

AUTOMATION & ELECTRONICS, INC.

Substance Abuse Policy & Procedures (Non-DOT)

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*Pipeline Testing
Consortium, Inc.*

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I. Statement of the Plan

AUTOMATION & ELECTRONICS, INC. (hereinafter referred to as "Company") recognizes that the use and abuse of drugs and misuse of alcohol in today's society is a very serious problem that has also found its way into the workplace. The Company also recognizes the significant threat that a drug-impaired "employee" can pose to the safety of his/her co-workers and the general public. In order to address the safety threat presented by the problem of substance abuse in the workplace, the Company has established drug testing under certain circumstances. In light of the above, the Company has adopted this Substance Abuse Policy and Procedures (hereinafter referred to as "Plan") to specify the circumstances under which alcohol and drug testing may be required and the procedures for conducting such testing. The administration, reporting and recordkeeping of the Company's Plan is handled by Pipeline Testing Consortium, Inc. (hereinafter referred to as "PTC") with an office located at 9 Compound Drive, Hutchinson, Kansas.

The Company's Plan is designed to create a drug-free workplace. The Plan has been developed in a manner that ensures accurate and reliable test results, thereby eliminating the possibility of any "false positives". The Plan also contains procedures designed to recognize and respect the dignity and privacy of all of our employees. We also have available information on and access to appropriate employee assistance programs designed to help those individuals desirous of treating such problems.

In accordance with the Americans with Disabilities Act and state anti-discrimination laws, the Company does not discriminate against any Covered Person who is a qualified individual with a disability, who is not currently using Illegal Drugs and who has either successfully completed a rehabilitation program, or who may be currently participating in a supervised rehabilitation program and is no longer using illegal drugs. A current disability of any kind, however, does not entitle an employee and/or job applicant to violate any provisions of this Plan.

The effective date of this Plan is December 20, 2018. Each employee will be given notice of this plan, a copy of the plan, and will be asked to sign the form titled "Acknowledgment, Waiver, Agreement and Receipt of Substance Abuse Policy and Procedures." ("Acknowledgment"). Failure to sign the "Acknowledgment" and/or failure to agree to abide to the terms herein will result in disciplinary action up to and including termination.

The Company is responsible to ensure that this Plan complies with any applicable Federal and State laws in which it operates.

II. Scope

A. Employees Covered Under This Plan

"Employee" or "Covered Person" means a person that is a "full-time", "part-time", "contract" or "temporary" employee who performs safety-sensitive job functions as defined in Appendix C.

"Covered Positions" or "Safety-Sensitive job functions", as defined by this Company and listed in Appendix C, include job functions involving a potential risk of injury to self or others. Any Covered Person who is responsible for the health, safety, and welfare of Company employees are also considered to have Safety-Sensitive job functions.

Company personnel working in a covered position including applicants and those subject to federally mandated testing (if applicable) are covered by this Plan.

All employees who are or may be subject to the provisions of this Plan will be provided with a copy of this Plan prior to its implementation and/or at the time they are hired.

B. Prohibited Drugs

The presence in the body, possession, use, distribution, dispensing, and/or unlawful manufacture of prohibited drugs is not condoned while conducting Company business, or while in work areas, or while in the Company vehicles on or off Company property. No employee will work under the influence of prohibited drugs. The wearing, possessing or carrying of drug paraphernalia items on Company premises or while conducting Company business is prohibited. These items can include, but not limited to, roach clips, pipes designed for smoking marijuana, cigarette rolling papers used to roll marijuana, injection needles used for non-medical reasons, and items that may be used to subvert the testing process.

Prohibited drug means any of the substances listed in TABLE 1 that are in Schedules I – V of the Controlled Substances Act.

Any person discovered to be in violation of these prohibitions listed in TABLE 1 is required to cease conducting Company business or to leave work areas immediately. Any person discovered to be in violation of these prohibitions while operating a Company vehicle is required to cease operation of the Company vehicle immediately.

An employee in violation of these prohibitions will be subject to appropriate disciplinary action in accordance with Section VIII. entitled "Discipline".

C. Medication Disclosure and the Appropriate Use of Prescription Medication

Employees working in safety-sensitive positions (as outlined in Appendix C) who are taking a drug or medication which adversely affects, or which may reasonably be expected to adversely affect, the Covered Person's ability to perform work in a safe and productive manner, are required to promptly report the use of such drug and/or medication to the Designated Employee Representative (DER) using the Medications Disclosure Form (See Appendix E). Such disclosures will be treated confidentially by Company. This Medications Disclosure Form is job-related and consistent with business necessity. Upon receipt of the completed Medications Disclosure Form, the DER, and where appropriate, the Covered Person and the Covered Person's physician, will determine the appropriate response consistent with applicable law.

Covered Persons' proper use of over-the-counter medication or medication that has been prescribed by a physician for that Covered Person is not prohibited by this Plan. It is each Covered Person's responsibility to check with a physician regarding whether the use of any medication may adversely affect performance or safety at work. Company does not unlawfully discriminate against employees or applicants on the basis of disability. *Employees and Applicants who seek a reasonable accommodation due to an underlying disability are encouraged to submit any requests to the DER.* A Covered Person who is using or tests positive for a prescription drug for which he/she has a valid prescription, but which drug use may pose a direct threat to the employee or others in the workplace (or which otherwise adversely affects the employee's job performance), may be subject to further assessment. In such cases, Company will conduct an individualized assessment of the individual's ability to perform the essential functions of the job in question while utilizing such drug without posing a direct threat to the health or safety of the employee or others in the workplace, before taking any further action related to the employee's employment.

D. Medical and Recreational Marijuana Use

The use of marijuana for medical or recreational purposes, even if permitted by state law, regulation or ordinance, will not be considered an acceptable explanation for a confirmed positive laboratory report for marijuana and will be reported by the Medical Review Officer as a verified positive drug test for marijuana to the Designated Employer Representative (DER). Where state and federal law differ, the Company will comply with federal law, *except where otherwise provided.* For example, some state laws permit the use and possession of marijuana for medical and/or non-medical purposes, but federal law does not. *In the absence of state law to the contrary,* Company considers marijuana to be an Illegal Drug for purposes of this Policy in *all* states – even those states that allow for medical and/or non-medical use. Moreover, even if an individual's use of marijuana may otherwise be permissible under state law, the use or possession of marijuana or being under the influence or impaired by marijuana on (on or off the Company's Premises or Property) or while on Company business is strictly prohibited.

However, state law, regulations and ordinance requirements/limitations will be followed and a reasonable accommodation analysis will be conducted as applicable or as required by the federal Americans with Disabilities Act, as amended, and any applicable state law, regulation, ordinance or case law/administrative decision precedent.

E. Refusal to Submit to a Test

Any employee or applicant who:

- 1) Fails to appear for any test after being directed to do so by the employer;
- 2) Fails to remain at the testing site until the testing process is complete;
- 3) Fails to provide a urine or breath sample for any test required by the employer;
- 4) Fails to permit the observation or monitoring of them providing a urine sample (Please note tests conducted under direct observation or monitoring occur in limited situations. The majority of

- specimens are provided in private);
- 5) Fails to provide a sufficient urine or breath sample when directed, and it has been determined, through a required medical evaluation, that there was not adequate medical explanation for the failure;
 - 6) Fails to take a second test when directed to do so;
 - 7) Fails to cooperate or interferes with any part of the testing process;
 - 8) Fails to undergo a medical evaluation as part of "shy bladder", "shy lung" procedures, or one directed by the MRO or employer;
 - 9) Fails to sign Step #2 of the Alcohol Testing Form and;
 - 10) Provides a specimen that is verified by the lab and/or admitted to the collector or MRO as adulterated or substituted.

F. Failed Drug Test or Positive Test Result

A confirmation test result showing reportable evidence of a prohibited substance in the donor's system.

G. Passed Drug Test or Negative Test Result

The initial testing or confirmation testing does not show evidence of the presence of a prohibited drug in the employee's or applicant's system.

H. Cancelled Test

A drug or alcohol test that has a problem identified that cannot be or has not been corrected, or which this part otherwise requires to be cancelled. A cancelled test is neither a positive nor a negative test.

I. Invalid Drug Test

The laboratory report of a drug test for a urine specimen that contains an unidentified adulterant or an unidentified interfering substance, has abnormal characteristics, or has an endogenous substance at an abnormal concentration that prevents the laboratory from completing or obtaining a valid drug test.

J. Medical Review Officer (MRO)

A licensed physician responsible for receiving laboratory results generated by an employer's drug testing plan who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result together with his/her medical history and any other relevant biomedical information.

III. Qualifications for Employment & Prohibited Conduct

A. Prohibited Conduct

An employee who fails a drug and/or alcohol test required under this Plan which is confirmed as positive by the Medical Review Officer or who refuses to take a drug test required under this Plan is subject to disciplinary action up to and including termination.

B. Disqualification

Any applicant who tests positive or refuses to submit to any drug and/or alcohol test required under this Plan shall be disqualified from further consideration for employment.

C. Alcohol

The use and/or possession of alcohol on Company premises, while conducting Company business, or reporting to work while under the influence will not be tolerated. Additionally, for employees in sensitive jobs which affect the public's sense of confidence in the Company, excessive use of alcohol in public or inappropriate conduct in public due to the influence of alcohol is prohibited.

Employees may be tested for alcohol in periodic, post-accident, reasonable-cause, return-to-duty, and follow-up situations. A breath alcohol test result of 0.04 BAC or higher is considered a positive alcohol test and will result in disciplinary action up to and including termination.

Violations of the Company's policies concerning alcohol may result in discipline up to and including termination. Any employee whose actions, appearance, or conduct, while in the performance of job duties, including the operation of a vehicle, are indicative of the use of alcohol may be relieved of their

duties immediately.

As a protection to the employee, it is the responsibility of each employee who is called back to work during an unscheduled call-back to notify the Supervisor at the time of the call if he/she has consumed alcohol. Employees called back may refuse, without discipline, to report for work if they believe their abilities are sufficiently impaired by the use of alcohol that working is inadvisable. Employees reporting for an unscheduled call-back may be sent home, without discipline, if it is determined before the employee begins to work (by the employee's admission or in the judgment of the Supervisor) that the employee's abilities are so impaired. Once the employee begins working, however, the employee is subject to discipline up to and including termination for working under the influence of alcohol if he/she did not report the use of alcohol to the Supervisor.

If an employee reports to work under the influence of alcohol (by the employee's admission or in the judgment of the Supervisor), the employee should be transported home by the Supervisor, or a spouse, family member or other individual should be contacted to transport the employee to his/her home. In the event no such individual is available, the Supervisor will make arrangements to transport the employee home. If the employee refuses to agree to any of these procedures and attempts to operate his/her own vehicle, the Supervisor will make appropriate efforts to discourage the employee from doing so, up to and including contacting local law enforcement officials.

In some circumstances, an employee determined to suffer from alcohol dependency may return to work if certain conditions are met. These conditions may include successful completion of any recommended aftercare program determined by the Substance Abuse Professional (SAP) or Company, passing an alcohol test before returning to work, and participating in a program of follow-up testing for a period of up to 60 months after returning to duty.

D. Searches and Investigations

In order to accomplish the purpose of this Plan, the Company reserves the right to carry out searches of individual employees and their personal effects when employees are on Company premises or in any Company vehicle, while employees are on duty, or while employees are at a job site of a customer.

Personal effects of employees include, but are not limited to, personal vehicles, baggage, lockers, tool boxes, lunch pails, coolers, briefcases, and desks.

Searches by the Company of company property or personal effects may be initiated without prior notice and conducted at times and locations as deemed appropriate by the Company.

Employees have the right to refuse being searched or having their personal effects searched or to cooperate in the requested tests; however, refusal to allow such searches or to cooperate in such lawfully permitted searches by any employee will be cause for disciplinary action up to and including immediate termination.

During an investigation, employees may be requested to cooperate and provide a urine test or submit to breath analysis.

Any employee determined by the Company to be in violation of this Policy, without an explanation satisfactory to the Company, will be subject to disciplinary action up to and including immediate termination.

E. Reporting

An employee who must drive in the course of his/her job duties and is cited and receives an automatic suspension or revocation of driving privileges shall immediately notify the employer of such violation.

The Company shall, upon such notice, take appropriate personal action up to an including termination.

IV. Drug & Alcohol Tests Required

A. Pre-employment

Subject to individual state law requirements, all applicants for initial employment, subsequent re-employment, or temporary employment in a position (see "Employees Covered Under This Plan, Section II.A.) must successfully pass a pre-employment drug test prior to working in a position for the

Company and be covered by this Plan. All applicants will be notified, at the time they complete a job application, that they will be required to submit to a drug test if they are considered otherwise qualified for employment and that they will be subject to the terms and conditions of this Plan if they are ultimately hired.

No applicant will be hired into a position unless he/she passes a pre-employment drug test (see Section VIII. entitled "Discipline").

B. Periodic / Annual

Employees may be subject to periodic and/or annual alcohol and drug testing due to customer requirements. The Company also maintains the right to conduct periodic and/or annual alcohol and drug testing.

If an employee tests positive in a periodic and/or annual alcohol and/or drug test, his/her discipline will be handled according to Section VIII. entitled "Discipline".

C. Post-Accident

Retaliation against employees who report accidents is strictly forbidden. Employees should report all accidents, as defined below, to the appropriate Company personnel as soon as possible. Any drug and alcohol testing under this section will be applied in a neutral fashion, to foster a safe work environment, and only to identify drug/alcohol use in the recent past. Testing under this section will not be undertaken to retaliate against employees for reporting workplace injuries.

If an employee is involved in an accident, the employee will be drug/alcohol tested if the following conditions occur (where permitted by applicable law): (A) there is a reasonable possibility that drug/alcohol use may have been a contributing factor to the reported injury or accident, (B) employee's performance either contributed to an accident or cannot be completely discounted as a contributing factor to the accident, and (C) the injury or accident resulted in medical treatment beyond first aid or property damage over a specified amount.

Drug testing under this section will occur within 32 hours and an alcohol test must be administered within 8 hours following an accident.

All reasonable steps will be taken to obtain a urine and/or breath specimen from an employee after an accident. In the case of a conscious but hospitalized employee, the Company will request that the hospital or medical facility obtain a specimen, following proper chain-of-custody.

Employees must refrain from using alcohol for eight hours following an accident unless the employee has been alcohol tested.

If an employee who is subject to post-accident testing is conscious, able to urinate normally (in the opinion of a medical professional) and refuses to be tested, that employee shall be removed from his/her position and shall be subject to discipline according to Section VIII. entitled "Discipline".

If the employee's test result is negative, the employee may return to work at the discretion of the Company.

For purposes of this Plan, an accident is defined as:

1. a death or personal injury necessitating in-patient hospitalization; or
2. an injury which results in medical treatment beyond first aid and is reportable under Worker's Compensation (where permitted by applicable law); or
3. the employee action may have resulted in:
 - a) a citation issued by law enforcement,
 - b) damages of \$500.00 or more to real or personal property,
 - c) damages of \$500.00 or more to any vehicle involved.

If an employee tests positive in a post-accident test, his/her discipline will be handled according to Section VIII. entitled "Discipline".

D. Random

The Company may conduct random drug testing on an unannounced and random basis. The Company may conduct a number of tests equal to at least 50 percent of all employees each calendar year, spread reasonably over a 12-month period. Random testing will be conducted at least quarterly. The random selection shall be performed using a computer-based random generator. To assure the selection process is truly random, all employees covered under this Plan will be placed in a common pool. Employees will be selected for random testing by anonymous, objective selection criteria (computer-

based random number generator) and all employees will have an equal chance of being selected. Because each random sampling selects from the total pool of employees, it is conceivable that an employee could be tested more than once each year.

If an employee tests positive in a random drug test, his/her discipline will be handled according to Section VIII. entitled "Discipline".

E. Reasonable Cause

The Company will require a drug and/or alcohol test for an employee when there is reasonable cause to believe that the employee is using a prohibited drug and/or alcohol. However, the decision to test must be based on a reasonable and articulable belief that the employee is using a prohibited drug and/or alcohol the basis of specific, contemporaneous physical, behavioral or performance indicators of probable drug and/or alcohol misuse. For instance, evidence of repeated errors on the job, Company rule violations, unsatisfactory attendance or punctuality patterns, if coupled with a specific contemporaneous event that indicates probable drug and/or alcohol use, could provide reasonable cause to test an employee.

The conduct should be witnessed by at least two supervisors or Company officials, if feasible. If not feasible, only one supervisor of the employee can substantiate the decision to test for reasonable cause. This supervisor must have received training in detection of possible drug and/or alcohol use symptoms which substantiates the decision to test the employee for reasonable cause. Refer to Appendix D for Reasonable Cause Observation Checklist. In either instance, the recommendation for a drug and/or alcohol test must be approved by the DER or their designee.

A written report describing the employee's condition will be completed, dated and signed by the observer, and copies made available to the employee. In such cases, the employee's immediate supervisor may, in a confidential manner, order the employee to submit to drug and/or alcohol testing.

Third party reports that an employee is impaired in his duties due to the use of prohibited drugs and/or alcohol shall not constitute reasonable cause, but may be cause for the observation of the employee.

In any reasonable cause circumstance, the supervisor of the employee to be tested will transport the employee to an appropriate collection site facility and await the completion of the collection procedure. The employee will then be transported back to the Company premises, where a spouse, family member or other individual will be contacted to transport the employee to his/her home. In the event no such individual is available, the Company will make arrangements to transport the employee home or the employee will be transported by a Company supervisor. If the employee refuses to agree to any of these procedures and attempts to operate his/her own vehicle, the Company will make appropriate efforts to discourage the employee from doing so, up to and including contacting local law enforcement officials. Any employee failing to cooperate with any of these procedures described above will be subject to disciplinary action, up to and including termination of employment.

While waiting for an employee's drug and/or alcohol test results, that employee must be removed from his/her position until the drug and/or alcohol test results are confirmed negative for prohibited drugs or alcohol. The employee will be placed on Company leave of absence during this time.

If the employee tests positive, his/her discipline will be handled according to Section VIII. entitled "Discipline".

If the employee tests negative, the employee may return to work at the Company's discretion.

F. Return-to-Duty & Follow-Up

An employee who refuses to take a drug and/or alcohol test (considered as a positive test result) or who does not pass a drug and/or alcohol test may not return to duty until he/she passes a return to duty drug and/or alcohol test following an evaluation under the Company's Employee Assistance Program (EAP). An employee who returns to duty after a positive test or refusal will be subject to a reasonable program of follow-up drug and/or alcohol testing without prior notice for up to 60 months. See Section VIII. entitled "Discipline".

An employee, who voluntarily admits to using drugs and/or alcohol prior to being notified of a test under Section IX.E. entitled "Employee Admission of Alcohol And Controlled Substances Use", will be subject to a return-to-duty test and a reasonable program of follow-up drug and/or alcohol testing without prior notice for up to 60 months.

If an employee tests positive in a return-to-duty and follow-up test, his/her discipline will be handled according to Section VIII. entitled "Discipline".

G. Group-Based Testing

Group-based testing of Company personnel may be required without notice based on evidence of paraphernalia on Company property that cannot be identified to a specific individual. Group-based testing may also include all members of a named group on site at the determined time of testing. Such groups may include, but are not limited to, all company personnel on site, or by shift, by crew, by location, by craft, by company, or by another similar category.

Such tests are scheduled at the sole discretion of the Company and may include testing for alcohol and/or drugs.

If an employee tests positive in a group-based test, his/her discipline will be handled according to Section VIII. entitled "Discipline".

V. Specimen Collection Procedures

A. Urine Specimen Collection

Any person requested to undergo a drug test will be required to provide a urine specimen at a designated collection site. In order to ensure integrity of the specimen collection procedure, a standard Urine Custody and Control Form will be used. This form shall be completed by the employee, the Company, and collection site personnel. The form will be completed by the person responsible for collecting the urine specimen and will then be forwarded along with the urine specimen to a designated laboratory, which will conduct the actual drug test. The laboratory will then forward a copy of the Urine Custody and Control Form to the Medical Review Officer, who will review it when analyzing any positive test results. The Company or its designated agent will retain a copy of the Urine Custody and Control Form for each drug test it conducts.

Employees are expected to cooperate with collection site personnel and to exercise good faith in conjunction with the written specimen collection procedures.

B. Collection Site Procedures

Designated Collection Sites

The Company will utilize an approved collection site which will have the personnel, materials, equipment, facilities and supervision necessary to provide for the collection, security, temporary storage and shipping of urine specimens to a SAMHSA/DHHS-certified laboratory for testing. See Appendix A for the approved collection sites for this Plan.

Circumstances REQUIRING Direct Observation

Unless otherwise prohibited under State law, a second specimen of urine will be obtained from the donor immediately under the direct observation of a same gender observer under the following circumstances:

1. Suspected Adulteration or Substitution
 - a) The donor has presented a specimen to the collection site person that falls outside the allowable temperature ranges (32 degrees - 38 degrees C/90 degrees - 100 degrees F.),
 - b) The collection site person observes suspicious donor conduct that may indicate an attempt to substitute or adulterate the specimen.
2. Cancelled By the Medical Review Officer
 - a) The laboratory has reported that the specimen is invalid and the employee does not provide the Medical Review Officer a valid medical explanation for the test result.

- b) The laboratory reports that the split specimen failed to reconfirm the primary specimen results (positive, adulterated, or substituted), the split was invalid, or the split was unavailable for testing.
3. Reported as Negative Dilute and;
 - a) The laboratory reports to the Medical Review Officer that the creatinine concentration of the specimen was greater than or equal to 2mg/dL, but less than or equal to 5 mg/dL.

Circumstances When Direct Observation of Collection will be OPTIONAL

Under certain circumstances, observed collection of a specimen of urine may be required under Company authority.

The Company may elect to require that any return-to-duty or follow-up testing be conducted under direct observation.

Employee Refusal to Submit to Testing

If an employee refuses the Company's initial request to submit to any required drug and/or alcohol test, the employee will be suspended and immediately removed from his/her position, and shall be subject to disciplinary action up to and including termination.

Failure of Employee to Report to Collection Site

If an employee fails to appear for a scheduled collection, the collection site personnel shall immediately notify the Company's DER by telephone, who in turn shall immediately contact the employee's supervisor who shall initiate appropriate disciplinary action up to and including termination.

Employee Refusal to Provide Specimen at the Collection Site

In the event an employee refuses to provide a specimen, cooperate with the collection process, or remain at the collection site before providing an acceptable specimen, the following procedures shall apply:

1. The employee shall be informed by the collection site personnel that:
 - a) the Company's DER will be contacted; and
 - b) he/she is to report back to the work site supervisor and await further instructions.
2. The collection site personnel shall immediately notify the Company's DER by telephone and document the refusal in writing on the Chain-of-Custody Form.
3. The DER shall notify the employee's supervisor. The supervisor shall initiate appropriate disciplinary action up to and including termination.

Failure to Cooperate

If the employee refuses to cooperate during the collection process (i.e., refusal to provide a complete specimen, complete paperwork, wash hands, etc.) the collection site person shall inform the DER and shall document the non-cooperation on the Custody and Control Form. The collection site person shall fax the Custody and Control Form to the Medical Review Officer. Employees are expected to exercise good faith and cooperate during the collection process and failure to do so may be treated the same as a positive drug test; resulting in a removal from his/her position, and disciplinary action up to an including termination.

Any employee required to provide a urine specimen will be expected to complete any necessary forms required by the collection site or the Company, including those authorizing the disclosure of test results to the Company. Failure or refusal to do so will result in disciplinary action up to and including termination as set forth in Section VIII.B. entitled "Refusal to Submit".

Failure of Employee to Provide an Adequate Specimen

If the employee fails to provide a sufficient quantity of urine, at least 45 milliliters, the following procedures shall apply.

1. The employee shall remain at the collection site and be given a reasonable period of time to provide a specimen. As a general rule, the employee will be allowed up to three (3) hours.
2. Employees shall be offered fluids (up to 40 ounces) to facilitate urination. During the waiting period, the employee will remain at the collection site under supervision at all times.

3. If at the end of the waiting period the employee still cannot provide a specimen of sufficient quantity, this inability shall be recorded by the collection site personnel on the Chain-of-Custody Form as failure to provide a specimen. The collector shall immediately notify the DER and transmit Copy 2 of the CCF to the MRO.
4. As the DER, you must after consulting with the MRO direct the employee to obtain, within five days, an evaluation from a licensed physician, acceptable to the MRO, who has expertise in the medical issues raised by the employee's failure to provide a sufficient specimen.
5. As the referral physician conducting this evaluation, you must recommend that the MRO make one of the following determinations:
 - a) A medical condition has, or with a high degree of probability could have, precluded the employee from providing a sufficient amount of urine. For purposes of this paragraph, a medical condition includes an ascertainable physiological condition (e.g., a urinary system dysfunction) or a medically documented pre-existing psychological disorder, but does not include unsupported assertions of "situational anxiety" or dehydration. As the MRO, if you accept this recommendation, you must indicate the test as "cancelled" and notify the DER.
 - b) There is not an adequate basis for determining that a medical condition has, or with a high degree of probability could have, precluded the employee from providing a sufficient amount of urine. As the MRO, if you accept this recommendation, you must indicate the test as "refusal to test" and notify the DER.

Employees Requiring Medical Attention

If the specimen is being collected from an employee in need of medical attention (e.g., as part of a post-accident test given in an emergency facility), necessary medical attention shall not be delayed in order to collect the specimen. For additional information on collection procedures for injured employees see Section IV.C entitled "Post-Accident".

VI. Testing Methodology

A. Appropriate Laboratory

All urine specimens to be tested for the presence of prohibited drugs must be analyzed by a SAMHSA/DHHS laboratory certified under the SAMHSA/DHHS Mandatory Guidelines for Federal Workplace Drug Testing Programs. All drug tests required by the Company will therefore be shipped for analysis to the laboratory listed in APPENDIX A.

All alcohol and drug tests must follow current SAMHSA/DHHS guidelines. The use of quick or rapid tests is prohibited by the Company.

B. Screening and Confirmation Tests

All urine specimens will be initially screened for the use of prohibited drugs by an immunoassay test, which will eliminate negative urine specimens from further consideration. Any positive test results in an initial screening test will be subject to confirmation utilizing Gas Chromatography/Mass Spectrometry (GC/MS), Liquid Chromatography with tandem Mass Spectrometry (LC/MS/MS), or similar methodology.

The cut-off levels listed in TABLE 1 will be used for the initial testing of specimens to determine whether they are negative for drugs.

C. Split Retest Procedures

If the Medical Review Officer ("MRO") determines there is no legitimate medical explanation for a confirmed positive test result other than the unauthorized use of a prohibited drug, the original specimen must be retested if the employee or applicant for employment makes a verbal or written request for retesting within 72 hours of receipt of the final test result from the MRO. The employee or applicant for employment may request retesting by a second laboratory certified by the Department of Health and Human Services. The retest will be at the employee or applicant for employment's expense, unless the retest is negative, at which time the employee will be reimbursed for the retest cost. Retesting fees must be paid for in advance. State laws may or may not govern employee payment for retest fees.

If the employee/applicant specifies retesting by a second laboratory, the original laboratory must follow approved chain-of-custody procedures in transferring a portion of the specimen.

Per standard industry procedures, split sample testing will be conducted at levels equal to or greater than the established sensitivity of the assay (limit of detection), and must, as technically appropriate, be reported and considered corroborative of the original positive results.

D. Negative Dilute Retest

The Company may choose to retest negative dilute specimens if the creatinine concentration is greater than 5 mg/dL and below 20 mg/dL provided that:

1. They have notified employees in advance of the decision to test in this section;
2. All employees tested within a category (i.e. pre, rand, etc) are treated the same for this purpose;
3. The employee is given the minimum possible advance notice that the employee must retest;
4. The Company must treat the result of the retest – and not the prior test – as the test result of record even if the retest is also negative dilute.

VII. Review of Drug Test Results

A. Medical Review Officer Qualifications

All confirmed positive test results will be reported by the laboratory to a Medical Review Officer ("MRO") prior to any decision regarding an employee's qualification for continued employment due to the results of a drug test. The MRO will be a licensed physician with knowledge of substance abuse disorders. The MRO will review and consider possible alternative medical explanations for the positive test result, as well as the chain-of-custody to ensure that it is complete and sufficient on its face. The Company's Medical Review Officer is listed in APPENDIX A.

B. MRO Determinations

If the MRO determines, after appropriate review, that there is a legitimate medical explanation for the confirmed positive test result other than the unauthorized use of prohibited drug, the MRO will conclude and report the test to be **negative**.

If the MRO determines, after appropriate review, that there is no legitimate medical explanation for the confirmed positive test result other than the unauthorized use of a prohibited drug, the MRO shall confirm and report the test as **positive** and refer the employee tested to the Company for further proceedings in accordance with its Substance Abuse Policy and Procedure .

If the result is invalid, the MRO will conduct an interview with the employee to determine if there is an acceptable reason for the result. If an acceptable reason is established, the MRO will report the result to the DER as **cancelled** and the process will stop unless a negative test result is needed (e.g., pre-employment, return-to-duty, follow-up). If an acceptable reason is not established, the MRO will report the result to the DER as **cancelled** and order an immediate recollect under direct observation.

If the MRO determines, based upon his/her review of the laboratory inspection reports, quality assurance and quality control data, and other drug test results, that a particular drug test result is scientifically insufficient for further action, the MRO will conclude that the test is **cancelled**.

C. Disclosure of Information

The MRO will not disclose to any third party medical information provided by the individual to the MRO as a part of the testing verification process, except as provided below:

1. The MRO may disclose such information to the Company or a physician responsible for determining the medical qualification of the employee, only if:
 - a. In the MRO's reasonable medical judgment, the information could result in the employee being determined to be medically unqualified; or
 - b. In the MRO's reasonable medical judgment, the information indicates that continued performance by the employee of his/her position could pose a significant safety risk.
2. Before obtaining medical information from the employee as part of the verification process, the MRO will advise the employee that the information may be disclosed to third parties as provided

above and of the identity of any parties to whom the information may be disclosed.

VIII. Discipline

The following discipline will be taken in the event of a positive test result under any of the following circumstances.

A. Positive Tests

Any employee or applicant (in the case of pre-employment) who tests positive or refuses to test for drugs or alcohol and/or otherwise violates this Policy will be suspended without pay and will be subject to disciplinary action up to and including termination.

If an employee has a positive test result the employee is required to provide a written notification to the Designated Employee Representative of Automation Electronics, Inc. within five (5) business days of a positive confirmed test result. This statement must explain or contest the results. Employees can use the provided form in the appendix section.

B. Refusal to Submit

Any employee who refuses to submit to any drug and/or alcohol test required under this Plan will be treated as if he/she had tested positive in any such test. Any employee who refuses to submit to any drug and/or alcohol test will be suspended without pay and will be subject to disciplinary action up to and including termination.

C. Nature of Discipline, Factors Considered

1. Nature of Discipline.

Disciplinary action will be taken for each of the above stated offenses or occurrences. Depending upon the circumstances, measures taken will include:

- a. Suspension (time off work without pay).
- b. Termination of employment.
- c. Progressive discipline may be utilized for violations of this Policy, depending on the circumstances.
- d. A written record will be maintained, separate from the employee's Personnel file, of all disciplinary action taken pursuant to this plan.

2. Factors to be Considered.

In determining disciplinary action for each violation of this plan, factors to be considered include but are not limited to the following:

- a. Whether the offense is the first, second, or additional violation of this Policy.
- b. Whether and/or to what extent job performance has been affected.
- c. Willingness of the employee to seek assistance from a substance abuse profession/counselor, and participation and/or progress in any treatment plan, program, or other service.
- d. The nature and extent of the violation of this plan.
- e. The nature and extent to which the safety of the employee, other employees, co-workers, and/or the general public has been adversely affected by the employee's violation of this plan.

Management retains the right to make the above determinations. Nothing herein shall alter the rights of management to terminate an employee's employment, or the rights of an employee to resign, at any time without prior notice.

IX. Employee Assistance, Education & Training

A. Employee Assistance Program

In addition to the education and training program described below, the Company also has available a list of local organizations to which employees may refer for additional consultation and referral.

B. Education

The Company will provide an education program for its employees, which will include the following:

1. Display and distribution of informational material;
2. Display and distribution of a community service hot-line telephone number for employee assistance; and
3. Display and distribution of the Company's Plan regarding the use of prohibited drugs.
4. All employees will receive one hour of substance abuse training on a yearly basis.

C. Training

Any supervisory personnel responsible for determining whether an employee must be drug tested based on reasonable cause will be required to complete at least one 120 minute period of training on the specific contemporaneous physical, behavioral and performance indicators of probable drug & alcohol use (60 minute drug and 60 minute alcohol training).

D. Insurance Benefits

Treatment for drug abuse should be referred to each individual's health insurance policy for applicable coverage.

E. Employee Admission of Alcohol and Controlled Substances Use

1. Employees who admit to alcohol misuse or controlled substances use are not subject to the referral, evaluation and treatment requirements of this part, provided that:
 - a. The admission is in accordance with a written employer-established voluntary self-identification program or policy that meets the requirements of paragraph 2 of this section;
 - b. The employee does not self-identify in order to avoid testing under the requirements of this part;
 - c. The employee makes the admission of alcohol misuse or controlled substances use prior to performing his/her job duties (i.e., prior to reporting for duty); and
 - d. The employee does not perform his/her job duties until the employer is satisfied that the employee has been evaluated and has successfully completed education or treatment requirements in accordance with the self-identification program guidelines.
2. The voluntary self-identification program or policy contains the following elements:
 - a. The Company will not take adverse action against an employee making a voluntary admission of alcohol misuse or controlled substances use within the parameters of the program or policy and paragraph (1.) of this section;
 - b. The Company will allow the employee sufficient opportunity to seek evaluation, education or treatment to establish control over the employee's drug or alcohol problem;
 - c. The Company will permit the employee to return to his/her job duties only upon successful completion of an educational or treatment program, as determined by a drug and alcohol abuse evaluation expert, i.e., employee assistance professional, substance abuse professional, or qualified drug and alcohol counselor;
 - d. The Company will ensure that:
 - 1) Prior to the employee returning to work, the employee shall undergo a return to duty test with a result indicating an alcohol concentration of less than 0.02; and/or
 - 2) Prior to the employee returning to work, the employee shall undergo a return to duty controlled substance test with a verified negative test result for controlled substances use; and
 - e. The Company will monitor the employee and reserves the right to require follow-up testing.

X. Confidentiality

Information regarding an individual's test results will only be released to a third party only upon the written consent of the employee.

Statistical data related to drug testing that is not name-specific and training records will be maintained.

The Company's contract with its laboratory requires it to maintain all employee test records in confidence. However, the laboratory will disclose information related to a positive drug test of an individual to the individual, the Company, or the decision-maker in a lawsuit, grievance or other proceeding initiated by or on behalf of the individual and arising from a certified positive drug test.

Any employee who is the subject of a drug test conducted under this Plan shall, upon written request, have access to any records relating to his/her drug test and any records relating to the results of any relevant certification, review or revocation-of-certification proceedings.

To maintain confidentiality, records regarding the individual's drug use will be stored in locked containers. The employee's drug testing records will not be made a part of the employee's personnel file. Information related to investigations, possible employee violations, medical tests, or drug tests will be communicated only on a "need to know" basis. Discussion with employees will be conducted as privately as possible. Employees who wish to review their drug testing records should contact the DER. The Company maintains drug testing records in a secure location separate from an employee's personnel file.

The company and/or MRO may release information pertaining to an employee's drug or alcohol test without the employee's consent in certain legal proceedings.

XI. Recordkeeping

PTC shall keep the following records for the Company for the periods specified:

1. Records of employee drug test results that show that employee failed a drug test, and the type of test failed (e.g., post-accident), and records that demonstrate rehabilitation, if any, will be kept for at least five (5) years, and will include the following information:
 - a. The functions performed by employees who failed the drug test;
 - b. The prohibited drugs which were used by employees who failed the drug test;
 - c. The disposition of employees who failed the drug test (e.g., termination, leave without pay, rehabilitation).
2. Records of employee drug test results that show employees passed a drug test will be kept for at least one (1) year.
3. A record of the number of employees tested, by type of test (e.g., post-accident), will be kept for at least five (5) years.
4. Records confirming that supervisors and employees have been trained as required under this Plan will be kept for at least three (3) years.
5. Records 1-4 above will be maintained for the Company by the PROGRAM ADMINISTRATOR, PTC.

XII. At Will Status

All Company employees are employees at will. Nothing in this Policy shall be construed as altering the employment at will relationship or as creating any contractual rights in favor of the employee or Company. Nothing in this Policy shall be construed as creating an express or implied contract or promise concerning the policies that the Company has implemented or will implement in the future. This Policy may be changed by the Company without prior notice to the employee.

This Plan supersedes and revokes any other Company practice or policy relating to the use of drugs in the workplace and alcohol and drug testing. The Company reserves the right to interpret and administer this Plan and at any time and at its sole discretion, amend, supplement, modify, revoke, rescind or change this Plan, in whole or in part, with or without notice and with or without explanation.

XIII. Employer Responsibilities

1. All vacancy positions advertised by the company must include a statement that informs a prospective applicant that the employer implements a drug testing program
2. If drug testing has not previously been a part of the Company's Substance Abuse Program, the employer agrees to give existing employees 60 days after notice of the testing requirement before implementing drug testing.
3. The Company will post a notice that Substance Abuse Testing is a required condition of employment in the employee's work area.
4. The Company shall post a notice that the employers' Substance Abuse Policy and Employee Assistance Plan shall be made available to the employee as soon as is reasonably possible after request. The Policy and EAP will be on file in the office of the Human Resource Manager or Designated Employer Representative.

AUTOMATION & ELECTRONICS, INC.

Program Personnel & Services

Program Administrator

Pipeline Testing Consortium, Inc.
9 Compound Drive
Hutchinson, Kansas 67502
(800) 294-8758

Designated Employer Representative (DER)

Bob Dill
307-234-9311

Medical Review Officer (MRO)

David Paine, M.D.
American Medical Review, LLC
7 Compound Dr.
Hutchinson, KS 67502
(866) 359-0414

Certified Substance Abuse Mental Health Laboratory (SAMHSA) DHHS

Clinical Reference Laboratory
8433 Quivira Road
Lenexa, Kansas 66215
(800) 445-6917

Collection Site(s)

Several Collection Sites Utilized Across the U.S.

For a complete listing, please contact the Drug Program Manager or go to www.pipelinetesting.com

Employee Assistance Program (EAP)

Educational materials provided by Company and Pipeline Testing Consortium, Inc.

Substance Abuse Professional (SAP)

Contact the DER(s) for SAP Information

Appendix - B

AUTOMATION & ELECTRONICS, INC.

Acknowledgment, Waiver, Agreement & Receipt of Substance Abuse Policy & Procedures

I, the undersigned employee of **AUTOMATION & ELECTRONICS, INC.**, hereby certify that I have been furnished with a copy of the **AUTOMATION & ELECTRONICS, INC.** Substance Abuse Policy & Procedures and that I have read and understand same. I further certify that I have been provided with informational material, education and training on the dangers and problems of drug and alcohol misuse.

I am fully aware, and agree that I may be discharged or otherwise disciplined for any violation by me of said Substance Abuse Policy & Procedures, for any failure or refusal to provide urine and/or breath specimens when requested by my employer, for the failure or refusal to identify and certify same, for the failure to cooperate with the forms and other documents, and/or for any other failure or refusal to cooperate with my employer in its said Substance Abuse Policy & Procedures.

Executed this the _____ day of _____, 20_____.

Employee Name (Please Print)

Employee Signature

Employee ID # (last 4 digits)

Appendix - D

AUTOMATION & ELECTRONICS, INC.

Reasonable Suspicion/Cause Observation Checklist (Strictly Confidential)

Employee Name

Period of Evaluation:

Supervisor #1

Telephone

Supervisor #2

Telephone

This checklist is intended to assist a supervisor in referring a person for drug testing.
Has the employee manifested any of the following behaviors?

Indicate Yes (Y), No (N) and (D) if documentation exists.

A. Quality & Quantity of Work

- _____ 1. Clear refusal to do assigned tasks
- _____ 2. Significant increase in errors
- _____ 3. Repeated errors in spite of increased guidance
- _____ 4. Reduced quantity of work
- _____ 5. Inconsistent, "up and down" quantity/quality of work
- _____ 6. Behavior that disrupts work flow
- _____ 7. Procrastination on significant decisions or tasks
- _____ 8. More than usual supervision necessary
- _____ 9. Noticeable change in written or verbal communication
- _____ 10. Apparent inability to focus on work
- _____ 11. Unusual or unexplained resistance to authority or refusal to follow reasonable directions
- _____ 12. Changes in appearance after lunch break

B. Interpersonal Work Relationships

- _____ 1. Significant change in relations with co-workers, supervisors
- _____ 2. Frequent or intense arguments
- _____ 3. Verbal abusiveness
- _____ 4. Physical abusiveness
- _____ 5. Persistently withdrawn or less involved with people
- _____ 6. Intentional avoidance of supervisor
- _____ 7. Expressions of frustration or discontent
- _____ 8. Change in frequency or nature of complaints
- _____ 9. Complaints by co-workers or subordinates
- _____ 10. Makes unfounded accusations toward others, i.e., has feelings of persecution
- _____ 11. Unusual sensitivity to advice or critique of work
- _____ 12. Unpredictable response to supervision
- _____ 13. Confession of drinking alcohol or ingesting drugs
- _____ 14. Confirmation by other employees

Reasonable Suspicion/Cause Observation Checklist (Strictly Confidential)

Indicate Yes (Y), No (N) and (D) if documentation exists.

C. General Job Performance

- _____ 1. Excessive unauthorized absences-number in last 12 months
- _____ 2. Excessive authorized absences-number in last 12 months
- _____ 3. Excessive use of sick leave in last 12 months
- _____ 4. Frequent unexplained disappearances
- _____ 5. Excessive "extension" of breaks or lunch
- _____ 6. Frequently in remote areas of Company facilities or in areas not usually frequented by employees
- _____ 7. Increased concern about (actual incidents) safety offenses involving the employee
- _____ 8. Experiences or causes job accidents
- _____ 9. Major change in duties or responsibilities
- _____ 10. Interferes with or ignores established procedures
- _____ 11. Unusual or unexplained resistance to authority or refusal to follow reasonable directions
- _____ 12. Lacks appropriate caution
- _____ 13. Inability to follow through on job performance recommendation
- _____ 14. Excessive absenteeism (especially Mondays, Fridays and days before or after holidays or paydays)
- _____ 15. Makes unreliable or false statements
- _____ 16. Unrealistic self-appraisal or grandiose statements
- _____ 17. Temper tantrums or angry outbursts
- _____ 18. Demanding, rigid, inflexible
- _____ 19. Sudden and/or unpredictable change in energy level
- _____ 20. Unusually energetic
- _____ 21. Engages in detailed discussions about death, suicide, harming others
- _____ 22. Increasingly irritable or tearful
- _____ 23. Persistently boisterous or rambunctious
- _____ 24. Unpredictable or out-of-context displays of emotion
- _____ 25. Engages in detailed discussion about obtaining/using drugs/alcohol
- _____ 26. Has known relationship problems (spouse, girl/boyfriend, children, in-laws)
- _____ 27. Has received professional assistance for emotional or physical problems
- _____ 28. Secretive or furtive
- _____ 29. Memory problems (difficulty recalling instructions, data, past behaviors)

Reasonable Suspicion/Cause Observation Checklist

(Strictly Confidential)

Indicate Yes (Y), No (N) and (D) if documentation exists.

D. Personal Matters

- _____ 1. Changes in or unusual personal appearance (dress, hygiene)
- _____ 2. Speech:
 - _____ Slurred
 - _____ Confused
 - _____ Fragmented
 - _____ Slow
 - _____ Unusually soft or loud
- _____ 3. Lack of motor coordination
- _____ 4. Excessive fatigue
- _____ 5. Major change in physical health
- _____ 6. Skin color:
 - _____ Pale
 - _____ Flushed
- _____ 7. Excessive perspiration
- _____ 8. Bloodshot eyes
- _____ 9. Dilated pupils
- _____ 10. Pinpoint pupils
- _____ 11. Weariness, fatigue, or exhaustion
- _____ 12. Yawning excessively
- _____ 13. Blank stare or expression
- _____ 14. Shaking or trembling of hands
- _____ 15. Sunglasses worn at inappropriate times
- _____ 16. Breathing or swallowing difficulties
- _____ 17. Unusual sneezing/nasal congestion
- _____ 18. Traces of alcohol in containers
- _____ 19. Presence of substances with the appearance of drugs
- _____ 20. Presence of drug paraphernalia
- _____ 21. Smell of marijuana
- _____ 22. Needle marks on arms

Additional Information/Observations (Be specific, attach additional sheet as needed)

Supervisor #1 Date

Supervisor #2 Date

Appendix - E

AUTOMATION & ELECTRONICS, INC.

Medication Disclosure Form

(For employees performing safety-sensitive job functions.)

Medication Disclosure: Covered Persons in Safety-Sensitive Positions who are taking a drug or medication which adversely effects, or which may reasonably be expected to adversely effect, the Covered Person's ability to perform work in a safe and productive manner, are required to promptly report the use of such drug and/or medication to Human Resources using this form. Such disclosures will be treated confidentially by Company. This form is job-related and consistent with business necessity. Upon completion, Human Resources, and where appropriate, the Covered Person and the Covered Person's physician, will determine the appropriate response consistent with applicable law.

Employee Name: _____ Date: _____

Supervisor Name: _____

Prescription Drug Utilized: _____

Date of Prescription: _____ Length of Time on Prescription: _____

Prescribing Physician Name: _____ Phone: _____

Address: _____

List any over-the-counter medication that could potentially affect your ability to perform work in a safe and productive manner:

Describe any safety-related side effects you have been warned about or you have experienced as a result of using this prescription or over-the-counter medication?

Appendix - F

HIPAA Release of Information

(Authorization to Obtain Medical Information after Receipt of Medication Disclosure)

To: Custodian of Records

I hereby authorize the use or disclosure of my health information as described below.

Name: _____

Last four of SSN: _____

DOB: _____

Persons authorized to provide information:

Any HIPAA-covered entity including, but not limited to, any doctor, hospital, pharmacy, or other medical service provider, health plan, health maintenance organization, or insurer.

Persons authorized to receive information: **AUTOMATION & ELECTRONICS, INC.** - Human Resources Department

Specific description of information (including date(s) of service):

Regarding the Medication Disclosure Form that I completed for my work for Company, I hereby authorize and request you to permit Company's Human Resource Department to examine any and all information, documents, files, records, charts, progress notes, diagnoses, and the like, in your possession, custody or control, concerning your care, evaluation, treatment, and billing pertaining to me, including, but not limited to, any and all information concerning matters of a physical, mental, emotional, psychological, and psychiatric nature, but shall exclude any or all psychotherapy notes kept and maintained separately from other medical records. I further authorize and request you to permit said representative to copy or reproduce the desired portions of your documents, files, records, charts, progress notes, evaluations, and the like pertaining to such care, evaluation, treatment, and billing. Records obtained pursuant to this authorization will be used for purposes of determining my ability to undertake covered work for Company only.

I understand that I have the right to examine any mental health records that are disclosed pursuant to this authorization at any time upon request to Company.

A photocopy of this authorization is to be treated as an original.

Purpose of the use or disclosure: Determining the ability to undertake safety-sensitive job functions for Company.

I understand that I am entitled to a copy of this authorization.

I understand that this authorization will expire thirty (30) days from the date signed below.

I understand that I have the right to revoke this authorization at any time by notifying any covered entity in writing. The revocation will be effective only from the date it is received, will not apply retroactively, and will not be effective to the extent the covered entity has already relied on this authorization.

I understand that this authorization is voluntary and that the plan or service provider will not condition treatment or other services, enrollment in a group health plan, eligibility for benefits, or payment of claims on giving this authorization.

I understand this authorization may allow the information specified herein to be disclosed to persons or organizations that are not health plans, covered healthcare providers, or healthcare clearinghouses subject to federal privacy laws governing health information. I understand that the information authorized to be disclosed pursuant to this authorization may be subject to further disclosure by the recipient(s) and is no longer protected by federal privacy regulations.

By signing this form, I authorize the disclosure of the information specified to the persons/organization identified above.

Name of Individual

Date

Signature of Individual

Appendix - G

Rehabilitation & Return-To-Work Agreement

The undersigned, an employee of **AUTOMATION & ELECTRONICS, INC.**, (hereinafter referred to as "COMPANY") acknowledges that due to his/her confirmed positive drug and/or alcohol test, he/she is requested to attend and complete clinical treatment for drug and/or alcohol abuse problems (hereinafter referred to as "Rehabilitation Program"). In order for the employee to return to work, the following conditions apply to his/her continued employment with COMPANY.

Authorization must be given to the Substance Abuse Professional ("SAP") Administrator or other medical provider in charge of your Rehabilitation Program to provide verification of enrollment in a drug and/or alcohol abuse rehabilitation program and verification of attendance at all required sessions on a regular basis, as required by your Rehabilitation Program, to the DER. Your attendance will be closely monitored and your employment may be terminated if you do not meet the rehabilitation requirements.

All costs of rehabilitation not covered under your health care plan or insurance will be at your expense.

If the Rehabilitation Program prescribes an aftercare treatment program for continuing treatment of your drug and/or alcohol abuse problem, then you must authorize the Substance Abuse Professional Administrator or other medical provider in charge of your Rehabilitation Program to provide verification of enrollment in the designated aftercare program and verification of attendance at all required aftercare sessions to the DER. Your attendance will be closely monitored and COMPANY will take disciplinary action up to and including termination of your employment if you do not meet these requirements.

Up to five years following completion of the Rehabilitation Program, you will be subject to unannounced follow-up drug and/or alcohol testing. If you refuse to submit to drug and/or alcohol testing or if you ever test positive again, COMPANY will remove you from your position and take appropriate action.

You cannot work in a Company position until you have successfully participated in a Rehabilitation Program, been recommended for return to duty by the Rehabilitation Program counselor, and passed a return-to-duty drug and/or alcohol test. You will be on leave while unable to work, in accordance with COMPANY temporary disability leave policy. Whether or not you receive pay during this absence will depend upon your sick leave status and guidelines of the temporary disability leave policy.

You, the undersigned, reaffirm your continuing consent to and agreements in connection with the Waiver, Agreement and Receipt of Substance Abuse Policy and Procedures Acknowledgment Form. You further consent to release and disclose all information and records in connection with your treatment or pertaining to the problems associated with the need for such treatment.

Nothing in this Agreement changes your employment status. You are free to resign your employment at any time for any or no reason, without notice. Likewise, COMPANY reserves the right to terminate your employment, for any or no reason, without notice, subject to applicable collective bargaining agreements.

This Agreement will remain in effect for the duration of the undersigned's employment with **AUTOMATION & ELECTRONICS, INC.**

Employee Name

Designated Employer Representative (DER)

Employee Signature

DER Signature

Date

Date

Table - 1

30C7 - Non-DOT 5 Panel w/ SVT (formerly PA52)

	<u>Screening (ng/ml)</u>	<u>Confirmation (ng/ml)</u>
Marijuana Metabolites	50	15
Cocaine Metabolites	150	100
Opioid Metabolites	2000	2000
Codeine/Morphine	2000	2000
6-Acetylmorphine	10	10
Hydrocodone/Hydromorphone	300	100
Oxycodone/Oxymorphone	100	100
Phencyclidine	25	25
Amphetamines/Methamphetamine	500	250
MDMA	500	250
MDA	500	250