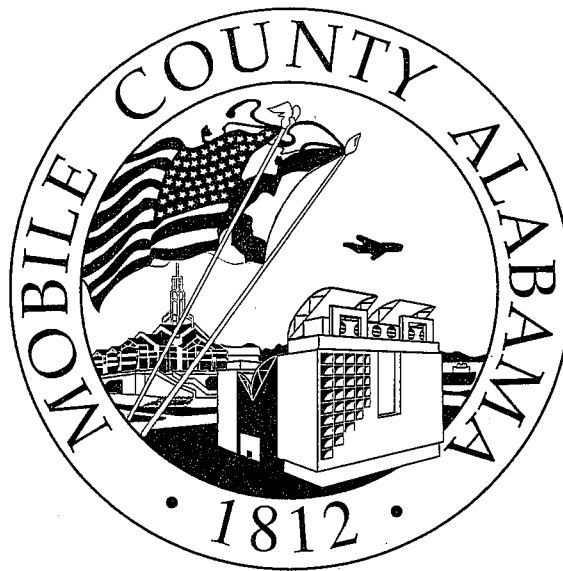


COUNTY OF MOBILE
DRUG - ALCOHOL POLICY



EFFECTIVE JANUARY 1, 2001
AS AMENDED EFFECTIVE JANUARY 1, 2007
POLICY # 200-06

**COUNTY OF MOBILE
COMPREHENSIVE DRUG / ALCOHOL POLICY**

- 1.0 **PROHIBITED CONDUCT.** As to all employees under the appointing authority of the **MOBILE COUNTY COMMISSION**, the following conduct is prohibited.
- 1.1 Use of illegal or unauthorized drugs (including excessive quantities of prescription or over-the-counter drugs) and any other chemical substances which may affect an employee's mood, senses, responses, motor functions, or alter or affect a person's perception, performance, judgment, reactions or senses, or present a threat of harm to anyone while working or on company business.
 - 1.2 Working or reporting to work under the influence of alcohol, with the presence of detectable amounts of illegal drugs in your body or in possession of alcohol or illegal drugs.
 - 1.3 Use of prescription or over-the-counter drugs which may adversely influence performance or behavior or present a threat of harm to anyone when taken in prescribed quantities, except under the following conditions:
 - 1.3.1 When the employee has informed his/her supervisor(s) prior to working under the influence of or using such drugs or medication on the job.
 - 1.3.2 The prescription drugs are in the original vials, are labeled with the employee's name, physician's name, prescription number and date of issuance, which should be within one (1) year from the current date and the physician has indicated that the employee may work under the influence of such drugs or medication.
 - 1.4 Possession of drug-related paraphernalia, any material or equipment used or designed for use in testing, packaging, storing, injecting, ingesting, inhaling or otherwise introducing into the human body any illegal or unauthorized controlled or dangerous substances covered by this policy.

2.0 **DRUG AND ALCOHOL TESTING**

- 2.1 **Pre-Employment.** Any applicant selected for a position with the **MOBILE COUNTY COMMISSION** will be tested for illicit drug use and, if deemed appropriate, alcohol use. Applicants with verified positive tests will not be hired.
- 2.2 **Random.** All employees under the appointing authority of the **MOBILE COUNTY COMMISSION** who:
 - (A) are required to possess a commercial driver's license ("C.D.L.") or;
 - (B) hold safety sensitive positions are subject to random testing throughout the year.

Tests for drugs and alcohol may be given without advance notice, weekly, monthly or 2 quarterly. Periods will be established and selection will be done without bias or prejudice.

Safety sensitive positions include drivers, mechanical equipment operators and those in positions where risk exists of damage or injury to persons, public health, safety or property.

2.3 Post Accident Testing

In the event of an accident, with or without injuries, employees who are directly involved may be required to undergo drug and alcohol testing. If determined necessary by supervision, tests should be conducted as soon as possible, but not later than eight (8) hours after the accident. However, in no way shall the immediate medical treatment of injured employees be jeopardized by the post accident testing procedure. Post accident testing is to be accomplished when the employee is involved in one of the following types of accidents:

- (A) **On-The-Job Accident with Injuries.** Any employee eligible for workers' compensation benefits administered by the **MOBILE COUNTY COMMISSION** who is involved in an on-the-job accident resulting in an injury that requires medical treatment other than first aid must submit to substance abuse testing within eight (8) hours following the accident.
- (B) **Post Traffic Accident.** Any employee operating a County vehicle must submit to post-accident substance abuse testing within eight (8) hours of a reportable accident. If the employee is not in the vehicle and it is legally parked, testing is not required. If the accident is minor in nature, defined as less than \$500.00 in damages to the vehicle based on a good faith estimate by the supervisor, and there are no injuries to any of the parties involved, then the supervisor may use discretion in deciding whether or not to require the employee to submit to post accident testing. In either case the accident must be reported.
- (C) **Property Damage Accident.** Any employee involved in an accident/incident that results in property damage (to County property or property of others) of \$500 or more, as determined by a good faith estimate by the supervisor, must submit to substance abuse testing within eight (8) hours of the incident.

- 2.4 **Reasonable Cause.** Any employee under the appointing authority of the **MOBILE COUNTY COMMISSION** must submit to a drug or alcohol test if, in the opinion of his supervisor or of a **MOBILE COUNTY COMMISSION** official trained to detect objective evidence of alcohol or drug abuse in accordance with U.S. Department of Transportation regulations, 49 CFR_S,382.603, reasonable cause exists that an employee is a user of alcohol or illegal drugs. The **MOBILE COUNTY COMMISSION** may reasonably suspect that an employee illegally uses drugs or is under the influence of alcohol based upon specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the driver, or his time and attendance patterns.

In the event that a reasonable cause test is conducted, the supervisor of the employee tested shall promptly detail in writing the circumstances which formed the basis of the reasonable suspicion for testing. Attached hereto and labeled Exhibit 1 is a form the supervisor may complete to document the basis for the reasonable suspicion. A copy of this documentation shall be given to the, employee upon request and the original documentation shall be kept confidential by the supervisor as provided in Section 10 herein and retained by the supervisor for at least one (1) year.

2.5 **Return to Work.** Employees under the appointing authority of the **MOBILE COUNTY COMMISSION** who have extended leaves of absence for any reason of three (3) months or longer may be subjected to drug and alcohol tests, prior to returning to work. An employee required to possess a C.D.L. who refuses to take or does not pass a drug or alcohol test may not return to work. Refusal of such employee to submit to a drug or alcohol test will be treated the same as a positive test result

3.0 **INVESTIGATIONS AND SEARCHES.** When in the opinion of management, there is reason to believe that an employee under the appointing authority of the **MOBILE COUNTY COMMISSION** is under the influence of intoxicants, drugs, alcohol, narcotics or in possession of paraphernalia for use with non-prescribed controlled substances, the **MOBILE COUNTY COMMISSION** may request that the employee submit to a search by **MOBILE COUNTY COMMISSION** representatives of his or her person and/or property, including lockers and vehicles brought on **MOBILE COUNTY COMMISSION** premises or job sites of the **MOBILE COUNTY COMMISSION**.

4.0 **DISCIPLINE.** Disciplinary action may be taken against an employee subject to the foregoing testing for violation of any of the following, but not limited to: (1) testing positive on a confirmed test; (2) refusing to submit to testing or to or provide blood, alcohol or breath specimens; (3) refusing to execute a release/consent form for testing; (4) failure to notify the **MOBILE COUNTY COMMISSION** of the use of legitimate medication which may endanger safety; and (5) failing to cooperate with an investigation or search. Infraction of any of the above items may lead to disciplinary action up to and including termination without warning.

5.0 **MEDICAL REVIEW OFFICER (M.R.O.).** From time to time, persons certified as an M.R.O. will be appointed by the **MOBILE COUNTY COMMISSION** to serve as M.R.O. The M.R.O. will be responsible for reviewing all drug and alcohol test results. In the event of a "positive" drug or alcohol test result, the M.R.O. will contact the employee or applicant to discuss the results. The employee or applicant will be asked to bring all medical records which may have bearing on the test result to the meeting/consultation with the M.R.O. No communication with the employer will be made until the M.R.O. has deduced whether the medical evidence the employee/applicant has produced will influence or change the drug or alcohol test result. The identity of the appointed M.R.O. at any given time will be announced by posting. The **MOBILE COUNTY COMMISSION** may appoint one or more M.R.O.'s to serve simultaneously.

6.0 **SPECIMEN COLLECTIONS.** Specimen collection for drug and alcohol tests will be taken either on site, or at the office of a medical subcontractor selected by the **MOBILE COUNTY COMMISSION**.

7.0 **TEST STANDARDS.** Testing for illegal drugs will be conducted and evaluated according to standards set for the conduct and evaluation of such tests by the U. S. Department of

Transportation in 49 C.F.R., Part 40. and according to policies and procedures of the Department of Industrial Relations for employees who suffer on-the-job injuries.

- 8.0 **ALABAMA WORKERS' COMPENSATION ACT WARNING.** No workers' compensation shall be allowed for an injury or death caused by an accident due to the injured or deceased employee being intoxicated from the use of alcohol or being impaired by illegal drugs. A positive drug test conducted and evaluated pursuant to standards adopted by the U. S. Department of Transportation in 49 C.F.R., Part 40 and policies and procedures of the Department of Industrial Relations shall serve as a conclusive presumption of impairment from the use of illegal drugs. Additionally, no workers' compensation shall be allowed for an injured employee if the injured employee refuses to submit to or cooperate with a blood or urine test conducted in accordance with the standards in 49 C.F.R., Part 40, and according to policies and procedures of the Department of Industrial Relations for employees who suffer on-the-job injuries. Such refusal will result in forfeiture of an injured employee's right to recover workers' compensation benefits.
- 9.0 **ALABAMA UNEMPLOYMENT COMPENSATION ACT WARNING.** An individual shall be disqualified for total and partial unemployment compensation as a consequence of the use of illegal drugs following this warning or for the refusal to submit to or cooperate with a blood or urine test following this warning. A confirmed positive drug test that is conducted and evaluated in accordance with the standards set forth in 49 C.F.R., Part 40, or which are otherwise reliable, shall, be a conclusive presumption of impairment by illegal drugs and could result in dismissal.
- 10.0 **CONFIDENTIALITY.**
- (A) All information, interviews, reports, statements, memoranda, and test results written or otherwise, received by the employer through a substance abuse testing program are confidential communications, but may be used or received in evidence, obtained in discovery, or disclosed in any civil administrative proceedings, except as provided in subsection (C).
- (B) Employers, laboratories, medical review officers, employee assistance programs, drug or alcohol rehabilitation programs, and their agents who receive or have access information concerning test results shall keep all information confidential. Release of such information which is not in connection with the administration of this drug/alcohol policy, or in connection with disciplinary actions taken to enforce this policy, shall be pursuant to a written consent form signed voluntarily by the person tested, unless the release is compelled by an agency of the State or a court of competent jurisdiction or unless deemed appropriate by a professional or occupational licensing board in a related disciplinary proceeding. The consent form shall contain at a minimum all of the following:
- (1) The name of the person who is authorized to obtain the information.
 - (2) The purpose of the disclosure.
 - (3) The precise information to be disclosed.
 - (4) The duration of the consent.
 - (5) The signature of the person authorizing release of the information.
- (C) Information on test results shall not be released or used in any criminal proceeding against the employee or job applicant. Information released contrary to this subsection shall be inadmissible as evidence in the criminal proceeding.

- (D) Nothing contained in this article shall be construed to prohibit the employer or laboratory conducting a test from having access to employee test information when consulting with legal counsel when the information is relevant to its defense in a civil or administrative matter.

11.0

POSITIVE DRUG TESTING RESULTS FOR EMPLOYEES UNDER THE APPOINTING AUTHORITY OF THE MOBILE COUNTY COMMISSION

This Section 11 applies to employees under the appointing authority of the **MOBILE COUNTY COMMISSION**

- (A) Implementation of this policy is a matter of discretion with the **MOBILE COUNTY COMMISSION** and not a substantive or procedural right of an employee. The **MOBILE COUNTY COMMISSION** retains the right and authority to determine appropriate discipline for its employees consistent with the laws and regulations governing the personnel system for the **MOBILE COUNTY COMMISSION**, this policy notwithstanding.
- (B) Upon a positive drug test result, if the employee tested either is in a safety sensitive position or has job duties that require the possession of a C. D. L., the employee shall be removed immediately from his or her safety sensitive functions and advised of the resources available for evaluating and resolving problems associated with the misuse of alcohol and use of controlled substances. After a pre-disciplinary hearing the affected employee shall be suspended without pay for a period of up to thirty (30) days as soon as practicable under the circumstances. At the end of the suspension without pay, the employee shall be terminated unless the employee demonstrates to the **MOBILE COUNTY COMMISSION** that he or she has successfully accomplished the following:
1. The employee has signed a "Last Chance Agreement" in substantially the same form as that document which is attached hereto and marked Exhibit 2.
 2. The employee has reported within five (5) days of suspension for counseling and evaluation to an approved substance abuse professional from a list of such approved professionals maintained by the **MOBILE COUNTY COMMISSION**.
 3. Such professional has submitted a written report determining what assistance, if any, the employee needs in resolving problems relating to alcohol or substance abuse. Such report shall describe in detail the nature of the alcohol or substance abuse problem of the employee along with recommendations as to counseling or assistance for the employee to overcome such problem.
 4. The employee has paid the cost of such evaluation.
 5. If a rehabilitation program is prescribed by such professional during suspension period, a written confirmation by the professional shall be provided that such employee did in fact comply with such recommendation during the suspension period.

6. The employee has submitted to the **MOBILE COUNTY COMMISSION** a written report of a return-to duty test showing a negative result. Such test shall be performed in accordance with the requirements of 49 C.F.R., Part 40. The employee shall pay for the cost of such test.
- (C) Upon the employee at his or her own expense and effort accomplishing the preceding, the **MOBILE COUNTY COMMISSION**, in its sole discretion, may elect not to terminate the employee. In the event of election, the employee shall be returned to duty subject to the following:
1. Continued counselling and rehabilitation treatment if recommended. All such counselling and treatment shall be at the employee's expense.
 2. The employee shall be subject to unannounced testing at the employee's expense for a period of up to sixty (60) months following return to work. The employee shall pay the cost of any such testing.
 3. Such unannounced testing shall be in addition to random, post-accident and reasonable cause testing of the **MOBILE COUNTY COMMISSION** workforce, which continue and to which the affected employee shall continue to be subject.
 4. Upon another positive test result, the employee shall be immediately terminated.
- (D) Affected **MOBILE COUNTY COMMISSION** employees are advised that the policies set forth herein are discretionary and are not intended to create a right on their part to continued employment following a positive test result.

12.0 IMPLEMENTATION OF THIS POLICY

- (A)
1. This policy shall be effective January 1, 2001, said date not less than sixty (60) days following the date of its adoption.
 2. Amendments to this policy approved October 23, 2006 shall be effective January 1, 2007.
- (B) During the sixty (60) day period prior to implementation, each affected employee shall be informed of the **COMPREHENSIVE DRUG /ALCOHOL POLICY of the MOBILE COUNTY COMMISSION**. Employees and job applicants under the appointing authority of the **MOBILE COUNTY COMMISSION** shall, during that period, execute an employee/job applicant warning/acknowledgment. Attached hereto and labeled Exhibit 3 is a copy of this warning/acknowledgment.
- (C) All employees who are required to agree to submit to drug or alcohol testing under this policy shall execute a release of liability for medical evaluation. Attached hereto and labeled Exhibit 4 is a copy of this release.

13.0

TRAINING AND EDUCATION

Employees

- (A) Employees under the appointing authority of the **MOBILE COUNTY COMMISSION** will receive training on the disease model of addiction for drugs and alcohol; the dangers of substance abuse in the workplace; and the **MOBILE COUNTY COMMISSION** policy concerning substance abuse.

Supervisors


- (B) Supervisors under the appointing authority of the **MOBILE COUNTY COMMISSION** will receive training on how to recognize signs of employee substance abuse; how to document and corroborate signs of employee substance abuse; and how to refer employees abusing substances to the proper treatment providers.

14.0

PRIOR POLICIES

This policy as of its effective date supersedes all prior drug/alcohol policies including the Comprehensive Drug/alcohol Policy adopted January 9, 1995 and modified May 22, 1995; and the County of Mobile Drug/Alcohol Policy adopted July 28, 1997 and effective October 1, 1997.

Adopted October 23, 2000 and amended October 23, 2006.



John Pafenbach, Administrator

INCIDENT REPORT AND TESTING REQUEST FORM

This form is to be used to document the reasons for requesting that an employee be asked to submit to a medical evaluation or controlled substance screening test. Only those questions which apply need to be answered. Additional pages, if necessary, should be attached along with any other relevant documents.

Employee's Name: _____

Facility: _____ Shift: _____

A. Was there an incident: Yes _____ No _____

1. Description of event: _____

2. Time and date: _____

3. Extent of injury to persons or property: _____

4. Employee's actions: _____

B. Is the employee in a sensitive position? Yes _____ No _____

C. Is the employee a driver: Yes _____ No _____

D. Observation of employee (date: _____ time: _____)

Check all that apply:

1. **WALKING:**

- | | | | |
|----------------------------------|---|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Falling | <input type="checkbox"/> Holding on | <input type="checkbox"/> Staggering | <input type="checkbox"/> Stumbling |
| <input type="checkbox"/> Swaying | <input type="checkbox"/> Unable to walk | <input type="checkbox"/> Unsteady | <input type="checkbox"/> Normal |

2. **STANDING:**

- | | | | |
|--|----------------------------------|---|---------------------------------|
| <input type="checkbox"/> Feet wide apart | <input type="checkbox"/> Rigid | <input type="checkbox"/> Sagging at knees | |
| <input type="checkbox"/> Staggering | <input type="checkbox"/> Swaying | <input type="checkbox"/> Unable to stand | <input type="checkbox"/> Normal |

3. **SPEECH:**

- | | | | | |
|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Mute | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Rambling | <input type="checkbox"/> Shouting | <input type="checkbox"/> Silent |
| <input type="checkbox"/> Slobbering | <input type="checkbox"/> Slow | <input type="checkbox"/> Slurred | <input type="checkbox"/> Whispering | <input type="checkbox"/> Normal |

4. **DEMEANOR:**

- | | | | | |
|---------------------------------|---|------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Crying | <input type="checkbox"/> Excited | <input type="checkbox"/> Fighting |
| <input type="checkbox"/> Polite | <input type="checkbox"/> Sarcastic Silent | <input type="checkbox"/> Sleepy | <input type="checkbox"/> Talkative | |
| <input type="checkbox"/> Sad | <input type="checkbox"/> Euphoric | <input type="checkbox"/> Secretive | | |

5. **ACTIONS:**

- | | | | | |
|--------------------------------------|------------------------------------|---|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Drowsy | <input type="checkbox"/> Erratic | <input type="checkbox"/> Fighting | <input type="checkbox"/> Hostile |
| <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Profanity | <input type="checkbox"/> Resisting communications | | |
| <input type="checkbox"/> Threatening | <input type="checkbox"/> Insolent | | | |

6. **EYES:**

- | | | | | |
|------------------------------------|---------------------------------|----------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Bloodshot | <input type="checkbox"/> Closed | <input type="checkbox"/> Dilated | <input type="checkbox"/> Droopy | <input type="checkbox"/> Glassy |
|------------------------------------|---------------------------------|----------------------------------|---------------------------------|---------------------------------|

7. **FACE:**

- | | | | |
|----------------------------------|-------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Flushed | <input type="checkbox"/> Pale | <input type="checkbox"/> Sweaty | <input type="checkbox"/> Normal |
|----------------------------------|-------------------------------|---------------------------------|---------------------------------|

8. **APPEARANCE / CLOTHING:**

- | | | |
|--|--------------------------------|---------------------------------|
| <input type="checkbox"/> Bodily excrement stains on clothing | <input type="checkbox"/> Dirty | <input type="checkbox"/> Unruly |
| <input type="checkbox"/> Having odor | <input type="checkbox"/> Messy | <input type="checkbox"/> Neat |

9. **BREATH:**

- | | | |
|---|---|--|
| <input type="checkbox"/> Marijuana odor | <input type="checkbox"/> Faint marijuana odor | <input type="checkbox"/> No marijuana odor |
| <input type="checkbox"/> Alcohol odor | <input type="checkbox"/> Faint alcohol odor | <input type="checkbox"/> No alcohol odor |

10. **MOVEMENT:**

- | | | | | |
|-----------------------------------|--------------------------------------|--------------------------------|----------------------------------|-------------------------------|
| <input type="checkbox"/> Fumbling | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Jerky | <input type="checkbox"/> Nervous | <input type="checkbox"/> Slow |
| <input type="checkbox"/> Erratic | <input type="checkbox"/> Normal | | | |

11. **EATING / CHEWING / DRINKING:**

- | | | | |
|---|--------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> Candy | <input type="checkbox"/> Gum | <input type="checkbox"/> Mints | <input type="checkbox"/> Nothing |
| <input type="checkbox"/> Large amounts of water | <input type="checkbox"/> Other | | |

E. HISTORY:

1. To your knowledge, has the employee previously signed a Last Chance Agreement? Yes _____ No _____
2. If so, when? _____

F. ATTENDANCE:

1. Number of Mondays or Fridays missed in the last six months: _____
2. Total absences in last six months: _____
3. Times tardy in last six months: _____
4. Times employee left early in last two months: _____
5. Number of unexplained absences from work station in last six months: _____

G. PERFORMANCE LEVEL:

1. Has there been a recent change in the employee's level of performance? Yes _____ No _____
2. If yes, describe: _____

H. OTHER OBSERVATIONS:

I. OTHER FACTORS:

J. OTHER WITNESSES:

SIGNATURE (DATE)

PRINTED NAME

APPROVED

LAST CHANCE ASSISTANCE AGREEMENT:

Name of Employee (Please print)

Last	First	Middle
------	-------	--------

1. I promise to fully cooperate and participate in the counselling/rehabilitation program arranged by my employer in accordance with instructions and requirements of program administrators. I understand that my permission to continue in a counselling or rehabilitation program may be reviewed on a weekly basis.

2. I authorize counselling or rehabilitation representatives to confer with my employer regarding my attendance, progress and suitability for continued employment or return to active employment, as the case may be, including the disclosure of medical/psychiatric evaluations of me.

3. I understand that, upon my continued active-employment or return to active employment, I must meet all standards of conduct and job performance required of any other employee, and that I will be subject to the same disciplinary procedures.

4. I understand and agree that I will willingly submit to unscheduled controlled substance testing at any time, and that a positive test result or my refusal to take such a test as requested will result in termination of my employment. I agree that unscheduled testing may be required of me for up to five (5) years following the date of my return or completion of the counselling or rehabilitation program, or whichever is later.

5. I understand and agree that my future employment depends in part upon my remaining free of controlled substances for the entire duration of my continued employment, and that this "**LAST CHANCE**" opportunity afforded me by my employer is conditioned accordingly. Such conditions, including those above, are recognized to be in addition to the employer's right to alter my employment relationship with it at-will and for reasons not set forth above.

6. I agree to pay all costs associated with such counselling and drug testing and I authorize the **MOBILE COUNTY COMMISSION** to deduct such costs from my wages.

Employee: _____

Date: _____

APPROVED

Name: _____

Title: _____

Date: _____

EMPLOYER'S COPY (For Personnel File)

**COUNTY OF MOBILE
EMPLOYEE / JOB APPLICANT
WARNING /ACKNOWLEDGMENT
FOR EMPLOYEES UNDER THE APPOINTING AUTHORITY OF
THE MOBILE COUNTY COMMISSION**

1. I have read and understand the Comprehensive Drug/Alcohol Policy of the **COUNTY OF MOBILE**.
2. While on the job, I will not use, be under the influence of, sell or possess any alcohol, hallucinogenic drugs, marijuana, non-prescription narcotics or illegal or unauthorized substances, or any related paraphernalia or prescription or non-prescription medication which impairs my ability to perform my duties (herein called Prohibited Substances). I agree to immediately notify my supervisor in the event I am required to take prescribed drugs or medication or if I am taking non-prescription medication which impairs my ability to perform my duties and imposes a direct threat of physical harm to myself or others.
3. I understand that pre-employment, required, post-accident, reasonable cause, return to work testing and random drug testing for holders of a commercial drivers license (CDL), for Prohibited Substance is a condition of the **MOBILE COUNTY COMMISSION'S** continued employment of me and was instrumental in the **MOBILE COUNTY COMMISSION'S** consideration of my employment, I agree to submit voluntarily to any test for Prohibited Substances and to furnish such urine, blood or breath specimens as may be requested by the **MOBILE COUNTY COMMISSION**.
4. I understand and agree that my violation of the COUNTY OF MOBILE'S Comprehensive Drug/Alcohol Policy, including refusal to submit to or consent to any test for Prohibited Substances or to furnish urine, blood or breath specimens when requested by the **MOBILE COUNTY COMMISSION** or a positive test, will be grounds for my immediate discharge or other disciplinary action.
5. I acknowledge that the **MOBILE COUNTY COMMISSION** will test every employee who causes or contributes to an on-the-job injury to drug or alcohol testing. I further acknowledge this **NOTIFICATION AND WARNING** by the **MOBILE COUNTY COMMISSION** (i) that I will not be entitled to compensation under the Alabama Workers' Compensation Act for injuries or death caused by an accident due to my alcohol intoxication or impairment from illegal drugs and (ii) that my refusal to take a urine or blood test, conducted in accordance with the standards in *49 C.F.R., Part 40*, after an accident will result in my forfeiture of such compensation.
6. I acknowledge this **NOTIFICATION AND WARNING** by the **MOBILE COUNTY COMMISSION** (i) that a confirmed positive drug or alcohol test conducted in accordance with the standards in *49 C.F.R., Part 40*, or otherwise reliable standards, could result in my dismissal and disallowance of benefits under the Alabama Unemployment Compensation Act, and that no unemployment compensation benefits shall be allowed to me if I refuse to submit to or cooperate with a blood, urine, or breath test, or if I knowingly alter or adulterate a blood or urine specimen.

EMPLOYEE OR APPLICANT: _____

OFFICE OF EMPLOYMENT: _____

DATED: _____

WITNESS: _____

EMPLOYEE'S COPY

COUNTY OF MOBILE
EMPLOYEE / JOB APPLICANT
WARNING /ACKNOWLEDGMENT
FOR EMPLOYEES UNDER THE APPOINTING AUTHORITY OF
THE MOBILE COUNTY COMMISSION

1. I have read and understand the Comprehensive Drug/Alcohol Policy of the **COUNTY OF MOBILE**.
2. While on the job, I will not use, be under the influence of, sell or possess any alcohol, hallucinogenic drugs, marijuana, non-prescription narcotics or illegal or unauthorized substances, or any related paraphernalia or prescription or non-prescription medication which impairs my ability to perform my duties (herein called Prohibited Substances). I agree to immediately notify my supervisor in the event I am required to take prescribed drugs or medication or if I am taking non-prescription medication which impairs my ability to perform my duties and imposes a direct threat of physical harm to myself or others.
3. I understand that pre-employment, required, post-accident, reasonable cause, return to work testing and random drug testing for holders of a commercial drivers license (CDL), for Prohibited Substance is a condition of the **MOBILE COUNTY COMMISSION'S** continued employment of me and was instrumental in the **MOBILE COUNTY COMMISSION'S** consideration of my employment, I agree to submit voluntarily to any test for Prohibited Substances and to furnish such urine, blood or breath specimens as may be requested by the **MOBILE COUNTY COMMISSION**.
4. I understand and agree that my violation of the COUNTY OF MOBILE'S Comprehensive Drug/Alcohol Policy, including refusal to submit to or consent to any test for Prohibited Substances or to furnish urine, blood or breath specimens when requested by the **MOBILE COUNTY COMMISSION** or a positive test, will be grounds for my immediate discharge or other disciplinary action.
5. I acknowledge that the **MOBILE COUNTY COMMISSION** will test every employee who causes or contributes to an on-the-job injury to drug or alcohol testing. I further acknowledge this **NOTIFICATION AND WARNING** by the **MOBILE COUNTY COMMISSION** (i) that I will not be entitled to compensation under the Alabama Workers' Compensation Act for injuries or death caused by an accident due to my alcohol intoxication or impairment from illegal drugs and (ii) that my refusal to take a urine or blood test, conducted in accordance with the standards in *49 C.F.R., Part 40*, after an accident will result in my forfeiture of such compensation.
6. I acknowledge this **NOTIFICATION AND WARNING** by the **MOBILE COUNTY COMMISSION** (i) that a confirmed positive drug or alcohol test conducted in accordance with the standards in *49 C.F.R., Part 40*, or otherwise reliable standards, could result in my dismissal and disallowance of benefits under the Alabama Unemployment Compensation Act, and that no unemployment compensation benefits shall be allowed to me if I refuse to submit to or cooperate with a blood, urine, or breath test, or if I knowingly alter or adulterate a blood or urine specimen.

EMPLOYEE OR APPLICANT: _____

OFFICE OF EMPLOYMENT: _____

DATED: _____

WITNESS: _____

EMPLOYER'S COPY (For Personnel File)

RELEASE OF LIABILITY FOR MEDICAL EVALUATION

Name of Employee (Please print)

Last

First

Middle

In accordance with my employer's policy of providing and maintaining a safe and healthful working environment for all employees, I have decided voluntarily to undergo a drug screening test.

I hereby state my willingness to undergo a controlled substance screening test for the purpose of evaluating my mental and physical status.

I also understand that this is not a diagnostic examination designed to detect hidden or latent diseases, but is instead for the purpose of predicting security breaches, job performance, effectiveness or possible safety risks to me, my fellow employees and others which might arise as a result of my employment. I understand and agree that neither my employer, its examining physicians, nor its medical personnel, or any other personnel shall be liable for injury or suffering experienced by me as a result of physical or mental infirmities, disease, or conditions not detected during the course of the physical examination or for failure to direct me to a specialist for treatment.

I hereby authorize the release of the results of my evaluation to my employer and its physicians.

I release my employer, its employees, management, medical and professional representatives, and testing facility from any and all claims or causes of action resulting from this test and any decisions resulting therefrom.

Witness

Date: _____

Employee's Signature

Date: _____

OFFICE OF EMPLOYMENT:

EMPLOYEE'S COPY

RELEASE OF LIABILITY FOR MEDICAL EVALUATION

Name of Employee (Please print)

Last

First

Middle

In accordance with my employer's policy of providing and maintaining a safe and healthful working environment for all employees, I have decided voluntarily to undergo a drug screening test.

I hereby state my willingness to undergo a controlled substance screening test for the purpose of evaluating my mental and physical status.

I also understand that this is not a diagnostic examination designed to detect hidden or latent diseases, but is instead for the purpose of predicting security breaches, job performance, effectiveness or possible safety risks to me, my fellow employees and others which might arise as a result of my employment. I understand and agree that neither my employer, its examining physicians, nor its medical personnel, or any other personnel shall be liable for injury or suffering experienced by me as a result of physical or mental infirmities, disease, or conditions not detected during the course of the physical examination or for failure to direct me to a specialist for treatment.

I hereby authorize the release of the results of my evaluation to my employer and its physicians.

I release my employer, its employees, management, medical and professional representatives, and testing facility from any and all claims or causes of action resulting from this test and any decisions resulting therefrom.

Witness

Date: _____

Employee's Signature

Date: _____

OFFICE OF EMPLOYMENT:
