

POLICY 8.7 APPENDIX EMPLOYEE DRUG AND ALCOHOL TEST CONSENT FORM

ADOPTED: FEBRUARY 1, 2013

REVISED: FEBRUARY 21, 2017

As an employee of the Jefferson Rural Fire Protection District, I understand that the use of drugs, alcohol and other controlled substances in the workplace creates a safety concern for all employees.

I hereby agree, upon a request made under the drug/alcohol testing policy of the Jefferson Rural Fire Protection District (JRFPD), to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under District policy, or if I otherwise fail to cooperate with the testing procedure, I may be subject to disciplinary action up to and including termination. I authorize and give full permission for a screening test to be taken at a testing facility of the Fire District's choosing and that this facility to release any and all documentation relating to such test to the JRFPD and/or any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Fire District employees and agents will have access to information furnished or obtained in connection with the test; and that they will maintain and protect the confidentiality of such information to the greatest extent possible. The testing facility and the Fire District will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I understand that following a confirmed positive test result for a controlled substance, including marijuana and/or a confirmed positive test result for alcohol, the Fire District shall require a Confirmatory Test. The Fire District shall require that a second test from the same sample be conducted using gas chromatography/mass spectrometry methods. The second test must also be positive before concluding that the employee has such substance(s) in the body.

I may provide to the Fire District, a complete list of legally prescribed and over-the-counter medications that I am taking.

I have the right to explain a confirmed positive test for a controlled substance, including marijuana, or a positive test for alcohol.

I understand the consequences of a positive test will include disciplinary action up to and including termination.

I understand that a failure to test shall constitute the same consequences as a positive test.

I release the laboratory or medical personnel conducting the drug test, the Fire District and the Fire District's employees, board members, officers and their successors from any liabilities, claims, and causes of actions, known or unknown, that may result from these tests and I agree not to file any lawsuits or other actions to assert a claim.

Print Name

Signature

Supervisor Signature

Date

Date