



**UNITED UNION OF ROOFERS, WATERPROOFERS
AND ALLIED WORKERS LOCAL 11 AND THE
CHICAGOLAND ROOFING COUNCIL PARTNERSHIP
FOR A DRUG FREE WORKPLACE**

**A Joint Labor and Management Partnership to Address The
Problems Caused By Drug
And Alcohol Abuse In The Workplace.**

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Statement of Purpose

Together, the United Union of Roofers, Waterproofers and Allied Workers Local 11 and the Contractors Signatory to the Collective Bargaining Agreement known as the Chicagoland Roofing Council have formed a **Partnership**. Collectively, we understand the importance of providing a drug and alcohol free working environment for our employees, customers and the construction industry in general. Our program, “the United Union of Roofers, Waterproofers and Allied Workers Local 11 and the Chicagoland Roofing Council Partnership for a Drug Free Workplace”, is designed to “Help and Educate” those employees who are or have experienced problems with drug and alcohol addictions. It is our hope that with the implementation of this program we can confidentially provide the public with a Drug and Alcohol free work force. Thereby “Creating a Difference” and providing another important reason for why a customer would want to select a Chicagoland Roofing Council member for their next roofing project.

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THE POLICY

INTRODUCTION

This program applies to members in good standing of the United Union of Roofers, Waterproofer's and Allied Workers Local 11. This program calls substance abuse testing in three circumstances:

- 1) Systematic computer selected testing
- 2) Testing for cause (including post-accident per OSHA requirements)
- 3) Accelerated testing

Persons who use illegal drugs or abuse alcohol or other controlled substances, on or off their jobs, are likely to be less productive, less reliable, more frequently absent, and to have other work-related problems that can cause increased costs, delays, accidents and injuries that may damage the health, safety and well-being of other workers on the job. The construction industry can control and reduce this problem by taking several specific steps:

- Recognition of the problem.
- Development of a comprehensive policy.
- Implementation of a program of education and information.
- Promotion of an assistance program.
- Implementation of fair and respectful drug testing that conforms to federal drug testing program guidelines.
- Efforts to control and reduce the negative consequences of drug use and alcohol misuse in the construction industry will be done with the utmost confidentiality and respect for the participant.

In order to enhance substance abuse awareness among all those involved, educational seminars and training programs will be offered. The educational seminars will be directed toward education of all participants about the seriousness of the problem of drug and alcohol abuse in this country and how the use of drugs and alcohol negatively impacts safety, productivity, home life and the competitive ability of the American workforce.

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In order for all test results to be kept as confidential as possible, every signature employer is required to select two (2) Designated Representatives to handle all confidential matters involving this program. Only these Designated Representatives will be informed about any matters concerning testing. The program is designed so that those who test positive for substance abuse will get the help they need.

Participants who may serve in supervisory positions can receive specific training intended to assist them in identifying problem situations and/or warning signs of impairment. In addition, these training sessions will clarify their responsibility to document, intervene and follow up with the troubled participant. The training sessions will provide specific guidance on how to comply with the Management responsibilities associated with all aspects of the drug-testing portion of the program. These sessions will be offered on a scheduled and as needed basis to meet the training requirements of all employers.

The Partnership encourages all participants troubled by drug or alcohol abuse to seek professional care and treatment. Early recognition and treatment of alcohol and drug abuse provides the greatest opportunity for successful recovery. Participants will be referred to the Employee Assistance Program (EAP) as a result of a non-compliant test. The content of the discussion with the EAP will be protected and confidential. A participant who seeks the services of the EAP on his/her own will not have his/her use of the program brought to the attention of the Partnership or any of its subscribing organizations or participants. Participants who use the EAP as a consequence of a non-compliant test will be subject to the conditions established in the testing portion of this policy.

The EAP provides confidential assistance to participants that are experiencing a substance abuse or an alcohol-related problem in their own life. The EAP staff has knowledge of the level and types of benefits available to the Partnership participants. Participants can access the services of the EAP through a hotline that is staffed twenty-four (24) hours a day, seven (7) days a week, throughout the entire year. Refer to the current Benefits Booklet and Summary Plan Description for a complete description of the benefits available to Plan Participants. Participants calling the EAP hotline are put in touch with a counselor who will initially conduct a professional assessment by phone. The counselor may meet with them to further assess the nature of the problem in order to provide the best and most appropriate level of care. Certified and credentialed human service professionals who are sensitive to the needs of the participant staff

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the EAP. Participants who take the initiative to contact the EAP for assistance do so with the assurance that their calls will be treated respectfully and confidentially.

This Partnership shall amend and interpret the policy as it deems necessary.

PROHIBITIONS AND REQUIREMENTS

Participants must adhere to each of the following rules and regulations:

1. The use of alcohol or drugs by employees during working hours or on the job site or on company property (including company vehicles) is absolutely prohibited.
 - a) The term “use” means consuming, possessing, selling, transferring, concealing, distributing or arranging to buy or sell, being under the influence of, or reporting for duty under the influence of alcohol or drugs as set forth in this policy, or having illegal drugs in one’s possession. The possession of alcohol in the participant’s personal vehicle, in and of itself, shall not be a violation of this policy.
 - b) The term “alcohol” means any form of alcohol, including ethanol. The term “drug” means any intoxicating substance, narcotic plant or similar substance identified under the Controlled Substances Act or similar federal or state law. The term “drugs” includes prescribed medications not used in accordance with a valid medical prescription.
 - c) Notwithstanding any other provision in this policy, the use of prescription medications in accordance with a lawful prescription and the use of over-the-counter medications are not violations of this policy. However, marijuana and its active ingredient THC are illegal under federal law and accordingly are included in this definition of drug notwithstanding any use that might be permissible under Illinois law.
 - d) The term “working hours” means all the time in which employees are engaged in work duties or subject to the control of the Company including scheduled breaks and travel to work or from one workplace to another. Social events attended are not covered under this policy.
 - e) The term “company property” means all facilities, job sites, vehicles and equipment that are owned, leased, operated or utilized by the Company or its

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employees for work-related purposes, including parking areas and driveways, as well as lockers, toolboxes or other storage areas used by the employees. It also includes other public or private property, facilities, vehicles and equipment located away from the Company facility if the employee is present on such property for a work-related purpose.

- f) Participants who have drugs or alcohol in their system at or above the cutoff values specified in the Administrative Rules are deemed under the influence.
 - g) The term “accelerated testing” means any follow-up testing required by the EAP counselor.
2. In order to enforce this policy, participants shall be required to submit to drug and/or alcohol testing in accordance with this policy. Except as otherwise provided in this policy, no participant will be tested for alcohol unless there exists a reasonable suspicion that the person is under the influence of alcohol, or the participant is involved in an OSHA recordable on-the-job accident. Testing for these two reasons will only be done by evidential breath testing device (breathalyzer) except that if a breathalyzer cannot be given due to physical incapacitation, a blood test may be substituted.
 3. Any participant who is convicted of a drug or alcohol crime occurring in the workplace or while on company assignment and who is employed by a Partnership employer must report this information to the designated representative 48 hours after such conviction. Failure to do so shall be deemed a violation of the policy.
 4. Bargaining unit participants subject to this policy continue to have access to the usual protections provided by the participant’s collective bargaining agreement. If a participant is aggrieved by any action taken under this Policy and his/her complaint cannot be resolved by the Partnership, the complaint may, if the participant or Union requests, be referred as a grievance under the grievance and arbitration provisions of the participant's collective bargaining agreement. In the event the matter is referred to arbitration, the provisions of this Policy shall bind the arbitrator substantively.
 5. All differences arising out of the interpretation or application of any provision contained herein, shall be processed in accordance with the grievance procedure contained in the Collective Bargaining Agreement then in effect between Roofers Local 11 and the Chicago

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Roofing Contractors Association, Inc. The decision of the arbitrator shall be final and binding upon the participants, Roofers Local 11 and the contractors. The jurisdiction of the arbitrator shall be only in regard to the particular dispute before him or her and the arbitrator shall have no authority to add to, delete from, modify or change in any way the provisions of this Policy or the Collective Bargaining Agreement. The fees and expenses of the arbitrator, including the cost of any court reporter and transcripts of any proceeding, and the costs, if any, of a hearing room, shall be shared equally between the Employer involved and Roofers Local 11. Each party shall pay its own costs and attorneys' fees associated with any arbitration hearing.

TESTING

All Members in good standing of the United Union of Roofers, Waterproofers and Allied Workers Local 11 who are working for a Signatory Contractor will be subject to the Partnership program, and will be tested at least once, but not limited to one occasion, during each 24-month period. Testing will be done through a computerized selection program (June 1, 2012 – May 31, 2014 being the first scheduled period).

Testing will take place on a regular basis as determined by the Partnership. Participants selected for random testing will be instructed to report to a participating collection site by the end of the next business day. An employed participant will be given one hour off with regular pay and fringe benefits by their employer for this purpose. Upon request, the employer will provide the participant with the names of collection site locations. The participant will receive a chain-of-custody form and authorization to test at the collection site. Whenever a participant is directed to submit to a test, the participant should contact the collection site to verify the site's hours of operation. Copies of the form letters notifying participants of their selection for this random test appear as ATTACHMENTS I, II & III in this booklet. (The designated representative must fax Attachment II "Participant to Test Notification" back to the Administrator at ScreenSafe, Inc.).

Participants may also be tested if there is "reasonable suspicion" that a participant's work performance or on-the-job behavior is affected in any way by drugs or alcohol. (See ATTACHMENTS XIV-XVIII).

To implement an appropriate program, the Partnership has adopted six (6) safeguards that reflect the standards established by the U.S. Department of Health and Human Services (DHHS) and the

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National Institute of Drug Abuse (NIDA). These safeguards are as follows:

1. The integrity of collected urine specimens will be insured by utilization of one collection procedure at all sites. Samples will be collected in accordance with federal standards that provide for a continuous chain of custody and which recognize privacy concerns regarding the participants being tested.
2. Carefully selected accredited labs that have also obtained and retained DHHS certification will conduct the testing.
3. All drug tests that screen positive will be confirmed by gas chromatography/mass spectrometry (GC/MS).
4. A Medical Review Officer (MRO) will review all drug test positives prior to verification of positive test results. The MRO is a physician with specialty training and expertise in substance abuse and drug testing. The MRO will review presumptive positive test results to insure that proper procedure, protocol, and reporting is done. The MRO will attempt to interview the person with a presumptive positive test result by telephone to assess whether any legitimate explanation exists for the presumptive positive drug test. The MRO will make at least two documented attempts to telephone participants with presumptive positive drug test results to notify them of those results. The MRO will also notify participants that they have three working days from the date they are notified of their results to make and support any explanations or rebuttal they have for such results, and that they have five working days from the date they are so notified to request and make satisfactory arrangements to pay for a retest. If the MRO is unable to contact a participant with presumptive positive test results after at least two documented attempts over a 24-hour period, the MRO will notify the Administrator of ScreenSafe, Inc. that the participant has an administrative positive. If, after interview, no legitimate explanation exists for the administrative positive drug test, the MRO will inform the Administrator of ScreenSafe, Inc. that the participant has an administrative positive.
5. Urine samples will be separated into two containers at the time the sample is collected. One portion of the original urine sample shall be kept secure and chemically stable and made available for verification of laboratory testing results. Diluted, adulterated or substitute

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specimens will be considered invalid. The Partnership uses U.S. Department of Health and Human Services guidelines to determine when specimens are adulterated, diluted or substituted. Participants submitting such specimens will be required to immediately submit to another test and shall be removed from active duty and not eligible for referral or rehire until the participant is evaluated by the EAP and has complied with the specified treatment or education program. All drug test positive samples will be retained at the testing laboratory for one year. The retained urine samples will be available during this time should the results of that test be disputed or should arbitration or litigation arise out of the actions taken because of the test results.

6. Employees who have confirmed medical conditions that do not permit them to provide a valid urine specimen (for example, employees on diuretics, employees required due to medication or other conditions regularly to consume large amounts of fluids, employees undergoing dialysis) will be permitted to satisfy the testing requirements through alternative means of testing such as blood, hair or saliva testing. These arrangements will require medical documentation and will be considered on a case-by-case basis by the Administrator of ScreenSafe, Inc. Participants whose medical condition requires alternative testing procedures must contact the Administrator of the Partnership Program upon learning of the medical condition so that the request for alternative procedures may be evaluated in advance of any notification to be tested.

On a periodic basis, the Partnership, through ScreenSafe, Inc., will submit blind pre-tested urine samples with appropriate documentation to the drug-testing laboratory as a means of assuring laboratory proficiency.

As a further protection to the six (6) listed safeguards and the representation described above, the Partnership reserves the right to contract the services of a toxicologist or other appropriate independent professional to audit the collection facilities and the drug-testing laboratory as deemed necessary. The purpose of this audit shall be to insure that guidelines developed to protect the participant's rights, the interest of the Partnership, and all those with the Partnership are rigorously adhered to and to insure that those procedures used to conduct drug testing continue to meet or exceed the standards of performance established by federal guidelines.

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CONTRACTOR CONSEQUENCES

In order to enforce this program the United Union of Roofers, Waterproofers and Allied Workers Local 11 and The Chicagoland Roofing Council have agreed on the following procedures for contractors who become non-compliant with the Random Drug Testing Program:

- a) If a contractor becomes non-compliant with this policy in any way, ScreenSafe, Inc. shall, within 5 business days of its learning of the non-compliance, notify both the United Union of Roofers, Waterproofers and Allied Workers Local 11 and the Chicagoland Roofing Council in writing of the non-compliance, specifying the name of the contractor and the facts giving rise to the non-compliance;
- b) All differences arising out of the interpretation or application of any provision contained herein, shall be processed in accordance with the provisions contained herein and the grievance procedure contained in the Collective Bargaining Agreement then in effect between United Union of Roofers, Waterproofers and Allied Workers Local 11 and the Chicagoland Roofing Council. In the event a party seeks to enforce an arbitration decision in court, all costs associated with such action, shall be borne by the non-prevailing party.
- c) If non-compliant, a contractor will be prohibited from hiring union employees;
- d) Non-compliant contractors will be subject to the withdrawal of their union employees by the Union;
- e) Non-compliant contractors will be subject to a minimum \$2,500.00 fine;
- f) Non-compliant contractors will undergo a payroll audit to be paid by the contractor;

PARTICIPANT CONSEQUENCES

1. Participants who test or are deemed non-compliant shall be required to comply with the following:

- a) Upon a first non-compliant incident, the participant will be referred to the EAP for an evaluation. The participant must complete the specified treatment or education program, which will include accelerated testing (See ATTACHMENTS IV & V), and obtain a return to work release to be eligible for employment. If the participant chooses not to sign a release authorizing the EAP to communicate with ScreenSafe, Inc., utilize the EAP or follow

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the EAP's specified treatment or education program, he/she will be required to wait for thirty (30) days from the date of initial contact with the MRO before being allowed to test again. During this thirty (30) day waiting period, the participant is ineligible to work for any Signatory Contractor.

- b) Upon a second non-compliant incident within a two-year period, the participant will be referred to the EAP for an evaluation. **The participant will be suspended from employment for 30 days and must complete the specified treatment or education program and obtain a return to work release to again be eligible for employment/referral.** In addition, the participant will be placed in the accelerated testing program for one year following his/her return to work. (See ATTACHMENTS VI & VII).
 - c) Upon a third or more non-compliant incident within a two-year period, the participant will be referred to the EAP for an evaluation. **The participant will be suspended from employment for 1 year and must complete the specified treatment or education program and obtain a return to work release to again be eligible for employment/referral.** In addition, the participant will be placed in the accelerated testing program for one year following his/her return to work and must sign and agree to a "Participant Acknowledge Letter". (See ATTACHMENTS VIII, IX & X).
 - d) The two-year period described (in sections a through c) above is a rolling two-year period, which commences on the date of any non-compliant incident.
 - e) Participants may be required to pay for treatment of non-compliance, if participant does not have qualifying hours to receive benefits.
2. As outlined herein, a first non-compliant incident shall not be the sole basis for termination. However, participants who are in non-compliance with the Partnership program will be removed from active duty and not be eligible for employment until the EAP evaluates the participant and the participant has initiated or completed the specified treatment or education program. For purposes of this provision, "non-compliance" shall be determined by the Administrator and shall mean:
- a) Failing to take a test as scheduled.
 - b) Failing to keep a scheduled appointment with the EAP.

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- c) Failing to participate in and/or complete the specified treatment or education program.
 - d) Substituting another substance or specimen for their urine specimen (including their own previously excreted urine).
 - e) Providing a diluted specimen for a second time without a valid medical explanation.
 - f) Providing a urine specimen that shows the presence of an adulterant.
 - g) Testing positive.
3. A participant who complies with the EAP specified treatment or education program may return to work once a return to work release has been obtained from the EAP. (See ATTACHMENTS XII & XIII).
 4. Discipline of bargaining unit participants for policy violations addressed or not expressly addressed in this policy shall be in accordance with the Collective Bargaining Agreement. The grievance procedure shall be made available to all collective bargaining participants.
 5. Nothing in this policy shall be construed to authorize any action that is unlawful under federal or state law.

REASONABLE SUSPICION TESTING

The "reasonable suspicion" standard is applicable to, but is not limited to, any on-the-job accident, particularly where there is a fatality, serious bodily injury or significant property damage.

Employees will be tested for the presence of drugs and/or alcohol if there exists objective evidence that the employee is under the influence of drugs and/or alcohol. At least two supervisors or other company representatives, if feasible, must witness the conduct of the employee. If not feasible, only one supervisor or company representative need witness the conduct. The witness or witnesses must have received training in the identification of actions, appearances, or conduct, which are indicative of the use of drugs or alcohol. The supervisor or company representative shall document, in writing, the incident and the reasonable cause basis for such testing. The documentation shall specifically detail the actions of the participant, the location, date, time, length of observation, any witnesses, and be signed by the supervisor or company representative who witnessed the incident with copies available to the employee and

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the designated representative. The supervisor or company representative may contact ScreenSafe at any time for assistance during this process. (See ATTACHMENTS XIV-XVIII).

Bargaining Unit participants continue to have access to the usual protections provided by the collective bargaining agreement. If a participant is aggrieved by any action taken under this Drug Policy and his/her complaint cannot be resolved by the Partnership, it may be referred as a grievance under the grievance and arbitration provisions of the participant's collective bargaining agreement. In the event the matter is referred to arbitration, the provisions of this Policy shall bind the arbitrator substantively.

Refusal to take the "reasonable suspicion" test or failure to comply with all necessary elements of the testing program shall be deemed a violation of the policy and may result in the participant being disciplined up to and including discharge by the Partnership employer. Participants who, as a result of testing for reasonable suspicion, lose time from work while awaiting the test results, and who are found to be negative or below the established levels of prohibited substances in their specimens, shall be reimbursed at their applicable rate of pay (including fringe benefits) for lost time from work by the participant's respective employer.

Any participant who disputes positive results shall have the right to have his/her initial sample independently re-tested by a DHHS certified laboratory of his/her choice, at his/her own expense, within five working days of when he/she was notified of the test results. A portion of the initial sample shall be forwarded under chain-of-custody directly by the Partnership testing laboratory to the laboratory selected by the participant. Evaluation of the re-tested sample must be performed by a qualified MRO approved by the Partnership. If the second lab report test reveals negative results, then both tests will be considered negative. Under these circumstances, the Partnership will reimburse the participant for compensation lost during the period of his/her removal and the Partnership will reimburse the participant for the cost of the second test. (See ATTACHMENT XIX).

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A participant whose positive test results are confirmed will be referred to the EAP by the MRO. The participant shall attend all appointments with the EAP counselor and comply with the specified treatment or education program.

TRAVELING CRAFTSPERSON AND TEMPORARY ASSIGNMENT

In the situation of an out of town contractor working in the United Union of Roofers, Waterproofers and Allied Workers Local 11 jurisdiction and bringing participants into the area, the contractor is responsible for payment of initial drug screens.

There may be times when certain jobs require the recruitment of traveling craftsmen. It is the position of the Partnership that all traveling craftsmen are subject to both initial and random testing. In order to avoid situations wherein a craftsman will be forced to have uncompensated days while waiting for the results of the initial urine drug screen to be reported, unless specified otherwise by the customer, the traveling craftsman will be allowed to report to work immediately after providing a urine specimen for testing. The traveling craftsman understands and accepts that should his/her urine test positive for any prohibited substance their employment will be summarily terminated without obligation or further compensation. Such termination shall also be subject to the participant's rights under the participant's collective bargaining agreement. Participants who are referred to work assignments that are anticipated to last five (5) days or longer are subject to the Partnership drug-free workplace policy. After notification is made to the employer the participant will be allowed to remain at work after three (3) days if they provide a urine sample for testing within 24 hours of the end of the third days work. Should the test be reported as positive or the participant becomes non-compliant, a violation of the policy shall have occurred and the participant shall be subject to discipline up to and including termination by the Partnership contractor, subject to the participant's rights under the participant's collective bargaining agreement. The participant must be removed from the jurisdiction and may reenter after 30 days and negative drug screen is performed through ScreenSafe, Inc.

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ADMINISTRATIVE RULES

GUIDELINES FOR SPECIMEN COLLECTION SITES

The urine collection process will follow to the extent and in the manner provided in DHHS guidelines.

1. If the drug test is for reasonable suspicion purposes and not random, the company supervisor or other company representative is required to and shall accompany and transport the participant to the specimen collection location. A union representative or steward may also accompany the participant along with a company supervisor or company representative. Upon arrival at the collection facility the following procedures apply for drug testing:
 - a) The participant is required to provide picture identification (Company identification card, driver's license, etc.) to the attendant at the collection site. If the testing is for reasonable suspicion or accident and picture identification is not available, then the company supervisor or company representative shall identify the participant. (See ATTACHMENT I).
 - b) The participant is to be provided a collection room and shall be required to provide an unadulterated urine specimen in the collection bottle provided.
 - c) The specimen bottle shall be filled to a minimum of 60 ml.
 - d) The specimen bottle is to be returned to the medical technician who will witness, initial and date the integrity seals placed on the specimen.
 - e) The medical technician shall verify the proper spelling of the participant's name as recorded on the log sheet.
 - f) The medical technician shall verify that the participant's social security number has been properly recorded.
 - g) The medical technician shall verify that the social security number placed on the specimen bottle is the same as that recorded on the log sheet and the chain-of-custody form.

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2. The following procedures apply for alcohol testing. Alcohol testing will not be done on a random basis but may be done for reasonable suspicion and accidents (as previously stated).
 - a) Alcohol testing shall be conducted in a location that affords visual and aural privacy to the individual being tested.
 - b) The participant is required to provide picture identification when arriving at the test site. The Breath Alcohol Tester (BAT) shall then explain the testing procedure to the participant. If picture identification is not available, then the company supervisor or company representative shall identify the participant.
 - c) The BAT must supervise only one participant's use of the Evidential Breath Testing device (EBT) at a time. The BAT is to remain in the testing site while the test is in progress.
 - d) An individually sealed mouthpiece shall be opened in view of the participant and attached to the EBT.
 - e) The BAT shall instruct the participant to blow forcefully into the mouthpiece for at least (six) 6 seconds or until the EBT indicates that an adequate amount of breath has been obtained.
 - f) If the result is 0.02 or greater, a confirmation test must be performed as provided.
 - g) The confirmation test shall be conducted within 20 minutes of the completion of the screening test.
 - h) A new mouthpiece must be opened and used for the confirmation test.
 - i) In the event that the screening and confirmation test results are not identical, the confirmation test result is deemed to be the final result upon which any action under operating administration rules shall be based.

3. If the test is for reasonable suspicion purposes and not random, after the appropriate specimens have been collected, the company supervisor or company representative shall remain with the participant during testing, and upon completion of testing will then provide transportation to take the participant home or to another safe place. In no instance should the participant be allowed to operate a motor vehicle. All reasonable effort, short

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of force, should be used to convince the participant that he/she should be provided transportation home or to another safe place, including contact with family members, taxi service, etc. If it appears that the participant will attempt to operate a motor vehicle, and all reasonable attempts short of force have failed to dissuade the participant, the proper authorities should be called and advised of the situation.

4. Immediately after returning to the work location, the company supervisor or company representative should complete all documentation and prepare a report of all of the events that occurred from the initial observation of reasonable suspicion through the testing process and the disposition of the participant. This report should be sent to the designated representative directly following the incident or in any event on the same day. (See ATTACHMENTS XIV-XVIII).
5. Participants who want a hard copy of their drug test may send a notarized request and a certified check for \$15.00 to ScreenSafe, Inc. 2364 Essington Rd. Suite 128, Joliet, IL. 60435. The request shall include their name, Social Security Number and mailing address.

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DRUG TESTING CUT-OFF LEVELS

These levels may be modified by the Partnership to remain consistent with the Department of Health and Human Services guidelines or customary practices in the testing industry.

The drug-testing program will be directed at the detection of the following drugs at these established levels:

DRUG GROUP	Drug or Metabolite Detected	Initial Test Level	GC/MS Confirmation
AMPHETAMINE	Amphetamine Methamphetamine	500 ng/ml 500 ng/ml	250 ng/ml 250 ng/ml
COCAINE	Benzoylcegomine	150 ng/ml	100 ng/ml
MARIJUANA	Delta 9 THC, 9-COOH	50 ng/ml	15 ng/ml
OPIATE	Codeine Morphine	2000 ng/ml 2000 ng/ml	2000 ng/ml 2000 ng/ml
PHENCYCLIDINE	PCP	25 ng/l	25 ng/ml
BARBITURATES	Diverse	300 ng/ml	200 ng/ml
BENZODIAZEPINE	Oxazepam	300 ng/ml	200 ng/ml
METHADONE	Methadone	300 ng/ml	200 ng/ml
METHAQUALONE	Methaqualone	300 ng/ml	200 ng/ml
PROPOXYPHENE	Propoxyphene	300 ng/ml	200 ng/ml
MDA-ANALOGUES	MDA MDMA MDEA	500 ng/ml	250 ng/ml
6-ACETYLMORPHINE	6-Acetylmorphine	10 ng/ml	10 ng/ml

An alcohol test for post-accident or for cause will be done by Breathalyzer testing and will be a reported positive at a concentration of .02 or higher.

Administered by ScreenSafe Inc.
2364 Essington Rd., Suite 128, Joliet, IL. 60435
Phone 1-877-727-3369 Fax 1-815-676-2210

Random Selection Process

Participants will be selected randomly from the 50% random urine pool. The names of selected participants will not be returned to the pool, so that every two years all employees will have been tested at least once. At the same time all participants will be part of a second pool in which 10% of the participants will be selected for testing each year. Participants in the 10% pool can be selected for testing at any time even if they have been previously selected from the 50% or 10% pools.

Administered by ScreenSafe Inc.
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Phone 1-877-727-3369 Fax 1-815-676-2210

FAX NOTIFICATION
THE UNITED UNION OF ROOFERS,
WATERPROOFERS AND ALLIED WORKERS LOCAL
11 AND THE CHICAGOLAND ROOFING COUNCIL
PARTNERSHIP FOR A DRUG FREE WORKPLACE

CONFIDENTIAL MATERIAL INCLUDED IN THIS FAX
Please Give Directly To Designated Representative

Company:	Fax Number:
Attention:	Company: ScreenSafe, Inc.
Phone:	For Info. Call: (815) 676-2200
Date: Time:	ScreenSafe Fax Number: (815) 676-2212

“**Confidential**” This message is intended only for the use of the individual to whom it is addressed and contains information that is confidential. If the reader of this message is not the intended recipient or the employee responsible for delivering the message to the intended recipient, you are notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you receive this communication in error, please notify us immediately by telephone and return the original message to us at the address below via the United States Postal Service.

The attached participant(s) have been selected for random drug testing. You must notify these participants within 8 hours of your receipt of this fax that they have been selected. The Partnership suggests that you notify the selected participants near the end of their shifts today. You must write the time and date of notification next to the employee’s name. **Once you notify a participant they will have until the end of the next business day to complete the test.**

Please remind your participants that they are required to **bring picture identification** with them to the testing facility. **At the testing site they should identify themselves as part of the ScreenSafe/the United Union of Roofers, Waterproofer’s and Allied Workers Local 11 and The Chicagoland Roofing Council testing pool.** They must retain the testing receipt the facility gives them and return it to you, the designated representative, to provide proof that the participant has complied with the testing request.

For your convenience, attached is a list of testing facilities located in your general area. Please make a copy for each participant so they can select the site most convenient for them. In the event any of the listed participants no longer work for you, are absent from work today, on vacation, out of town, or refuse to comply with this testing request, please note the information on the attached form and fax it back to ScreenSafe, Inc. at 815-676-2212.

Administered by ScreenSafe Inc.
 2364 Essington Rd., Suite 128, Joliet, IL. 60435
 Phone 1-877-727-3369 Fax 1-815-676-2210

ATTACHMENT II

**THE UNITED UNION OF ROOFERS,
WATERPROOFERS AND ALLIED WORKERS LOCAL
11 AND THE CHICAGOLAND ROOFING COUNCIL
PARTNERSHIP FOR A DRUG FREE WORKPLACE**

**THIS FORM MUST BE FAXED BACK TO SCREENSAFE, INC.
BY THE END OF THE SAME BUSINESS DAY THAT IT IS RECEIVED
Fax to: 815-676-2212**

Contractor: _____

Designated Representative: _____

Phone: _____ **FAX:** _____

PLEASE MAKE SURE TO FAX BACK THIS PAGE TO SCREENSAFE ONCE IT IS FILLED OUT

Please remember to be discreet when notifying members of their testing

Employee's SSN	Employee's Name	Date & Time Notified	Reason Not Notified

For Reasons not Notified, please select from the following codes:

- V = VACATION S = SICK
- L = TEMP LAY-OFF D = DISABILITY
- T = Terminated

Thank You

SEND UPDATED INFORMATION FOR ALL STATUS CHANGES TO SCREENSAFE

**INFORMATION NEEDED
NAME, ADDRESS, PHONE NUMBER AND SOCIAL SECURITY NUMBER**

For office use only
Request date

Administered by ScreenSafe Inc.
2364 Essington Rd., Suite 128, Joliet, IL. 60435
Phone 1-877-727-3369 Fax 1-815-676-2210

ATTACHMENT III

CHAIN OF CUSTODY FORM

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM



80299551 2944450 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.
 SCREENSAFE
 JAMES HEFFERNAN
 2364 ESSINGTON RD #128
 JOLIET IL 60435
 PH: 815-676-2200 FAX: 815-676-2210

B. MRO Name, Address, Phone and Fax No.
 BENJAMIN GERSON, D.D.
 UNIVERSITY SERVICES
 10551 DECATUR RD STE 200
 PHILADELPHIA PA 19154
 PH: 800-624-3284 FAX: 215-637-6998

FORM ID: SAPHSTAGE
 A FAX TO M
 M SCREENSAFE TAC M
 M AT 815 676 2210 M

C. Donor SSN or Employee I.D. No. _____

D. Donor Name: Last: _____ First: _____

E. Donor ID Verified: Photo ID Emp. Rep.

F. Reason for Test: Pre-employment (1) Random (3) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotion (22)
 Return to Duty (6) Follow-up (23) Other (specify) (99) _____

G. Drug Tests to be Performed: () 35190M SAP 10-50/2000 W/HIT I UNDERSTAND I AM NOW SUBJECT TO DRUG TESTING UNDER THE THEATRICAL STAGE EMPLOYEE UNION DRUG-FREE ALLIANCE PROGRAM. I KNOWINGLY AUTHORIZE THE LAB TO ANALYZE MY SPECIMEN(S) AND THE LAB TO DISCLOSE BY RESULTS TO THE MRP & SCREENSAFE. I RELEASE MY SPECIMEN TO THE COLLECTION FACILITY, LAB AND AUTHORIZE RELEASE OF RESULTS TO THE LAB, MRO, SCREENSAFE AND THE MRP. I READ THIS STATEMENT AND GIVE MY CONSENT TO DISCLOSURE. DONOR INITIAL _____

H. Collection Site Name: _____ **Collection Site Code:** _____
Address: _____ **Collector Phone No.:** _____
City, State and Zip: _____ **Collector Fax No.:** _____

STEP 2: COMPLETED BY COLLECTOR
 Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark _____ **Specimen Collection:** Split Single None Provided (Enter Remark) _____ Observed (Enter Remark) _____

REMARKS _____

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY
 I certify that the specimen given to me by the donor identified in the certifier section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X Signature of Collector _____ Time of Collection _____ AM PM
 _____ Date (Mo./Day/Yr.) _____

SPECIMEN BOTTLE(S) RELEASED TO:
 Quest Diagnostics Courier FedEx
 Other _____ Name of Delivery Service Transferring Specimen to Lab _____

RECEIVED AT LAB: X Signature of Accessioner _____ **Primary Specimen Bottle Seal Intact** **SPECIMEN BOTTLE(S) RELEASED TO:**
 Yes
 No, Enter Remark _____

STEP 5: COMPLETED BY DONOR
 I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X Signature of Donor _____ (PRINT) Donor's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____
 Daytime Phone No. () _____ Evening Phone No. () _____ Date of Birth Mo. / Day / Yr. _____

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

COPY 1--LABORATORY

CENTER OVER CAP
 Date (Mo. Day Yr.) _____
 Donor's Initials _____
 (A)

CENTER OVER CAP
 Date (Mo. Day Yr.) _____
 Donor's Initials _____
 (B)

SPECIMEN ID NUMBER
 80299551 - 2944450

 80299551 - 2944450
SPECIMEN ID NUMBER

Administered by ScreenSafe Inc.
2364 Essington Rd., Suite 128, Joliet, IL. 60435
Phone 1-877-727-3369 Fax 1-815-676-2210

ATTACHMENT IV

**THE UNITED UNION OF ROOFERS,
WATERPROOFERS AND ALLIED WORKERS LOCAL
11 AND THE CHICAGOLAND ROOFING COUNCIL
PARTNERSHIP FOR A DRUG FREE WORKPLACE**

1ST NON-COMPLIANT EMPLOYER NOTIFICATION

Date

Dear,

This letter is a follow-up to our phone call to inform you that (participant), an employee of (company), Social Security Number (ssn) is currently unavailable for work.

Please inform (participant) that an evaluation needs to be scheduled with the Employee Assistance Program (EAP), (EAP name and phone number) in order to get back into compliance. (Participant) will be able to return to work once ScreenSafe receives approval from the EAP. Once you inform the participant that they are unavailable, they cannot return to work until ScreenSafe, Inc. provides a copy of the "Release to Work" to you.

If there are any questions or you need further assistance, please contact us at 815-676-2200.

Sincerely,

The Compliance Department

Administrator

Administered by ScreenSafe Inc.
2364 Essington Rd., Suite 128, Joliet, IL. 60435
Phone 1-877-727-3369 Fax 1-815-676-2210

**THE UNITED UNION OF ROOFERS,
WATERPROOFERS AND ALLIED WORKERS LOCAL
11 AND THE CHICAGOLAND ROOFING COUNCIL
PARTNERSHIP FOR A DRUG FREE WORKPLACE**

1ST NON-COMPLIANT PARTICIPANT NOTIFICATION

Date

First and Last Name

SSN

This is to inform you that you are non-compliant under the United Union of Roofers, Waterproofers and Allied Workers Local 11 and the Chicagoland Roofing Council partnership for a Drug Free Workplace

This is to further inform you of the steps or action you are required to take at this time.

You are required to contact the Employee Assistance Program, (EAP) (EAP name and phone number) to schedule an evaluation. The EAP will conduct an evaluation. If you do not attend your scheduled appointment and cooperate fully, you will be in violation of the Partnership Program and subject to the terms of the Drug Free Workplace Policy.

Please remember that you **cannot** return to work until your evaluation process is complete and you have been **PROVIDED A RETURN TO WORK RELEASE BY SCREENSAFE.**

If the EAP decides any additional treatment is needed or you are not entitled to benefits, this treatment will not be provided by the program, but will be between you and your health plan provider subject to the plan provisions.

Once you have seen the EAP, if it is determined you can be released to work, ScreenSafe, Inc. will send a "Release to Work" notice to your employer as well as to the office at Roofers' Local 11.

For your information, the Partnership Drug-Free Workplace Policy states that a person who tests non-compliant may not return to work for a Signatory Employer unless they have a "Return to Work" release. Therefore, if you choose to not comply with the Policy, you will not be able to return to work for a Signatory Employer until you have seen the Employee Assistance Program (EAP) and have been released to work.

IF AT ANYTIME YOU FAIL TO COMPLY WITH THIS POLICY, YOU MAY BE SUBJECT TO REMOVAL.

If you would like to have your sample re-tested by a lab of your choice and at your expense, please contact the Program Administrator within five working days of when you are notified of your test results at the below listed number. If you would like a copy of your results, please contact ScreenSafe, Inc.

Administered by ScreenSafe Inc.
2364 Essington Rd., Suite 128, Joliet, IL. 60435
Phone 1-877-727-3369 Fax 1-815-676-2210

ATTACHMENT VI

**THE UNITED UNION OF ROOFERS,
WATERPROOFERS AND ALLIED WORKERS LOCAL
11 AND THE CHICAGOLAND ROOFING COUNCIL
PARTNERSHIP FOR A DRUG FREE WORKPLACE**

2nd NON-COMPLIANT EMPLOYER NOTIFICATION

Date

Dear,

This letter is a follow-up to our phone call to inform you that (participant), an employee of (company), Social Security Number (ssn) is currently unavailable for work.

Please inform (participant) that an evaluation needs to be scheduled with the Employee Assistance Program (EAP), (EAP name and phone number) in order to get back into compliance. (Participant) will be able to return to work once ScreenSafe receives approval from the EAP. Once you inform the participant that they are unavailable, they cannot return to work until ScreenSafe, Inc. provides a copy of the "Release to Work" to you.

If there are any questions or you need further assistance, please contact me at 815-676-2200.

Sincerely,

The Compliance Department

Administrator

Administered by ScreenSafe Inc.
2364 Essington Rd., Suite 128, Joliet, IL. 60435
Phone 1-877-727-3369 Fax 1-815-676-2210

ATTACHMENT VII

**THE UNITED UNION OF ROOFERS,
WATERPROOFERS AND ALLIED WORKERS LOCAL
11 AND THE CHICAGOLAND ROOFING COUNCIL
PARTNERSHIP FOR A DRUG FREE WORKPLACE**

2nd NON-COMPLIANT PARTICIPANT NOTIFICATION

Date
First and Last Name
SSN

This is to inform you that you are non-compliant for the second time within a two year period under the United Union of Roofers, Waterproofers and Allied Workers Local 11 and the Chicagoland Roofing Council Partnership for a Drug Free Workplace

This is to further inform you of the steps or action you are required to take at this time.

You are required to contact the Employee Assistance Program, (EAP) (EAP name and phone number) to schedule an evaluation. The EAP will conduct an evaluation. If you do not attend your scheduled appointment and cooperate fully, you will be in violation of the Partnership Program and subject to the terms of the Drug Free Workplace Policy.

*Please note that you are suspended from employment for a period of 30 days. You cannot return to work until your evaluation process is complete and have finished any specified treatments or education programs, and you have been **PROVIDED A RETURN TO WORK RELEASE BY SCREENSAFE.***

If the EAP decides any additional treatment is needed or you are not entitled to benefits, this treatment will not be provided by the program, but will be between you and your health plan provider subject to the plan provisions.

Once you have seen the EAP, if it is determined you can be released to work, ScreenSafe, Inc. will send a release to work notice to your employer as well as to the Office at Roofers' Local 11.

For your information, the Partnership Drug-Free Workplace Policy states that a person who tests non-compliant may not return to work for a Signatory Employer unless they have a "Return to Work" release. Therefore, if you choose to not comply with the Policy, you will not be able to return to work for a Signatory Employer until you have seen the Employee Assistance Program (EAP) and have been released to work.

IF AT ANYTIME YOU FAIL TO COMPLY WITH THIS POLICY, YOU MAY BE SUBJECT TO REMOVAL. If you would like to have your sample re-tested by a lab of your choice and at your expense, please contact the Program Administrator within five working days of when you are notified of your test results at the below listed number.

If you would like a copy of your results, please contact ScreenSafe, Inc.

Administered by ScreenSafe Inc.
2364 Essington Rd., Suite 128, Joliet, IL. 60435
Phone 1-877-727-3369 Fax 1-815-676-2210

ATTACHMENT VIII

**THE UNITED UNION OF ROOFERS,
WATERPROOFERS AND ALLIED WORKERS LOCAL
11 AND THE CHICAGOLAND ROOFING COUNCIL
PARTNERSHIP FOR A DRUG FREE WORKPLACE**

3RD NON-COMPLIANT EMPLOYER NOTIFICATION

(Date)

(Designated Rep.)

(Company)

(Address)

Dear

This letter is to inform you that (participant) an employee of (company); Social Security # (ssn) is currently unavailable for work.

Please inform (participant) that an evaluation needs to be scheduled with the Employee Assistance Program, (EAP) (EAP name and phone number) in order to get back into compliance. Once you inform the participant that they are unavailable they cannot return to work until they have seen the Employee Assistance Program and have been released to work. ScreenSafe, Inc. will contact you once they receive return to work approval from the EAP.

If there are any questions or you need further assistance, please contact us at (815) 676-2200.

Sincerely,

The Compliance Department

Administrator

Administered by ScreenSafe Inc.
2364 Essington Rd., Suite 128, Joliet, IL. 60435
Phone 1-877-727-3369 Fax 1-815-676-2210

ATTACHMENT IX

**THE UNITED UNION OF ROOFERS,
WATERPROOFERS AND ALLIED WORKERS LOCAL
11 AND THE CHICAGOLAND ROOFING COUNCIL
PARTNERSHIP FOR A DRUG FREE WORKPLACE**

3RD NON-COMPLIANT PARTICIPANT NOTIFICATION

DATE

(Participant)

(Social Security #)

This is to inform you that you are non-compliant for the third time within a two-year period under the United Union of Roofers, Waterproofers and Allied Workers Local 11 and the Chicagoland Roofing Council Partnership for a Drug Free Workplace.

This is to further inform you what steps or action you are required to take at this time.

You are required to contact the Employee Assistance Program (EAP), (EAP name and phone number) to schedule an evaluation. The EAP will conduct an evaluation. If you do not attend your scheduled appointment and cooperate fully, you will be in violation of the Partnership Program and subject to the terms of the Drug-Free Workplace Policy.

Please remember that you cannot return to work until the evaluation process is complete and ScreenSafe has released you to work.

If the EAP decides any additional treatment is needed or you are not entitled to benefits, this treatment will not be provided by the program, but will be between you and your health plan provider subject to the plan provisions.

Once you have seen the Employee Assistance Program, if it is determined you are able to be released to work, ScreenSafe, Inc. will send a release to work notice to your employer as well as to the United Union of Roofers, Waterproofer's and Allied Workers Union Local 11.

For your information, the Partnership Drug-Free Workplace Policy states that a person who tests non-compliant may not return to work for a Signatory Employer unless they have a "Release to Work" statement. Therefore, if you choose to not comply with the Policy, you will not be able to return to work for a Signatory Employer until you have seen the Employee Assistance Program and have been released to work.

**IF AT ANYTIME YOU FAIL TO COMPLY WITH THIS POLICY YOU MAY BE
SUBJECT TO TERMINATION.**

If you would like to have your sample re-tested by a lab of your choice and at your expense, please contact the Program Administrator within five working days of when you are notified of your test results at the below listed number.

If you would like a copy of your results, please contact ScreenSafe, Inc.

Administered by ScreenSafe Inc.
2364 Essington Rd., Suite 128, Joliet, IL. 60435
Phone 1-877-727-3369 Fax 1-815-676-2210

ATTACHMENT X

**THE UNITED UNION OF ROOFERS,
WATERPROOFERS AND ALLIED WORKERS LOCAL
11 AND THE CHICAGOLAND ROOFING COUNCIL
PARTNERSHIP FOR A DRUG FREE WORKPLACE**

PARTICIPANT ACKNOWLEDGEMENT LETTER

I _____ acknowledge that I have been found non-compliant for the third time within a two year period with the United Union of Roofers, Waterproofer's and Allied Workers Union Local 11 and the Chicagoland Roofing Council Partnership for a Drug Free Workplace Program.

I also understand that I will be suspended from employment for a period of 1 year and have to complete the specified treatment or education program and obtain a return to work release to again be eligible for employment with a Signatory Employer.

In addition I understand that I will be placed in the accelerated testing program for a period of one year following my return to employment.

Dated this _____ day of _____, 20_____

Witnessed this _____ day of _____, 20_____

By: _____
Partnership Representative

By: _____
Employee/Member

By: _____
Union Representative

Administered by ScreenSafe Inc.
2364 Essington Rd., Suite 128, Joliet, IL. 60435
Phone 1-877-727-3369 Fax 1-815-676-2210

ATTACHMENT XI

**THE UNITED UNION OF ROOFERS,
WATERPROOFERS AND ALLIED WORKERS LOCAL
11 AND THE CHICAGOLAND ROOFING COUNCIL
PARTNERSHIP FOR A DRUG FREE WORKPLACE**

EMPLOYMENT UNAVAILABILITY NOTIFICATION

CONFIDENTIAL

TO:

FROM: ScreenSafe Inc.

DATE:

RE: Employee Status

The following members are unavailable for EMPLOYMENT with a Signatory Employer:

NAME	SSN

They are currently not in compliance with the United Union of Roofers, Waterproofer’s and Allied Workers Union Local 11 and the Chicagoland Roofing Council Partnership for a Drug Free Workplace Program. The participant must contact the Administrator of the Partnership Program to initiate action intended to restore compliance. If this participant should contact the Office of the United Union of Roofers, Waterproofer’s and Allied Workers Union Local 11 or any Signatory Employer, please inform them that they cannot return to work with a Signatory Employer until they have satisfied the requirements set forth in the Partnership Policy.

We will contact you as soon as this member is again eligible to “Return to Work”.

Administered by ScreenSafe Inc.
2364 Essington Rd., Suite 128, Joliet, IL. 60435
Phone 1-877-727-3369 Fax 1-815-676-2210

ATTACHMENT XII

**THE UNITED UNION OF ROOFERS,
WATERPROOFERS AND ALLIED WORKERS LOCAL
11 AND THE CHICAGOLAND ROOFING COUNCIL
PARTNERSHIP FOR A DRUG FREE WORKPLACE**

RETURN TO WORK RELEASE

Return to Work Release

Participant Name:

Social Security Number:

Company:

Designated Representative:

Date:

The above participant has satisfied the requirements of the United Union of Roofers, Waterproofer's and Allied Workers Union Local 11 and the Chicagoland Roofing Council Partnership for a Drug Free Workplace and is available for work.

Administered by ScreenSafe Inc.
2364 Essington Rd., Suite 128, Joliet, IL. 60435
Phone 1-877-727-3369 Fax 1-815-676-2210

ATTACHMENT XIII

**THE UNITED UNION OF ROOFERS,
WATERPROOFERS AND ALLIED WORKERS LOCAL
11 AND THE CHICAGOLAND ROOFING COUNCIL
PARTNERSHIP FOR A DRUG FREE WORKPLACE**

EMPLOYMENT AVAILABILITY NOTIFICATION

CONFIDENTIAL

TO:

FROM: ScreenSafe Inc.

DATE:

RE: Employee Status

This is to inform you that the following members are available for Employment to Signatory Employers:

NAME	SSN

Administered by ScreenSafe Inc.
2364 Essington Rd., Suite 128, Joliet, IL. 60435
Phone 1-877-727-3369 Fax 1-815-676-2210

ATTACHMENT XIV

REASONABLE SUSPICION TESTING **Guidelines for Reasonable Suspicion Testing**

Under the terms of the *United Union of Roofers, Waterproofer's and Allied Workers Local 11 and the Chicagoland Roofing Council Partnership for a Drug Free Workplace* Program, an individual may be tested if one of the following applies:

- There is a reasonable suspicion that someone is under the influence of an alcoholic beverage or an illegal substance.
 - There has been an on the job recordable incident as defined by OSHA.
- 1) Do not assume that observed impairment means that the individual is under the influence of an illegal or controlled substance.
 - 2) Do not diagnose the employee's behavior. Remember, you are not a doctor or counselor.
 - 3) Do assess impaired performance/actions, not the reasons behind them.
 - 4) Do use the attached evaluation form to help assess the participant's impairment.
 - 5) The participant's immediate supervisor or other company representative should observe the person and subsequently complete the evaluation form.
 - 6) For every observation made, use a separate reasonable suspicion evaluation form.
 - 7) Be as discreet as feasible. Remove the participant from the workplace and escort the person to your office or another private area.
 - 8) Inform the participant that under the terms of the United Union of Roofers, Waterproofer's and Allied Workers Union Local 11 and the Chicagoland Roofing council Partnership for a Drug Free Workplace Program, he/she may be required to test.
 - 9) If after the interview, you believe a test is warranted, inform the participant they are being required to test.
 - 10) Take the participant to a designated collection site.
 - 11) After testing, provide the participant with transportation home or to another safe place.
 - 12) The results will be reported to the Administrator at ScreenSafe and to the designated representative within 24 to 48 hours.

Administered by ScreenSafe Inc.
2364 Essington Rd., Suite 128, Joliet, IL. 60435
Phone 1-877-727-3369 Fax 1-815-676-2210

ATTACHMENT XV

REASONABLE SUSPICION TESTING

**CONSENT AUTHORIZATION FOR DRUG AND ALCOHOL ANALYSIS AND
AUTHORIZATION FOR RELEASE OF RESULTS
FOR “REASONABLE SUSPICION TESTING”**

I understand that I am now subject to drug and/or alcohol testing under the United Union of Roofers, Waterproofers and Allied Workers Union Local 11 and the Chicagoland Roofing Council Partnership for a Drug Free Workplace. I have previously received a copy of that Program and an explanation of my rights and duties under it. I am knowingly:

- Agreeing to provide unaltered urine, breath, blood, hair or saliva specimens and to cooperate in the collection site’s procedures;
- Authorizing the collection site to test my breath, blood or saliva specimens for their alcohol concentration and to disclose my alcohol test results to the Administrator at ScreenSafe, Inc., the Employee Assistance Program, and the Medical Review Officer;
- Authorizing the collection site to send my specimen to the Partnership’s drug testing laboratory;
- Authorizing the Partnership’s lab(s) to analyze my specimens for adulteration, dilution and substitution, and for evidence I use (d) amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, methaqualone, opiates, PCP or propoxyphene.
- Authorizing the lab to disclose my test results (and related information) to the Partnership’s Medical Review Officer; and
- Authorizing the Medical Review Officer to disclose my test results (and related information) and cooperation or non-cooperation in testing and medical review evaluation to the Employee Assistance Program and the Administrator at ScreenSafe, Inc.

Witness

Your Signature

Date

Social Security Number

Time

Telephone Number

Address

City, State & zip code

Please bring this form to the collection site. After it is signed, the Employer’s designated representative must fax this form back to the Administrator at ScreenSafe, Inc. at the number listed below.

Administered by ScreenSafe Inc.
2364 Essington Rd., Suite 128, Joliet, IL. 60435
Phone 1-877-727-3369 Fax 1-815-676-2210

ATTACHMENT XVI

REASONABLE SUSPICION TESTING

Reasonable Suspicion Evaluation Form

Incident/Behavior/Performance Report

Use this form to record any incidents, work place performance or work place behavior problems.

Name of observed participant: _____

Date: _____ Job Site; _____

Name of Company Observer: _____

Check all those indicators or cues observed in the work place.

Primary Indicators

Behavior

slurred speech Yes ___ No ___
confused speech Yes ___ No ___
tremors/shakes Yes ___ No ___

staggering Yes ___ No ___
poor coordination Yes ___ No ___

Secondary Indicators

Appearance

glassy eyes Yes ___ No ___
blank stare Yes ___ No ___
bloodshot eyes Yes ___ No ___
flushed face Yes ___ No ___
marijuana smell Yes ___ No ___
altered appearance Yes ___ No ___
alcohol smell Yes ___ No ___

Mood

sudden mood changes Yes ___ No ___
isolating Yes ___ No ___
extreme nervousness Yes ___ No ___
belligerent Yes ___ No ___
aggressive Yes ___ No ___
unusually quiet Yes ___ No ___
unusually talkative Yes ___ No ___

Vigilance /Performance

confused Yes ___ No ___
disoriented Yes ___ No ___
drowsiness Yes ___ No ___
sleeping Yes ___ No ___
hearing things Yes ___ No ___
seeing things Yes ___ No ___
blackouts Yes ___ No ___

Administered by ScreenSafe Inc.
2364 Essington Rd., Suite 128, Joliet, IL. 60435
Phone 1-877-727-3369 Fax 1-815-676-2210

ATTACHMENT XVII

REASONABLE SUSPICION TESTING

Reasonable Suspicion Evaluation Form (side two)

Describe the incident in detail.

If additional space is needed, please use another page.

Please list all witnesses to the behavior or incident.

Did you discuss the incident and/or behavior with the employee? Yes _____ No _____

Remarks:

Signature of Observer _____ Date: _____

Signature of Designated Representative _____ Date: _____

Signature of Employee _____ Date: _____

Signature of Union Representative _____ Date: _____

Administered by ScreenSafe Inc.
2364 Essington Rd., Suite 128, Joliet, IL. 60435
Phone 1-877-727-3369 Fax 1-815-676-2210

ATTACHMENT XVIII

REASONABLE SUSPICION TESTING

DO'S AND DONT'S FOR DEALING WITH SUSPECTED SUBSTANCE ABUSE

DO

- Do Focus on job performance ONLY.
- Do Remain consistent in applying your company's policy.
- Do Support what you say with objective observations of behavior.
- Do Stay consistent in your use of job standards and job expectations.
- Do Act in a calm, objective manner.
- Do Keep any conversation or action taken with an employee as private as possible.
- Do Discuss an employee's suspected problems only on a need to know basis.

DON'T

- Don't Ignore troubled employees and hope that the problem will go away.
- Don't Try to diagnose the problem.
- Don't Play counselor.
- Don't Moralize.
- Don't Be misled by an employee's sympathy-evoking tactics.
- Don't Cover up for an employee.
- Don't Allow exceptions for one employee and deny exceptions to another.
- Don't Publicly confront or take disciplinary action against an employee suspected of substance abuse.
- Don't Lose your temper, get emotional, or use generalizations when confronting an employee.

Administered by ScreenSafe Inc.
2364 Essington Rd., Suite 128, Joliet, IL. 60435
Phone 1-877-727-3369 Fax 1-815-676-2210

ATTACHMENT XIX

RETEST OF ORIGINAL SPECIMEN

When a person tests positive under the United Union of Roofers, Waterproofers' and Allied Workers Union Local 11 and the Chicagoland Roofing Council Partnership for a Drug Free Workplace Program he/she has the right to request a confirmation of the original specimen. If this is what you choose to do, please follow these guidelines.

- Call the Program Administrator at (877) 727-3369 and request a retest of your original specimen within five days of this notice.
- You are required to pay for the test in advance. Please send a certified check via Certified Mail or Money Order, made out to ScreenSafe, Inc. in the amount of \$200.00 to the address listed below. If the result of the retest is negative, you will be refunded the amount of the check and the cost of the mailing.

Copies of the results of the retest will be sent to the United Union of Roofers, Waterproofers' and Allied Workers Union Local 11 and the Chicagoland Roofing Council Partnership for a Drug Free Workplace, the Program Administrator and to you.

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