required to successfully pass a return-to-work drug or Illegal/Unauthorized Drug or Alcohol test. This test must be conducted at a site approved by the TPA.

n) The MRO will be brought back into the process with the occurrence of a subsequent non-Negative Test Result.

C. Consequences of Violations and Reinstatement Requirements:

An Employee that is determined to have violated the terms and conditions of this Policy will be reported as “Non-Compliant” and subject to the following disciplinary action and will not be reported as “Compliant” until the following conditions are satisfied:

1. **Pre-Employment and Conditional Hiring:** Upon an inquiry by the Employer to the TPA, the TPA will report the Employee as either “Compliant” or Non-Compliant.” In the event the Employee is reported by the TPA as “Non-Compliant,” the Employer shall have the right to terminate employment prior to and up until the expiration of twenty-four (24) hours after the start of the Employee’s first shift. For any Employee
referred by the Referral Hall, the Hall will provide the Employee’s name, identification number and current phone number at the time of referral.

**Show-Up Time:** The Employer shall pay show-up time for any Employee that is not provided with reasonable advance Notice not to appear for his/her shift.

The Employer shall provide payment for any hours worked up to the time of termination under this Section and any show up time in the same manner as when an Employee is terminated for cause under Article III, Section 1(d) of the Area and Industrial Agreements.

2. **Reinstatement Requirements:** The Employee will be referred to the EAP for an evaluation. The Employee shall not be reported as “Compliant” until the EAP Notifies the TPA in writing that the Employee:

a) Completed an assessment with the EAP, and initiated education or treatment, and/or counseling program as required by the EAP, and is released by the EAP to return to work; or

b) Is actively participating in a program/company approved drug and/or Alcohol assessment, treatment and/or counseling program and has agreed to continue the prescribed treatment, counseling or rehabilitation as required by the EAP and is released by the EAP to return to work; and

c) Prior to being reported as “Compliant”, submitted to a drug and/or Alcohol test through the TPA and such screening test is acceptable; and

d) Agreed to be subject to Random Probationary Status/Follow-up Testing for a period as identified under the Consequences for Violation section below.

3. **Consequences of Violations**

a. **First Confirmed Instance of Non-Compliance:** A first confirmed instance of non-compliance shall not be used as the sole basis for any Employee’s termination, except under the conditions set forth in Article X, Section C(1) for Pre-Employment and Conditional Hiring. The Employer shall place the Employee on suspension until the Reinstatement Requirements of this Policy have been satisfied and the Employee is deemed “Compliant.” The Employee will be subject to Random Probationary Status/Follow-up Testing for a period of six (6) months.

b. **Second Confirmed Instance of Non-Compliance:** Upon a second confirmed instance of non-compliance during a two (2) year period immediately following a first confirmed instance of non-compliance, the Employee will be referred to the EAP for an evaluation. A second confirmed instance of non-compliance shall not be used as the sole basis for any Employee’s termination, except under the conditions set forth in Article X, Section C(1) for Pre-Employment and Conditional Hiring. The Employer shall place the Employee on suspension until the Reinstatement Requirements of this Policy have been satisfied and the Employee is deemed “Compliant.” The Employee will be
subject to Random Probationary Status/Follow-up Testing for a period of twelve (12) months.

c. **Third or Subsequent Confirmed Instance of Non-Compliance:**
Upon a third or subsequent confirmed instance of non-compliance during a two (2) year period immediately following a second or subsequent confirmed instance of non-compliance, the Employee will be referred to the EAP for an evaluation. A third or subsequent confirmed instance of non-compliance during a two (2) year period immediately following a second or subsequent confirmed instance of non-compliance in and of itself may subject the Employee to disciplinary action, up to and including immediate termination. If the Employee is not terminated, the Employer shall place the Employee on suspension until the Reinstatement Requirements of this Policy have been satisfied and the Employee is deemed “Compliant.” The Employee will be subject to Random Probationary Status/Follow-up Testing for a period of twelve (12) months.

4. **Rolling Two Year Period:** The two-year period referenced in Section 3 above is a rolling two-year period, which commences on the date of any confirmed instance of non-compliance.

5. **Return to Work:** Upon fulfilling the Reinstatement Requirements under this Policy, Employees are responsible for immediately contacting their Employer to determine if there is work available with their Employer. When a Non-Compliant Employee is eligible to return to work, if work exists for that individual based on his skill set, the Employer must return that individual to work.

D. **Probationary Status/Follow-Up Testing:**

Upon completion of any Reinstatement Requirements, Employees shall be subject to additional Random Testing for a period of not less than six (6) months and not greater than twelve (12) months.

In no event shall any Employee be required to test more than six (6) times in any twelve (12) month period following a return to “Compliant” status.

E. **Employer Verification of Compliance:**

It shall be the responsibility of all Employer Communicators to contact the TPA to verify an Employee’s status under this Policy. Upon Employer request, the TPA shall only report to the Employer Communicator whether the Employee is “Compliant” or “Non-Compliant” under the Program and whether the Employee is currently “Non-Compliant” with the reinstatement requirements for a “Third or Subsequent Confirmed Instance of Non-Compliance” in Section X(C)(3)(c). The TPA shall not report an Employee’s test result to the Employer, except for post-accident and Reasonable Suspicion testing.

An Employer may verify Employee Eligibility Status under this Policy by contacting the TPA at anytime.
XI. GRIEVANCE

All aspects of this Policy shall be subject to the grievance procedure of the applicable Area and Industrial Agreements. Employees and Employers subject to this Policy continue to have access to the protections provided therein.

If an Employee is aggrieved by any action taken under this Policy and his/her grievance cannot be resolved, the grievance may be referred to arbitration pursuant to the provisions of the CBA. In the event the matter is referred to arbitration, the provisions of this Policy shall bind the arbitrator substantively.

XII. COST OF COLLECTION AND TESTING

1. For Post-Accident and Reasonable Cause/Suspicion testing, the Employer at the time of testing shall pay the cost of all specimen collections and testing under this Policy. The Employer shall pay the Employee all wages and benefits lost while absent from work for the Post-Accident and/or Reasonable Cause/Suspicion testing.

2. For Random and Periodic testing, including the costs for oral fluid testing under Article IX, Section C(11), the Employer shall pay the cost of all specimen collections and testing under this Policy and shall be reimbursed for the related costs in accordance with the PFCGC’s Policy on Employer Reimbursement. Employees shall have the following three (3) options to complete the Substance Testing requirement:

Option 1: Employees may complete the testing requirement outside of their normal shift. The Employer shall pay the Employee an additional lump sum amount, with no benefits, as established by the Joint Arbitration Board from time to time. Upon verification that the testing requirement was completed outside of the Employee’s shift, the amount shall be paid on the Employee’s next scheduled paycheck. As of January 1, 2009, the amount shall be $125. On June 1, 2009, the $125 amount shall increase to $130, and on June 1, 2010, to $135.

Option 2: Employees may complete the testing requirement during the first two (2) hours of their shift and, upon verification that the testing requirement was completed, the Employer shall not deduct the related time from the Employee’s pay. The two (2) hour allowance may be increased an additional hour up to three (3) hours if the Employee can demonstrate additional delay caused by extraordinary weather or traffic conditions.

Option 3: Employees may complete the testing requirement during the last two (2) hours of their shift. The Employer shall release the Employee not less than two (2) hours prior to the time the Employee is typically released and, upon verification that the testing requirement was completed, shall not deduct the related time from the Employee’s pay.

Employer Reimbursement by the PFCGC: Any Employer Reimbursement for testing costs associated with this Policy shall be in accordance with the PFCGC’s Policy on Employer Reimbursement.

3. For Return to Work, Probationary Status/Follow-Up testing and any Non-Negative retests, the Employee shall be responsible to pay all costs, including the cost of all
specimen collections under this Policy, except for negative retests as provided in Section VII-(4).

4. In the event that an Employee is reported as Non-Compliant due to his/her failure to report for Random or Periodic Substance Testing, the burden shall be on the notifying Employer to show that the Employee was provided with Notice of the need to report for Substance Testing. If the Employer whose duty it was to notify the Employee cannot produce a receipt signed by the Employee acknowledging Notification, then that Employer shall pay the Employee eight (8) hours of wages and benefits lost upon proof by the Employee that wages and benefits were lost as a result of being reported as Non-Compliant.

XIII. UA PIPE FITTERS FROM OUTSIDE THE JURISDICTION (TRAVELERS)

Upon entering the jurisdiction of Local 597 for purposes of employment, all Travelers shall be subject to the terms and conditions of this Policy. In the event that a Traveler is no longer working in the jurisdiction when selected for Random or Periodic Substance Testing, the Traveler shall be required to submit to a Random or Periodic Test upon re-entering the jurisdiction prior to reporting for work.

XIV. REVISIONS

The Committee may amend this Policy from time to time. This Policy shall remain in effect until terminated by the Area and/or Industrial Agreement in effect between the Mechanical Contractors Association and the Pipe Fitters Association, Local 597 U.A.
IN WITNESS WHEREOF, the Pipe Fitters’ Association, Local 597 U.A. and the Mechanical Contractors Association originally adopted this Policy on January 1, 2009 and has re-adopted this Policy this 28th day of November, 2016.

By:  Kevin Morrissey, Business Manager
By:  Michael McCombie, MCA President

TRUSTEES:

<table>
<thead>
<tr>
<th>UNION TRUSTEES</th>
<th>EMPLOYER TRUSTEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kevin Morrissey</td>
<td>Marc Pittas</td>
</tr>
<tr>
<td>Michael Maloney</td>
<td>John Curran</td>
</tr>
<tr>
<td>Tom Kotel</td>
<td>Greg Kroh</td>
</tr>
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Effective January 1, 2009
Amended Effective January 1, 2014
Amended Effective January 1, 2017
# THE PIPE FITTING COUNCIL OF GREATER CHICAGO
## SUBSTANCE ABUSE TESTING AND TREATMENT PROGRAM POLICY

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<th>Exhibit</th>
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<td>Exhibit A</td>
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<td>Employer Registration Form</td>
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<tr>
<td>Communicator Authorization and Setup Form</td>
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<td>Exhibit D</td>
</tr>
<tr>
<td>Check Pool Status Form</td>
<td>Exhibit E</td>
</tr>
<tr>
<td>Reinstatement Requirements Form</td>
<td>Exhibit F</td>
</tr>
<tr>
<td>Substance Testing Acknowledgement Form</td>
<td>Exhibit G</td>
</tr>
</tbody>
</table>
Your Employer is a member of the Pipe Fitting Council of Greater Chicago Substance Abuse Testing and Treatment Program (Program). The Program prohibits the use, abuse, presence in the body, or reporting to work under the influence, bringing onto the worksite, the unlawful manufacture, distribution, possession, transfer, storage, concealment, transportation, promotion or sale of illegal and unauthorized drugs, controlled substances, alcoholic beverages or drug related paraphernalia by employees. Any of the forgoing is a violation of the Program and will subject the employee to disciplinary action, up to and including immediate termination.

The following types of testing will be conducted under the Program by use of urine, breath or blood:

- Random Testing
- Post-Accident Testing
- Return-to-Work Testing
- Reasonable Suspicion Testing
- Follow-up/Probationary Status Testing
- Periodic Testing

I understand that my refusal to submit to a drug or drug and alcohol test, or my refusal to cooperate fully with the drug testing procedures, a positive test result, or any violation of the Program, will be sufficient cause for disciplinary action, up to and including immediate termination. Any and all discipline provided hereunder against union-represented bargaining unit employees shall be subject to the grievance/arbitration provision of the parties’ applicable collective bargaining agreement.

My signature below acknowledges that a copy of the Substance Abuse Testing and Treatment Policy has been provided to me, I have read and understand this document and agree to comply with the Policy.

I consent to have trained personnel collect urine, breath, oral fluid, or blood samples from me to determine the presence or use of illegal drugs or controlled substances and alcohol in connection with my employment or future employment.

I authorize the release of my test results to my current employer for employment purposes, my employer’s Third-Party Administrator (TPA), the clinic, the laboratory, and the Medical Review Officer (MRO). I also authorize the release of my test results as legally required and upon request to the parties of a grievance initiated by the employee or union.

In addition, to facilitate and expedite future employment or referral opportunities, I authorize Construction Data Services (CDS) to add my name and related eligibility status to the Program database and other contractor companies that could be my future employers to view my eligibility status in connection with my potential employment.

I authorize the MRO to verify my health information as it pertains to my drug test results with my prescribing physician and issuing pharmacist.

In the event the drug test results are positive, I acknowledge that I have the right to request that the original sample be retested by a SAMHSA certified laboratory of my choice. This request must be postmarked within two (2) business days of the date of being notified of the confirmed positive test result. I agree to pay the initial cost for a retest in advance to the MRO. In the event that said retest should prove to be negative, I will be reimbursed for the cost of the test, paid any back wages and benefits lost, and made re-eligible for hire if work is available or reinstated as an employee provided work is available on the Employer’s property.

Employee SIGNATURE ___________________________ Employee Union ID Number ___________________________ Local# ________

Employee PRINTED name ___________________________ Employer ___________________________ Date ________

Rev. 01-1-14  Please fax completed form to: 314-645-6767 or 866-645-6767
THE PIPE FITTING COUNCIL OF GREATER CHICAGO
SUBSTANCE ABUSE TESTING AND TREATMENT PROGRAM POLICY
EMPLOYER REGISTRATION

Employer Legal Name ________________________________________________________

Street Address ___________________________________________________________________
NO PO BOX

City _________________________________________________ State _________ Zip _________

Phone Number (             ) _______________________   Fax (             ) _____________________

E-mail Address: ________________________________________________

COMMUNICATORS

Please designate one (1) Primary and at least one (1) Alternate communicator. Your communicators will be the only persons from within your organization that will be able to request, receive and/or discuss test result information. I hereby authorize □ remove □ the following communicators:

The following person is designated as our PRIMARY communicator:

________________________________________

The following person is designated as our ALTERNATE communicator:

________________________________________

This agreement by and between CONSTRUCTION DATA SERVICES (CDS) and the above listed COMPANY consists of the following understandings and conditions: COMPANY designates CDS to act as its agent as it applies to the services provided by CDS. COMPANY understands that information is to be requested or accessed only by its designated personnel (COMMUNICATORS), and solely for business purposes falling within the scope of their official duties. COMPANY has instructed each of its Communicators that all testing information is to be kept completely confidential and to be used solely for business purposes.

COMPANY agrees to pay CDS for each test or other service ordered from CDS, in accordance with CDS’ Drug and Alcohol Test Fee Schedule. CDS will bill weekly for all tests performed during the prior week. COMPANY agrees to pay all invoices within thirty (30) days after the invoice date, without regard to reimbursement from any fund. For any invoice not paid within thirty (30) days of the invoice date, CDS will add, and COMPANY agrees to pay, a SERVICE CHARGE of 1 ½ % per month. COMPANY agrees to pay CDS’ reasonable attorney's fees and costs incurred in the collection of any unpaid invoices, and consents to suit in state court in Chicago, IL. CDS reserves the right to suspend or terminate services to COMPANY should any invoice remain unpaid for more than 45 days.

Signature of Company Official _______________________________________________ Title __________ Date __________

For CDS use only
Received _________________________ Client # ________________________

Please Fax To: 314-645-6767 or 866-645-6767
A COMPANY OFFICER MUST DESIGNATE THE PRIMARY AND ALTERNATE COMMUNICATORS FOR
YOUR COMPANY. YOUR COMMUNICATORS WILL ACT AS THE SOLE CONTACT PERSONS FROM WITHIN
YOUR COMPANY AND WILL BE RESPONSIBLE FOR THE ADMINISTRATION OF THE PROGRAM AND THE
RECEIVING OF NON-NEGATIVE AND POSITIVE TEST RESULTS. COMMUNICATORS DESIGNATED BY
THE COMPANY OFFICER UNDERSTAND THAT ALL TEST RESULTS MUST BE KEPT CONFIDENTIAL AND WILL
NOT BE RELEASED TO ANYONE.

COMPANY OFFICER: I authorize the below listed employees to act as our communicators:

Signature of company officer _________________________________ Title _____________________________
Company Name _______________________________________________________________________
Signature of Communicator _________________________________ Date ___________________

INSTRUCTIONS FOR THE COMPLETION OF THIS FORM:
Each communicator must submit a separate copy of this form signed by a company officer indicating their individual
password in the appropriate space. Your password can be up to ten (10) letters in length. Please select your password
carefully, as it will be requested from you as a means of identification. CDS will assign your access number and notify you
of such.

NO INFORMATION WILL BE RELEASED WITHOUT A VALID ACCESS NUMBER AND PASSWORD

The following person is to be our PRIMARY ☐ ALTERNATE ☐ communicator:

Name _________________________________________ Title _______________________________________
Cell Phone Number _______________________________ Beeper # ______________________________________
E-mail Address _________________________________
Password ______ ______ ______ ______ ______ ______ ______ ______ ______

CDS will mail you a confirmation letter with your PASSWORD and assigned ACCESS NUMBER. No information will be
released to you by our office without furnishing us with this ACCESS NUMBER and PASSWORD.

PLEASE FAX TO:
314-645-6767 or 866-645-6767
THE PIPE FITTING COUNCIL OF GREATER CHICAGO
SUBSTANCE ABUSE TESTING AND TREATMENT PROGRAM POLICY
REASONABLE SUSPICION/CAUSE DOCUMENTATION

Prepare this form every time an Employee is suspected of alcohol and / or drug use by actions, appearance or conduct which constitutes a major change in the person's appearance and / or behavior.

Employee Name: ____________________________________________________________

Date of Observation: ________________________________________________________

Time of Observation: From: _____________ AM or PM          To:_____________ AM or PM

Location _________________________________________________________________

**Observed behavior - circle all appropriate items:**

<table>
<thead>
<tr>
<th>SPEECH</th>
<th>EMOTIONAL INDICATORS</th>
<th>PHYSICAL INDICATORS</th>
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</tr>
</tbody>
</table>

Other abnormal behavior observed: ______________________________________________

To the best of my knowledge and belief, this report represents the appearance, behavior and / or conduct of the above named employee, observed by me and upon which I base my decision to request said employee to submit to reasonable suspicion/cause drug and alcohol testing.

Please check one:

☐ I certify that I **have been trained** on the Signs and Symptoms of Substance Abuse for Reasonable Suspcion Testing. **Signature of witness not required.**

☐ I **have not been trained** on the Signs and Symptoms of Substance Abuse for Reasonable Suspcion Testing. **Signature of witness is required.**

Above behavior witnessed by:

______________________________________________________  ______________________________________
Signature of Company Official                  Signature of witness

______________________________________________________  ______________________________________
Date                                                Date

Please Fax To:
314-645-6767 or 866-645-6767
## Substance Abuse Testing and Treatment Program Policy

### Check Pool Status

| Last Name | First Name | Union Book No. | C | O | M | P | L | I | A | N | T | N | O | N | C | O | M | P | L | I | A | N | T |
|           |            |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|           |            |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|           |            |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|           |            |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|           |            |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|           |            |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|           |            |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|           |            |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|           |            |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|           |            |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|           |            |                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**PLEASE PRINT**

Please fax completed form to: 314-645-6767 or 866-645-6767
As a result of your confirmed positive drug or alcohol test or other violation of the Policy you have a Non-compliant Status. While you are in this Status you are disqualified for employment until the following conditions have been met:

A. Completion of a Substance Abuse Assessment, Rehabilitation and/or Treatment Program
   1. You should contact LU 597’s Employee Assistance Program (EAP), Employee Resource Systems (ERS), at 800-292-2780 immediately to begin this process because:
      a. Your failure to promptly seek and enroll in a substance abuse assessment, rehabilitation or treatment program, or
      b. Your failure to participate in an approved assistance program, or
      c. Your abandonment of a treatment program prior to completion and/or being properly released, will disqualify you for employment.
   2. You must provide evidence to CDS of your completion, or release from an approved substance abuse counseling assessment, rehabilitation or treatment program prior to taking your return-to-work drug test.

B. A Negative Return to Work Drug and Alcohol Test
   Upon the completion of your substance abuse assessment, rehabilitation or treatment program and completion of consequences for violation of the Substance Abuse Testing and Treatment Program Policy, you will be required to successfully pass a return-to-work drug and/or alcohol test.

   [insert: You must contact the CDS Dispatcher at 1-800-439-1454 to obtain the nearest collection site to you to provide a return-to-work test. You must give the collection site a $50.00 money order or cashiers check (no cash or checks) made payable to Construction Data Services. You should contact CDS the next business day after taking your test and ask for the results. If you have a negative test result, your eligibility status will be changed to Compliant. You are responsible for immediately contacting your employer after receiving a negative test result to determine if there is work available with your employer.]

C. Completion of Consequences for Violation of the Substance Abuse Testing Policy
   Refer to the Substance Abuse Testing and Treatment Policy for Consequences of Violations.

D. Probationary Status
   Upon completion of any Reinstatement Requirements, you can be returned to a Compliant Status and will be eligible for employment under a probationary status. While under probationary status, you will be subject to additional random testing for a period of not less than six (6) months and not greater than twelve (12) months.

Employee signature ________________________________________ Union Card Number ___________________________ Date ____________

Employee PRINTED name __________________________________________ Employer ____________________________________________

Witnessed by __________________________________________ Date ____________

Rev. 1-1-14 Please fax completed form to: 314-645-6767 or 866-645-6767
THE PIPE FITTING COUNCIL OF GREATER CHICAGO
SUBSTANCE ABUSE TESTING AND TREATMENT PROGRAM POLICY
SUBSTANCE TESTING ACKNOWLEDGEMENT FORM

(Employer) _______________________________________________________

_____/_____/_____ __________  pm
Date (MO/Day/Year) Time

I acknowledge that I have been notified by my employer on the above date and time, that I
have to submit to a drug or drug and alcohol test within 24 hours of this notification. If I do
not submit to this request, within the 24 hour period, I am in violation of the policy and will be
reclassified to a non-compliant status and subject to the reinstatement requirements as
defined in this policy.

As verification that I completed my test within 24 hours, I will provide to my employer a copy
of the chain-of-custody form that was given to me by the collection site when I performed my
drug test.

________________________________________________
Signature of Employee

________________________________________________
Print Name

Please fax completed form to: 314-645-6767 or 866-645-6767