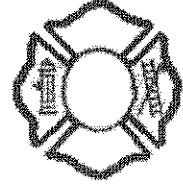


NEPTUNE TOWNSHIP FIRE DISTRICT NO. 1
BOARD OF FIRE COMMISSIONERS
PO BOX 457
NEPTUNE, NJ 07754-0457
732-988-9096 FAX: 732-988-8774



HAMILTON LIBERTY SHARK RIVER HILLS UNEXCELLED

This Packet is to ensure a structured standard that all applicants to the Neptune Fire District Volunteer Fire Companies are to follow.

This packet is easy to follow. Any questions should be directed to the Board Office.

- | | |
|---|--|
| <input type="checkbox"/> Page 1...Instructions | <input type="checkbox"/> Page 6...Hepatitis B Vaccine Record |
| <input type="checkbox"/> Page 2...Township Application | <input type="checkbox"/> Page 7...Physical Request Form |
| <input type="checkbox"/> Page 3...State Application | <input type="checkbox"/> Page 8...New Member Notification Form |
| <input type="checkbox"/> Page 4...Receipt of Substance Abuse Policy | <input type="checkbox"/> Page 9...Accountability Tag/ ID Form |
| <input type="checkbox"/> Page 5...Background Check Application | <input type="checkbox"/> Attached...Substance Abuse Policy |

1. Page 2 (Company Application) and page 3 (State Application) should be filled out by applicant and turned into the Company (*Be sure this form has been notarized*). The applicant should then fill out page 4 (Receipt of Substance Abuse Policy) and 5 (Background Check Application) and schedule a background check. Page 4 should be filled out only after understanding of and agreement with the Substance Abuse Policy enclosed at the end of this Packet.
2. If the Company approves the application, a copy of the Company application (Pg. 2) and the original State application (Pg. 3) will be turned into the Board office along with page 4.
3. Once the applicant has gone for his or her background check the Company may have the applicant fill out and submit page 6 (Hepatitis B Vaccine Record) and page 7 (Physical Request) to the Board. This formally informs the Board that they are funding a physical for a legitimate applicant to a Fire Company. When the results of the background check are received the Company will be notified.
4. The applicant will be notified of the date and time of his/her physical. On or before the day of the physical he or she is to pick up their State application at the Board office and turn it in to Meridian.
5. When the results of the physical are received the Company will be notified. When the new applicant has been accepted as a member the Company will complete and submit to the Board page 8 (Notification of New Member). At the following public Commissioners Meeting the new member's names will be read.
6. Once the Board has acknowledged the applicant as a member of the Neptune Fire Department he or she may fill out and submit the ID & Accountability Card Information Sheet (Page 9). IN NO CASE should an applicant be allowed to participate or respond as a firefighter, be issued gear, or apply for ID tags without passing a background check, receiving a satisfactory result on his/her physical, being approved by his/her Company and acknowledged by the Board.



NEPTUNE TOWNSHIP FIRE DISTRICT NO. 1



HAMILTON LIBERTY SHARK RIVER HILLS UNEXCELLED

APPLICATION FOR MEMBERSHIP IN VOLUNTEER FIRE COMPANIES

To which Company are you Applying? HAMILTON LIBERTY
 SHARK RIVER HILLS UNEXCELLED

Name _____ DOB ____/____/____

Address _____

Are you a United States Citizen? YES NO

Social Security Number ____-____-____ Phone (____) ____-____

Drivers License Number _____

Employer _____ Occupation _____

Work Address _____ Phone (____) ____-____

Have you ever been associated with any Fire Dept. in the United States? YES NO

If Yes... Where? _____ When? _____

What Certifications did you receive? _____

Have you ever served in the Military? YES NO

If Yes... What Service? _____ When? _____

Rank When Released _____ Type of Discharge _____

Names of other organizations you belong to _____

Have you ever used any type of illegal narcotics or drugs? YES NO
Have you ever been arrested? YES NO
Have you ever been convicted of any crime or indictable offense? YES NO
If Yes...Please give details _____

What is the level of education you have obtained?
 High School Diploma GED Some college College Degree
 Vocational/Trade School Other _____

In your own words, tell why you want to be a member of this volunteer company.

Give two references other than relatives
Name/Address/Phone _____
Name/Address/Phone _____

If accepted into this Volunteer Fire Company, I agree to comply with all orders, rules and regulations of this Company. I further agree to submit to a physical examination including a toxin screening and a background check.

I hereby certify that I completed this application and all statements said within are true to the best of my knowledge. I understand that any false statement on this application is sufficient cause for rejection or dismissal.

Signature of Applicant

Date

RECEIPT OF SUBSTANCE ABUSE POLICY.

I, _____, hereby acknowledge the receipt of a copy of the Neptune Township Fire District #1 Substance Abuse Policy for Safety Sensitive Position Holders.

In addition, I acknowledge that I am individually responsible for reading the entirety of this Policy.

I further understand that if I have any questions or am confused by any portion of the policy or procedures described in the Policy it is my responsibility to contact the office of the BOARD OF FIRE COMMISSIONERS to ask for clarification and/or explanation.

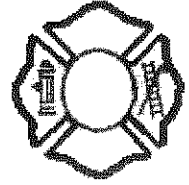
SIGNED: _____

DATE: _____

WITNESS: _____



NEPTUNE TOWNSHIP FIRE DISTRICT NO. 1
BOARD OF FIRE COMMISSIONERS
PO BOX 457
NEPTUNE, NJ 07754-0457
732-988-9096 FAX: 732-988-8774



HAMILTON LIBERTY SHARK RIVER HILLS UNEXCELLED

BACKGROUND CHECK APPLICATION

This form is to be taken with you to the ID Bureau at the Neptune Police Department when you get your fingerprints. You must call ahead and make an appointment to have your fingerprints taken (732-988-8000 extension 426 or 428).

Date: _____

Name of Applicant: _____

Address of Applicant: _____

Date of Birth: _____

Fire Company: _____

Company Officer's Signature: _____

To Neptune Township Police Department,

Please complete a background check and fingerprints in order for the above applicant to become a Volunteer Fireman.

Thank You,

Neptune Township Board of Fire Commissioners

NEPTUNE FIRE DISTRICT #1
NJPEOSHA BLOODBORNE PATHOGENS
HEPATITIS B VACCINE RECORD

All Fire and First Aid employees or volunteers must fill out Section A and either B,C, or D. Return with application.

PRINT all information except signatures.

Employer, Fire Company or First Aid Squad _____

SECTION A

Last Name	First Name	MI	Birth date	Age
Address				
City	County	State	Zip	

SECTION B

I would like to receive the 3 doses of Hepatitis vaccine.

X _____
Signature

SECTION C

HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials that I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B Vaccine, at no charge to myself. However, I decline Hepatitis Vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B Vaccine, I can receive the vaccination series at no charge to me.

Name _____ Date _____

Signature _____

Witness Name _____

Witness Signature _____

SECTION D

PREVIOUS HEPATITIS B VACCINATION

I decline Hepatitis B Vaccination At this time because I was previously vaccinated.

Name _____

Dates of Vaccinations _____

Vaccine Administered by _____

Employees Signature _____ Date _____



NEPTUNE TOWNSHIP FIRE DISTRICT NO. 1



HAMILTON

LIBERTY

SHARK RIVER HILLS

UNEXCELLED

PHYSICAL REQUEST FORM

To: Neptune Township Board of Fire Commissioners
Fire Company: _____

New Applicant

Our Company has a new applicant, _____. He/she is awaiting result for his/her background check and our Company has approved his/her application pending satisfactory results of a thorough Physical Examination and Background Check.

Please accept this as our Fire Company's official request for a physical for the above named applicant.

---OR---

Existing Member

_____, a member in good standing of our Company has recently had a change in health. In concern for his/her safety and for the Department's as a whole, we are hereby requesting a physical examination.

Applicants daytime phone number _____

Applicant's availability: MON _____ TUES _____ WED _____

THURS _____ FRI _____

Submitted by: _____
Printed Name of Company Officer

Signature

Date

AUTHORIZATION

Commissioner's Signature



NEPTUNE TOWNSHIP FIRE DISTRICT NO. 1



HAMILTON

LIBERTY

SHARK RIVER HILLS

UNEXCELLED

NOTIFICATION OF NEW MEMBER

To: Neptune Township Board of Fire Commissioners
From: 34-1 34-2 34-3 34-4

Ref: New Member

Our Company has a new member, _____. We have received a satisfactory result for his/her background check and physical. A copy of his/or company application and State application are on record in the Board Office.

Please accept this as our Fire Company's official notification of membership for the above named applicant.

Submitted by: _____
Printed Name of Company Officer

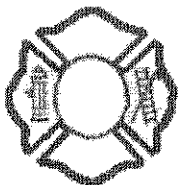
Signed Name

Date

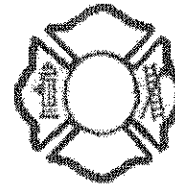
Received: Date _____
_____ Commissioner's Signature

Date of Next Commissioner's Meeting _____

Name Read: YES NO



NEPTUNE TOWNSHIP FIRE DISTRICT NO. 1
 BOARD OF FIRE COMMISSIONERS
 PO BOX 457
 NEPTUNE, NJ 07754-0457
 732-988-9096 FAX: 732-988-8774



HAMILTON LIBERTY SHARK RIVER HILLS UNEXCELLED

ID CARD AND ACCOUNTABILITY TAG INFORMATION

Once this information is received and ID cards and Accountability tags have been authorized for this applicant, he or she will be scheduled for a picture to be taken.

Name: _____

Organization: _____

Address: _____

Home Phone #: _____

Religion: _____

Social Security #: _____

Blood Type: _____

Emergency Notify: _____

Date of Birth: _____

Marital Status: _____

Medical Conditions: _____

OFFICE USE ONLY

Received
 Date _____

- BACKGROUND
- PHYSICAL
- BOARD ACCEPTED-Date _____
- PICTURE SCHEDULED-Date _____
- PICTURE TAKEN
- ID's ISSUED
- NAME ON TAG LIST
- TAGS ORDERED
- TAGS ISSUED

NEPTUNE TOWNSHIP FIRE DISTRICT #1

SUBSTANCE ABUSE POLICY

Neptune Township Fire District #1 ("District") recognizes the present problem of substance abuse, and the profound effects it has on our society, and the extent to which it can affect the District.

In order to make our work environment safer, and to comply with governmental regulations, the District has established a Substance Abuse Policy ("Policy"). This Policy includes a procedure which will require applicants and employees of certain safety sensitive positions to submit to urine screening to detect the presence of drugs in certain circumstances. Such employees and applicants shall also be subject to alcohol breath testing. Our employees and applicant will be required to undergo alcohol and drug screening in the following circumstances:

1. Pre-placement Testing – prior to assuming full employment status, a successful applicant will be granted conditional employment status, contingent on successful passing of the drug screening.
2. Reasonable Cause Testing – Based on specific, contemporaneous, articulable observations concerning an employee's appearance, behavior, speech, odor and/or performance, the District may require an employee to submit to controlled substances and/or alcohol testing.
3. Post-Accident Testing – If an employee involved in an accident resulting in either a citation/ ticket/ summonses for a moving traffic violation, loss of life, bodily injury that requires medical treatment other than general first aid, or property damages in excess of \$2,500.00. The employee shall be required to undergo both controlled substances and breath alcohol testing.
4. Return-To-Duty- Testing – No employee who has violated the provisions of this Policy may return to duty without having been evaluated by a substance abuse counselor and having successfully passed either or both a controlled substances and breath alcohol test.
5. Follow-Up/Rehabilitations Testing – As a condition of continued employment after having violated provisions of the Policy, such employees shall be subject to a minimum of 6 unannounced controlled substances and/or alcohol breath tests during the following 12 months after returning to duty.

This Policy will deter substance abuse, detect and address substance abuse problems as quickly as possible, provide help where possible, and encourage employees who are abusing drugs to seek assistance voluntarily.

POLICY

1. The District considers drug and alcohol screening of its applicants and employees to be a necessary condition of continued employment with the District and will consider an employee's continuation of work with the District to be acceptance of this condition of employment.
2. Reporting to work for the performance of District business, under the influence of drugs or alcohol is prohibited, as is the use, possession, distribution, manufacture, sale, or purchase of drugs or alcohol while on duty.

3. The illegal use of drugs while off-duty is inconsistent with an employee's responsibilities to the District. Such use can affect the health safety of the employee and co-workers, job performance and the ability of the District to meet its responsibilities. Consequently illegal use of drugs while off duty is prohibited.
4. Violation of this policy will be considered by the District and its agencies to be a voluntary offer of resignation by the applicant and/or employee which may result in dismissal, reassignment, rehabilitation or other actions as the District finds appropriate. Failure to sign any applicable consents, submit to drug and/or alcohol testing, to disclose and explain the nature of any suspected substance, or the refusal of any other reasonable request under this policy; or attempt to dilute, switch or adulterate a urine or breath alcohol specimen, will be viewed as insubordination and subject the employee to discipline, including dismissal, as appropriate. In addition, the District retains the option to report such activities to law enforcement officials.

DEFINITIONS

- A. "Alcohol" / "Alcohol Use" means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low weight alcohols including methyl and isopropyl alcohol. Use 4 hours prior to reporting for work, and working while under the influence of alcohol measured at 0.02 Blood Alcohol Concentration ("BAC"), or greater, is prohibited.
- B. "Safety Sensitive Employee's" – Employee's who: operate any motorized vehicle(s) (whether owned by the District or not) in performing their responsibilities; or enter upon private property, dwellings and/or businesses in performing their duties.
- C. "Controlled Substances" – As used by this policy and any or all appended forms, the terms "drugs" and "controlled substances" shall include all derivations or the following classes or drugs: Marijuana, Cocaine, Opiates (Heroin, etc.), Phencyclidine (PCP) and Amphetamines.
 1. "Being under the influence of drugs" shall be determined by a substance screen of bodily fluids that reveals such controlled substances and/or metabolites. A positive drug screen result will be considered to be a violation of this policy.
 2. Legally obtained non-subscription and subscription drugs, taken in recommended dosages are not intended to be included in the definition of "drugs" or "substances".
- D. "Safety-Sensitive Functions" – Any On-duty function of a safety sensitive position.

PRE-EMPLOYMENT DRUG SCREENING

A. Statement: Given the District's concern for drug and alcohol use interfering with safety within the workplace and all members of the public with whom District employees have contact, the District will require all offers of employment extended to applicants be conditioned on the applicant's ability to pass an alcohol and drug screening prior to being granted full employment status.

B. Failure of Either Alcohol or Drug Screen: Failure to pass either the alcohol or drug screening may result in withdrawal of a conditional offer of employment. When an offer is withdrawn for these reasons, the applicant may re-apply in six months for potential employment with this District. However, results of previous failed drug screenings may be considered by the District

in subsequent job applications. Applicants that are denied full-employment status may request the test results within 60 days from the date of the testing.

C. Notice of Policy: All applicants will be notified of the District's substance abuse policy (this Policy), and the mandatory alcohol and drug screening at the time they complete their job application and at least 24 hours prior to the test. Each employee will receive a "Pre-Employment Notice of Drug and Alcohol Screening" at the time they complete a job application. All applicants subject to such testing shall be provided with a copy of the "Pre-Employment Specimen Collection Procedures" to review prior to the alcohol and drug screen.

D. Signed Release of Applicants: Every applicant who is requested to submit to an alcohol and drug screen will be required to sign the appropriate releases, thereby acknowledging awareness of this Policy and consent to undergo testing and have the results released to the District for employment determinations.

Refusal to sign the consent and/or provide a specimen for testing will be regarded as failing to complete the application process and thereby rendering the applicant unqualified for employment with the District and its agencies.

E. Invalid Samples

1. In the event a urine, blood or breath sample is determined to be invalid or unreliable by the laboratory or by the District's Medical Review Officer, but NOT due to misconduct of the employee, the applicant/employee will be immediately notified of this fact and be required to submit to a new test.
2. If a sample is determined to be unreliable due to misconduct of the applicant/employee; the individual will be regarded as having violated this Policy and Subject to non-hiring and/or any other appropriate discipline.

F. Testing misconduct includes, but is not limited to: diluting the specimen, substituting samples and presenting it (wrongfully) as one's own sample, and attempting to adulterate the specimen.

REASONABLE CAUSE TESTING

- A. A specific employee holding a safety sensitive position may be required to submit to alcohol and/or controlled substances testing based on the District's reasonable suspicion that the employee has violated the provisions of this Policy.
- B. "Reasonable suspicion" must be based on specific, contemporaneous, articulable observations concerning the specific employee holding a safety sensitive position's appearance, behavior, speech, odor, and/or indications of use or withdrawal of alcohol/controlled substances prohibited by this Policy.
- C. Whenever practicable, at least two supervisors should confer and agree that reasonable suspicion exists to request the employee to submit to testing. However, when only one Supervisor is available, the use of only one Supervisor is permissible.
 1. Questioning of Employees: When acting on reasonable suspicion that employee may be in violation of this Policy, a Supervisor shall make attempts to respect an employee's privacy. Therefore, when time permits, a Supervisor is to first consult with a member of the Board of Fire Commissions, Fire District #1, prior to initiating any conversation with the Employee regarding their compliance with this Policy. Other guidelines include:
 2. Questioning should be limited to general condition (e.g., does the employee feel sick, do they know where they are, to whom are they talking, and what may be the cause of the employee's present condition.)

3. Care must be taken not to unnecessarily identify the employee to co-workers when initiating conversation concerning violations of this Policy. In most instances this will mean the employee is to be questioned away from their designated job station and from other employees' ability to overhear the conversation. However, such removal from a job station in itself may needlessly identify an employee, and therefore, it may be appropriate in some circumstances to begin questioning at the employee's workstation.
 4. Board members and Supervisors are to limit their conversations regarding possible violations of this Policy to those persons who are participating in any questioning, evaluation, investigation, or disciplinary action on a need to know basis. Board members and Supervisors are to instruct other employees, except as stated above, not to talk about such possible violations.
- D. In all instances, the Supervisor(s) shall make a written record of the observations leading to reasonable suspicion testing. Such record shall be signed by the supervisor who made such observations within 24 hours of observed behavior or release of the test results (whichever is earlier). Whenever practicable, a copy of this form will accompany the employee to the medical testing facility. Reasonable cause testing should not be based solely on third person observations or reports, unless the Supervisor(s) can verify and indicate further such observations to be reliable.
- E. Any specific employee holding a safety sensitive position requested to submit to screening under reasonable cause circumstances will be immediately escorted by a District Official to a designated testing facility for the submission of a urine and/or blood sample.
- F. After a sample has been provided, the employee under this Section of this Policy will not be permitted to operate District equipment and will be directed home. The employee will wait in a designated area until arrangements are made for the transportation of the employee to their home. The escort will first attempt to contact the employee's spouse or member of their family. In the event no one can be contacted, the District and its agencies will make arrangements to transport the employee to their home. If the employee rejects these alternatives, the District will take appropriate measures to discourage the employee from operating his vehicle, including contacting law enforcement officials if necessary.
- G. Employees requested to submit to testing under reasonable cause circumstances will be suspended pending the results of the test. If the test results are negative, the employee will be reinstated with full pay and employee entitlements. If the results are positive, the employee may be subject to discipline up to and including termination as effective from the date of suspension.

H. Non-Compliance by Employees

- (1) Management and Supervisors are not to attempt to use force in seeking compliance with requests. Security personnel or possibly local law enforcement officials should be called if the Supervisor determines that the employee should not be allowed to remain in the work area and the employee refuses to leave.
- (2) The Supervisor is to explain to the employee that non-compliance with the Supervisor's requests to submit to alcohol and/or drug testing under this Policy, to disclose and explain the nature of any suspected substance, to leave the work area or District facility, or any other reasonable request will be viewed as insubordination and subject to discipline, including (but not limited to) termination for a first time refusal or any subsequent refusal.

POST-ACCIDENT TESTING

A. The District and its agencies will require all specific employees holding safety sensitive positions who are involved in a reportable accident to immediately report such an accident to a District Supervisor, Incident Commander or the Senior Line Officer and undergo an alcohol and controlled substances test.

B. For the purposes of this Policy, a "reportable accident" is an on-duty accident resulting in the loss of human life, in the specific employee holding a safety sensitive position receiving a citation/ticket/summons for a moving traffic violation connected to the accident, in bodily injury that requires medical treatment other than general first aid or property damages in excess of \$2,500.00.

C. A specific employee holding a safety sensitive position subject to post-accident testing is to remain readily available at the accident site or close thereby for such testing and shall not consume any alcohol or substances prohibited by this Policy.

1. Failure to remain readily available or not to consume such alcohol or controlled substances shall be considered a refusal and a violation of this Policy.
2. Failure to sign any one of the consents, provide appropriate urine, breath or blood samples, failure of the test, or testing misconduct of the employee will subject the employee to discipline up to and including termination.
3. However, nothing in this Policy shall require delay of medical attention for injured person(s) following an accident or to prohibit a specific employee holding a safety sensitive position from leaving the scene of an accident for their own medical attention, to obtain assistance to respond to the accident, or to comply with specific requests of law enforcement officials.

D. Alcohol tests are to be administered: preferably within 2 hours of the accident, and in no case any later than 8 hours following the time of the accident.

E. Controlled Substances Tests are to be administered no later than 32 hours following the accident.

F. Alcohol and/or Controlled Substances tests conducted by federal, state or local authorities having independent authority for the testing, shall be considered to meet the requirements of this Policy – provided that the testing complies with this Policy's requirements and the results are released to the Board of Fire Commissioners, Fire District #1.

G. All specific employees holding a safety sensitive position shall be informed of these post-accident procedures, instructions and information to enable such employees to comply with this Policy.

RETURN TO DUTY/FOLLOW-UP TESTING

A. After having violated the provisions of this Policy, no specific employee holding a safety sensitive position shall be permitted to resume safety-sensitive functions until such employee has:

1. Been evaluated by a substance abuse counselor;
2. Successfully passed either (or both) a controlled substances and/or alcohol test (Return-to-Duty testing);
3. In the instance of alcohol use violations of less than 0.04 BAC, the specific employee holding a safety sensitive position shall also be prohibited from performing safety sensitive functions for a period of not less than 24 hours from the time of the initial test which revealed the violation of this Policy.

B. Pursuant to the substance abuse professional's evaluation of the specific employee holding a safety sensitive position, the employee shall be subject to a minimum of 6 unannounced alcohol and/or controlled substances tests during the following 12 months ("Follow-up Testing").

1. The counselor may schedule more than the minimum of 6 tests.
2. Submission to counseling and testing is voluntary, but failure to comply will disqualify the specific employee from holding a safety sensitive position and may be grounds for dismissal by the employer, Neptune Township Fire District #1.

CONTROLLED SUBSTANCES SPECIMEN COLLECTION AND TESTING PROCEDURES

A. Consent and Release

An employee will be required to sign appropriate consents and releases authorizing the taking of a urine sample and to disclose the results of the laboratory testing to the Board of Fire Commissioners, Fire District #1. The employee will also be required to disclose on the consent form any and all prescription or over-the-counter medications they are taking.

B. Chain of Custody Procedures

1. Prior to the time specimens are taken, the employee will be given a copy of the specimen-collected procedures.
2. Employees will be identified upon arrival at the collection site via photo ID or employer ID. Testing cannot proceed without verification of the identity of the donor.
3. The donor will be required to take off all jackets, bags, pocketbooks, etc. (Anything that could foreseeably contain a concealed specimen), and wash their hands prior to providing the specimen.
4. The donor will be escorted to an area for providing the specimen that respects the donor's privacy while complying with this Policy. The enclosure shall provide a toilet to complete voiding/urination. A source of water and towels for the donor to wash their hands shall be available outside the enclosure (if practicable). No access to the enclosure during the entire collection procedure where a specimen is being provided is permitted, so as to minimize any embarrassment of the donor and prevent distraction of the collection site personnel.
5. To minimize the risk of adulterated or diluted specimens, no source of water or soap/cleansing agents in the enclosure is permitted, and a bluing or dyeing agent is to be placed in the toilet.
6. Only one test is to be performed at a time. No testing of another donor is to begin (including the filling out of the necessary consents, forms and chains of custody) until the testing process of the current donor is completed by the signing of the chain of custody forms by both collection site personnel and the donor and the specimen is placed in its transportation mailer.

7. Collection site personnel are to verify that 45 milliliters of urine have been provided and that within 4 minutes of providing the sample, the temperature is to be measured by the collection site personnel and be within 90.5 – 99.8 F.
8. If the genuineness of the specimen is in doubt due to temperature, the collection site personnel may request that the donor have their oral temperature taken (to verify the donor's body vs. urine specimen temperature), and if the body temperature varies by more than 1.8 F, the collection site personnel shall request a second specimen for testing. If the donor refuses to have their temperature taken, it shall be grounds to consider the specimen as having been tampered.
9. If the collection site personnel note any unusual color or sign of contaminants in the specimen, a second specimen shall be requested.
10. In all instances where a second specimen is requested, the original (suspect) specimen shall also be forwarded to the laboratory for testing.
11. The specimen is to be kept in the sight of both the employee and the collection site personnel from the time it is delivered to the time of it's being labeled and the chain of custody forms being signed by both collection site personnel and the donor.
12. The collection site personnel are to pour 15 milliliters of the urine specimen into a second container for split testing.
13. The specimen bottles are then to be labeled in the presence of the employee, and initialed by the employee that they are indeed their specimens. The bottles are also to be sealed by placing the chain of custody tamper proof seal over the top of the specimen bottles and down the sides of the bottles. This procedure will tamper proof the specimens and guarantee that the specimen tested by the laboratory are those of the employee from whom the sample was drawn.
14. The appropriate urine chain of custody and control form should be filled out by the collection site personnel and then signed by the donor.
15. No unauthorized personnel shall be permitted in any part of the designated urine collection site where urine specimens are being collected or stored.
16. If the specimen container is received at the laboratory in an undamaged condition, properly sealed, labeled, and initialed as certified by the laboratory, the Medical Review Officer and the District and its agencies will be privileged to rely on the analysis of the specimens so received.
17. Laboratory and medical personnel will be responsible for completing the appropriate chain of custody documentation and ensuring that proper procedures are followed to protect the integrity of the samples and the reliability of the test results.
18. In reasonable cause circumstances, both the District official transporting the employee to the collection site and the medical personnel will ensure that a copy of the supervisor's report accompanies the urine sample to the laboratory for evaluation.
19. The District expects all of its employees to exercise good faith when undergoing the screen and in ensuring that proper test procedures are adhered to. This will guarantee that the final results are accurate. Failure or refusal to observe these good faith requirements may constitute dishonesty and/or insubordination and may subject the employee to immediate discipline, up to and including termination.

C. Invalid Samples

In the event that a urine sample is determined to be invalid or unreliable by the collection site personnel, the laboratory analyzing the sample, or by the Medical Review Officer, due to circumstances unrelated to the conduct of the employee, the employee will be immediately notified of the circumstances requiring a new test. If the employee has otherwise complied with the procedures they will be returned to work immediately (except in reasonable cause or post-accident circumstances), pending the results of the new test.

If the urine sample is determined to be invalid or unreliable due to circumstances related to the conduct of the employee, they will be subject to discipline, up to and including termination.

D. Laboratory Requirements and Methodology

1. Urinalysis – The initial test will be an immunoassay analysis. If the immunoassay test results are negative, no further testing will be required and the result will be reported as negative. However, if the immunoassay test results are positive, a more precise test, a gas chromatography/mass spectrometry (GC/MS) must be performed on the specimen. For the purpose of this Policy, presence of drugs shall be indicated at the following level of drugs and/or drug metabolites in the urine:

<u>Initial Test</u>	<u>Initial Test Level (ng/ml)</u>
Marijuana	100
Cocaine Metabolites	300
Opiate Metabolites	300
Phencyclidine	25
Amphetamines	1000

<u>Confirmatory Test (2)</u>	<u>Confirmatory Test Level (ng/ml)</u>
Marijuana Metabolites (3)	15
Cocaine Metabolites (4)	150
Opiate Metabolites	
Morphine	300
Codeine	300
Phencyclidine	25
Amphetamines	
Amphetamine	500
Methamphetamine	500

2. Testing will be limited to the presence of drugs and their metabolites, and under no other circumstances will the sample be tested for any other purpose.
3. Specimen retention – all specimens deemed to be “positive” by the laboratory and MRO will be retained in long term frozen storage for identification and retesting purposes at the laboratory for a period of one (1) year.
4. Approved Testing Laboratories – Any and all laboratories used by the District and its agencies to perform drug testing will be required to perform all of the necessary testing procedures and be SAMASHA certified, in addition to being appropriately certified under all applicable local, state and federal licensing and regulatory requirements.

E. Test Results – Privacy/Confidentiality

Positive Test results should be revealed to the applicant and/or employee only after they have been verified by the Medical Review Officer. These results are confidential medical information and must not be revealed or discussed with anyone in the District except on an absolute need-to-know basis, and then only after the result has been confirmed. The Medical Review Officer shall not release individual test results except to the Board of Fire Commissioners, Fire District #1 without first obtaining the written authorization of the employee.

- (2) The lower levels reflect the increased specificity of the GC/MS test procedure.
- (3) Delta-9-tetrahydrocannabinol-9-carboxylic acid
- (4) Benzoylcegonine

F. Notification

All employees will be notified of confirmed positive test results. Employees have 72 hours from the time of notification to request that the second (“split”) specimen be tested. Any applicant who requests results of what drug(s) were discovered will be notified within 60 days of being notified of the disposition of the employment application, provided that the applicant requests such information.

G. Prescription and Non-Prescription Medications

a. Disclosure – Before any urine drug screening is performed, the employee and applicant shall note, on the “Consent and Release Form”, the use of any prescription or non-prescription medications.

b. Prescription Drugs – Prescription drugs are a cause for concern to the District and its agencies if they affect the ability of the employee to work safely.

1. Employees taking a drug prescribed by a licensed physician must have the drug in its original container, which identifies the drug, dosage, date of prescription, and authorizing physician. It is the responsibility of the employee to review with their physician any work restriction(s) that should be observed while on the medication. In cases when use of medication requires work restrictions, it is the further responsibility of the employee to report such restriction to their supervisor, manager, and to the Medical Review Officer. Failure to properly notify all of the above of such work restriction shall be a violation of this Policy that subjects the employee to discipline at the discretion of the District.

2. In the interests of safety, and employee whose use of medication necessitates work restriction(s) may be re-assigned and/or placed on medical leave until the work restrictions are lifted. Once such restrictions are lifted, the employee may safely resume all aspects of their assigned job functions.

3. If these procedures are followed, the use of prescription and non-prescription drugs in accordance with the dosage instructions shall not be cause for discipline under this Policy.

H. Records

The District and its agencies will retain in the employee’s qualification file only the following information.

1. That the employee submitted to a controlled substance test, and on what occasion (i.e., pre-placement, reasonable cause, post-accident, or return to work).
2. The date of the test.
3. The location of the test.
4. The identity of the person or entity performing the test.
5. Whether the test results were positive or negative.

MEDICAL REVIEW OFFICER (“MRO”)

The District shall retain a Medical Review Officer (“MRO”), who is a licensed physician, knowledgeable in the medicinal, pharmaceutical, and toxicological aspects of drugs. The MRO has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual’s positive test results together with the patient’s medical history and prescription/non-prescription drug usage.

After the laboratory has tested the specimen, they are to direct those results to the MRO to interpret and evaluate the results – regardless of whether the test results are confirmed as negative or positive. Regarding positive results, the MRO must further assess and determine

whether alternative medical explanations could account for the positive drug screen result before informing the Board of Fire Commissioners, Fire District #1 of the test results.

A. Further Responsibilities

1. Receive and review all testing results.
2. Receive and document a certified copy of the original chain of custody.
3. Inform the tested individual of their test results in the event of a positive confirmatory test.
4. In the event of a positive result, provide the individual an opportunity to discuss the results and conduct a medical interview to determine whether medical, biological, or permitted prescription (or non-prescription) drug use could be an alternative explanation for the test result.
5. Order re-testing of the sample an/or quantitative description of testing results, when appropriate.
6. Consult with laboratory officials and personnel, when appropriate.
7. Determine whether a result is consistent with legal drug use.
8. Forward results of verified test results to previously designated Board of Fire Commissioners
9. Otherwise conform all activities to the responsibilities of a Medical Review Officer.

TRAINING

District supervisors and employees should become thoroughly familiar with the District's Substance Abuse Policy (this Policy). Furthermore, the Board of Fire Commissioner's responsibility under this Policy is to arrange for the distribution of this Policy to all affected employees, preferably accomplished by the employee signing an acknowledgment form that they have received a copy of this Policy.

COMMUNICATION PLAN

1. The District shall communicate this Policy to its employees by use of posted notices in the workplace, oral briefings, and distribution of copies of the Policy.
2. The District shall conduct periodic awareness sessions, i.e., meetings, films, etc.
This Policy is designed to provide for the maximum safety and well being of all employees and the general public served by Fire District #1. Your assistance and cooperation for the achievement of this goal is vitally important as the District intends to strive for increased awareness concerning the destructive nature of drug and alcohol abuse. The District and its agencies regrets any inconvenience or problems this Policy may create, but presently believes that the overall benefit to the District, its employees, and to the community makes this Policy both necessary and helpful.