



# Construction Data Services

*AN INTERNATIONAL ON-SITE DRUG TESTING, SAFETY & MEDICAL MANAGEMENT COMPANY*

## THE PIPE FITTING COUNCIL OF GREATER CHICAGO SUBSTANCE ABUSE TESTING AND TREATMENT PROGRAM EMPLOYEE NOTICE OF POLICY, CONSENT AND RELEASE

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:

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

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

597  
\_\_\_\_\_  
Local#

\_\_\_\_\_  
Employee **PRINTED** name

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Date