

PROCEDURAL MANUAL:

**MINNESOTA MECHANICAL
CONTRACTORS ASSOCIATION
DRUG/ALCOHOL POLICY AND PROGRAM**

Revised November 2006

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Pre-employment, Post Accident/Post Injury, Reasonable Suspicion, Work Opportunity, Random and Post-Treatment Testing

Pre-placement Testing

All members, travelers, apprentices who may not have tested under the Minnesota Mechanical Contractors (“MMCA”) Alcohol/Drug Policy will be required to test prior to being accepted for a job. Pre-placement testing may be accomplished by “quick test” at the collection sites. Quick tests will allow results to be obtained, typically, within 2-4 hours of the test, allowing the member to begin working quickly. Any non-negative test result on the quick test will require additional testing at Medtox labs.

Post Incident Testing

According to the MMCAA Alcohol/Drug Policy and Program, all members are subject to drug and alcohol testing after an accident or after causing or sustaining an injury. In these instances, a member will be provided with an Authorization to Test form and a Collection Site List from the designated primary contact at the contractor. The member is to go immediately to a collection site and provide a specimen. Failure to provide a specimen constitutes noncompliance with the policy.

Reasonable Suspicion Testing

According to the MMCAA Alcohol/Drug Policy and Program, all members are subject to drug and alcohol testing if there is reasonable suspicion to believe that the member is under the influence of drugs or alcohol. In these instances, a member will be provided with an Authorization to Test form and a Collection Site List from the designated primary contact at the contractor. The member is to go *immediately* to a collection site and provide a specimen. Failure to provide a specimen constitutes noncompliance with the policy.

Due to safety and liability issues, *do not allow the member to drive to the collection site*. All appropriate supervisory personnel will be trained in Reasonable Suspicion Testing and procedures.

Work Opportunity Testing

According to the MMCAA Alcohol/Drug Policy and Program, all members are subject to drug testing required by a project bidder or federal government as a requirement of a contracted job, or as required by federal or state law, that subjects all contractor employees to testing. In these instances, a member will be provided with an Authorization to Test form and a Collection Site List from the designated primary contact at the contractor. The member is to go immediately to a collection site and provide a specimen. Failure to provide a specimen constitutes noncompliance with the policy.

Treatment Program Testing.

Any member who has been referred by an employer or contractor for chemical dependency evaluation or treatment, or who is participating in a chemical dependency program, is subject to drug and alcohol testing without prior notice at any time during the evaluation and treatment period, and for up to two years following completion of any prescribed chemical dependency treatment program.

Safety Sensitive Testing

According to the MMCAA Alcohol/Drug Policy and Program, all members are subject to drug and alcohol testing on a random basis if they are employed in a safety sensitive position. The definition of a safety sensitive position is a position where impairment would threaten someone's health and safety. Unless a member has been notified otherwise, all members are considered to be working in safety sensitive positions. The method of selecting members to be tested will be one that insures that each member has an equal probability of being selected for a test. When selected, the member will be provided with an Authorization to Test form and a Collection Site List from the designated primary contact at the contractor. The member is to go immediately to a collection site and provide a specimen. Failure to provide a specimen constitutes noncompliance with the policy.

Notification of Results

In all tests, the results will be faxed to TEAM, Inc. Once the results have returned, the contractor will be notified of the results of the test and the availability of the employee to continue work. If the result is negative, the contractor will be notified directly. If the result is non-negative, the employee will be directed to report to TEAM, Inc. for an evaluation. The results of the evaluation will not be revealed to the contractor; however, the contractor will be notified about the availability of the employee to continue work. When the employee is able to return to work, TEAM, Inc. will notify the employer of this availability.

Refusal to Participate in Testing

Everyone has a right to refuse to be tested. However, anyone who refuses to submit to a test required under this policy or the MMCAA Alcohol/Drug Policy and Program, who refuses to comply with any requirement imposed by either such policy, or who engages in behavior which prevents meaningful completion of testing (including tampering with the sample or testing materials, or behavior intended to provide a dilute sample), will be subject to disciplinary action up to and including discharge.

Collection Sites

A network of collection sites has been established in the Twin Cities and designated out-state locations. Every effort was made to limit a member's drive time to no more than 30 minutes to reach a collection site. With the two hours paid time allotted by the contractors for a member to leave the job site to test, there should be ample time to accommodate the process of testing.

If a collection site is not able to provide an appointment within 1-2 days time, the member should contact TEAM, Inc. to inform them of this situation. TEAM, Inc. may be able to arrange for an earlier appointment, or offer an alternative collection site that can see the member sooner.

All collection sites are equipped with specimen kits and chain of custody forms, supplied by Medtox Laboratories. A member need only bring their Authorization to Test form with them to the collection site along with valid picture identification. The collection site will transport the specimens to Medtox Laboratories via Airborne Express couriers for analysis.

A list of collection sites can be found in Appendix A, Form #8.

Specimen Analysis and Results Verification

The specimen kits provided by Medtox Laboratories meet all legal requirements. The collection kit and chain of custody forms are designed to ensure the integrity of the specimen. In the event that signs of tampering are evident, the specimens will be rejected and the member subjected to testing may be required to provide another specimen or be subject to disciplinary action as appropriate under the circumstances. All specimens are examined for contamination and interfering substances (adulterants). All tests may also undergo additional tests such as: electrolyte concentration, specific gravity, Creatinine, and/or pH. The Rapid (Quick) Test meets the above standards in all ways.

Negative tests are generally available within 2-4 hours of receipt of the results by Medtox Laboratories. Any non-negative results are automatically confirmed using Gas Chromatography/Mass Spectrometry (CG/MS). An additional 24-48 hours is required to complete confirmation analysis.

All urine tests are then sent to NTA where the Medical Review Officer (MRO) will verify and sign off on all results. Any non-negative tests results will be handled directly by the MRO. In those instances the MRO will make direct contact with the member to solicit information to determine the final ruling on the specimen.

Method of Results Transmission

All non-negative test results will be sent from the MRO at NTA directly to TEAM, Inc. All negative test results will come to TEAM, Inc. via fax. All negative test results performed for

pre-employment, post-accident, and reasonable suspicion will first be sent via fax to TEAM, Inc. so results can be most expediently returned to the member.

All tests ruled positive by the MRO will be called in directly to TEAM, Inc. by the MRO. The MRO will also fax a copy of the positive test result to TEAM, Inc. TEAM, Inc. will then mail a copy of the test to each member.

Distribution and Storage of Results

A paper copy of all negative test results will be sent directly from TEAM, Inc. to the member via standard U.S. Mail within three days of receipt of the test.

A paper copy of all test results will be stored in a locked file cabinet within TEAM, Inc. in the event that additional copies are needed.

Verification of Member's Status

The member will test, under the policy's guidelines using the contractor's Chain-of-Custody form. TEAM, Inc. will receive results, and follow its procedures for contacting appropriate parties as described in the paragraph "Notification of Results" on page 4 of this policy.

Permission to Release Confidential Information

There are several different types of releases that are used as part of the MMCA Alcohol/Drug Policy and Program. Built into the chain of custody and Authorization to Test forms, will be release of results to Medtox Laboratories, who function as test analyzer, NTA, who functions as the MRO, and TEAM, Inc., who functions as program administrator, and distributor of test results.

Handling Positive Test Results

In all cases of non-negative test results, the MRO will contact the member to determine if there is any reasonable cause for the test result and to advise the member of their right to inform the MRO, within 3 days of notification, of any drugs/medications that they have taken. If the MRO has ruled a member's test positive, the MRO will instruct the member to contact TEAM, Inc. for further direction and explanation of the steps involved as dictated by the MMCA Alcohol/Drug Testing Policy and Program.

The MRO will then contact TEAM, Inc. by phone or facsimile to notify them of the positive result. TEAM, Inc. will contact the primary contact at the contractor and let them know the member needs to be removed from the job site using specific language: "This is Betsy from TEAM, Inc. calling to let you know that John Doe must be removed from the site in accordance

with the MMCA Alcohol/Drug Testing Policy until further notice.” Contractors should consult Form #6, Contractors Checklist for members removed from the work site (see Appendix A) for step by step process in handling these situations.

Once TEAM, Inc. makes contact with the member they will advise the member of their right within five (5) working days following the day on which he or she is notified of the confirmatory test result to advise the Company in writing of his or her desire to request a confirmatory retest of the original sample at the individual's own expense at a laboratory authorized by the state of Minnesota.

When the final results of testing are determined (including any confirmatory re-test as described above) TEAM will contact the member to advise them of the final results. In the event of a non-negative result, TEAM will advise the member of the process for re-qualifying for work as dictated under the MMCA Alcohol/Drug Testing Policy and Program:

1. Complete a chemical dependency evaluation;
2. Comply with any recommendations; and
3. Produce a negative retest.

TEAM, Inc. will inform the member of their option to obtain a free evaluation through their EAP (TEAM, Inc.), who will have a supply of Authorization to Retest forms (Form #2, see Appendix A) available for the members. Should the member choose to obtain their evaluation through TEAM, Inc., a Release of Information consent will be signed between the administrators of TEAM, Inc., drug testing entity, and the clinical evaluator. This will allow the drug testing administrators to notify, with proper permission, the contractor and/or union when the member has complied with the evaluation, recommendations, and when the member is again compliant with the Policy and available for work. Additionally, TEAM, Inc. will contact the primary contact person at the contractor and inform them using specific language that the member is again able to work: “This is Betsy from TEAM, Inc. and I am calling to let you know that John Doe is able to return to work again.”

Should the member choose to obtain their evaluation outside of TEAM, Inc., a Release of Information consent will be signed between TEAM, Inc. and the evaluating agency to allow the evaluating agency to notify TEAM, Inc. of completion of evaluation, initiation of recommendations, and forwarding of retest form.

As above, TEAM, Inc. will notify the member and the contractor when the member is again eligible to be placed back out at the job site.

Consequences of Test Results

Initial Screening.

If the initial result on the drug and alcohol screening is positive, the sample which was tested will automatically be subject to a confirmatory test. No member will be discharged, disciplined, discriminated against, or requested or required to undergo rehabilitation solely on the basis of a positive result on an initial screening.

Confirmatory Test.

If the confirmatory test result is also positive, the member may be subject to disciplinary action, up to and including discharge, subject to the following:

- a. First Positive Test Result. A member may not be discharged for a positive result on a confirmatory test for alcohol and/or illegal drugs which was the first such result on a test requested or required by the contractor unless the member has been given the opportunity to participate in a drug or alcohol counseling or rehabilitation program and either has refused to participate or has failed to successfully complete the counseling program.

Members required to attend a counseling or rehabilitation program will be required to inform the contractor of the type of program to which they have been referred. If the counseling or rehabilitation program permits immediate return to work, the employee will be returned to work on the next regularly scheduled shift.

If the member is referred to an outpatient treatment program, then the member must agree to attend and must provide the contractor with certification from the treatment provider regarding the expected length of treatment. The member will be returned to work only after the treatment provider certifies the ability to return. If the member is certified to return before completion of the outpatient program, the member will be asked to provide weekly certification from the treatment provider of continued participation in the outpatient program. If the member fails or refuses to provide such certification, the contractor will not return the member to work prior to completion of the program. In all cases, the member must present evidence of satisfactory completion of the treatment program in order to maintain employment.

If the evaluation results in a referral to inpatient treatment, the member must agree to attend and will not be returned to work until the contractor receives evidence of satisfactory completion of the program.

- b. Subsequent Positive Test Result. A member who receives a positive result on a confirmatory test for alcohol and/or illegal drugs requested or required by a contractor and who has previously received a positive result on a confirmatory test for alcohol and/or illegal drugs requested or required by a contractor may be disciplined up to and including discharge.

Security Measures

TEAM, Inc. is committed to maintaining the highest level of security and accountability of the system and the operation of the new company that will be responsible for administrating the MMCA Alcohol/Drug Testing Policy and Program. We will take all possible precautions to ensure there is no conflict of interest between the clinical functions of TEAM, Inc., and the drug testing administration function of TEAM, Inc. To this end, we will accomplish the following:

- The computer system will be kept completely separate from Team, Inc.; not connected to any network, nor connected to the internet. It will also be kept in a location with separate locks with three administrative individuals having a key: the President, the Director of Operations and the Clinical Director. It will also have two sets of passwords necessary to access the system; available only to the three individuals listed above. In addition, all written communications will be kept under strict, confidential storage.
- No one will ever accept or give any type of incentives, 'kick-backs' or favors in the operation of this entity. To ensure this is truly adhered to, the union and contractors' association will have, upon appointment, access to all aspects of this entity including financials, the system and the operation of this entity. (With the exception of privileged member information without the member's written permission to do so).
- All financial information will be reviewed by a Certified Public Accountant monthly.
- The officers of this company will be the President who will be ultimately accountable for the functioning of this entity.

It is important to us to make this a completely ethical operation. We will constantly review ethical issues that may arise and make whatever changes are necessary to be in line with clinical and business ethical standards. The staff involved in this operation will regularly meet to perform quality assurance reviews and make changes that are necessary. We are also very open to input from both union and association officials regarding quality assurance.

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Form #1

AUTHORIZATION TO TEST FOR THE MINNESOTA MECHANICAL CONTRACTORS ASSOCIATION DRUG AND ALCOHOL PROGRAM

CONTRACTOR INFORMATION

- 1) Contractor Name _____
 Contractor Contact Person _____
 Contractor Phone Number _____

- 2) Reason for testing employee listed below:
 _____ Reasonable Suspicion _____ Work Opportunity _____ Return to Duty
 _____ Pre-placement _____ Post Incident _____ Safety Sensitive

- 3) Note the correct Medtox Chain of Custody Account Number
 _____ 30021410 Minnesota Pipe Trades Quick Test, Urine Test
 _____ 30021411 Minnesota Pipe Trades Cambridge Urine Test Only

- 4) Test(s) required: _____ Drug _____ Alcohol

- 5) Employee Name _____ Date of Birth _____
 Social Security # _____ Union Local # _____
 Employee Address _____
 City _____ State _____ Zip _____
 Employee Phone Number _____

UNION MEMBER INFORMATION

I acknowledge receipt of, and have read the Minnesota Mechanical Contractor Drug and Alcohol Policy and Program. I understand that as required by the policy, a sample(s) of my urine and/or breath is/are being collected and tested for drugs and/or alcohol. I hereby agree to submit to a drug and/or alcohol test. I authorize the review, report, and exchange of my results between Medtox Laboratories, Inc., NTA (MRO), and TEAM, Inc. This signature serves as authorization for TEAM, Inc. to communicate with my employer/participating employer as necessary. It is my understanding that I will receive copies of all test results in accordance with the policy.

PRINT EMPLOYEE'S NAME

SOCIAL SECURITY NUMBER

SIGNATURE OF EMPLOYEE

DATE

Form #2

AUTHORIZATION TO RETEST FOR THE MINNESOTA MECHANICAL CONTRACTORS ASSOCIATION DRUG AND ALCOHOL PROGRAM

CONTRACTOR INFORMATION

- 1) Contractor Name _____
 Contractor Contact Person _____
 Contractor Phone Number _____

- 2) Reason for testing employee listed below:
 _____ Return to Duty _____ Treatment Program

- 3) Note the correct Medtox Chain of Custody Account Number
 _____ 30021410 Minnesota Pipe Trades Quick Test, Urine Test
 _____ 30021411 Minnesota Pipe Trades Cambridge Urine Test Only

- 4) Test(s) required: _____ Drug _____ Alcohol

- 5) Employee Name _____ Date of Birth _____
 Social Security # _____ Union Local # _____
 Employee Address _____
 City _____ State _____ Zip _____
 Employee Phone Number _____

UNION MEMBER INFORMATION

I acknowledge receipt of, and have read the Minnesota Mechanical Contractor Drug and Alcohol Policy and Program. I understand that as required by the policy, a sample(s) of my urine and/or breath is/are being collected and tested for drugs and/or alcohol. I hereby agree to submit to a drug and/or alcohol test. I authorize the review, report, and exchange of my results between Medtox Laboratories, Inc., NTA (MRO), and TEAM, Inc. This signature serves as authorization for TEAM, Inc. to communicate with my employer/participating employer as necessary. It is my understanding that I will receive copies of all test results in accordance with the policy.

PRINT EMPLOYEE'S NAME

SOCIAL SECURITY NUMBER

SIGNATURE OF EMPLOYEE

DATE

Form #3

REFUSAL TO TEST DECLARATION

I refuse to participate in the Minnesota Mechanical Contractors Association Drug and Alcohol Program. I understand that by choosing to exercise my right to not engage in the Minnesota Mechanical Contractors Association Drug and Alcohol Program process, my choice may result in the termination of my employment. *I further understand that any violation of the policy shall be just cause for discipline, including possible discharge.*

Name (print)

Signature

Social Security Number

Time & Date

Telephone Number

Witness

It is the responsibility of the Supervisor to immediately fax a copy of this signed form to TEAM, Inc. at 651-642-0067.

Form #4

**RELEASE OF INFORMATION & DATABASE AUTHORIZATION
FOR PREVIOUS TEST RESULTS**

Union Member's Name _____

Address _____

Social Security Number _____

Date of Birth _____

Work Telephone Number _____

Home Telephone Number _____

PREVIOUS TEST IN ASSOCIATION WITH:

- _____ Medtox Laboratories
- _____ Northern States Power
- _____ LUC Drug Testing Program
- _____ Contractor/Owner (specify below)
- _____ Other Organization (specify below)

I authorize the above organization to share the results of my previous drug test with TEAM, Inc., my current and/or prospective employer and signatory contractors of the Associations participating in the Minnesota Mechanical Contractors Association Drug and Alcohol Program. I understand it is my responsibility to fax TEAM, Inc. a copy of the previous test results. (651-642-0067)

Signature

Date

Witness

Date

Form #5

CONTRACTOR INFORMATION SHEET

Contractor Name _____

Address _____

City, State, Zip _____

Primary Contact _____

Phone _____ Fax _____

Secondary Contact _____

Phone _____ Fax _____

Alternative Phone _____

Fax completed form to TEAM, Inc. at 651-652-0067, or call 651-642-0182

Form #6

CONTRACTOR CHECKLIST: WHAT TO DO WHEN YOU ARE INFORMED THAT A MEMBER MUST BE REMOVED FROM THE WORK SITE

The following is a recommended step by step process for approaching an employee whom you have been notified must be removed from the job site.

1. The assigned supervisor/manager who handles all drug testing program related issues should be the person to speak with the member.
2. If done by phone, make sure you are in a discreet place where other office staff will not overhear your conversation with the member.
3. Inform the member that you were contacted by TEAM, Inc. and were instructed by them that they must be removed from the job site. (This should not be a surprise to the member, as the member has already been contacted by the MRO or TEAM, Inc. about their work status under the policy).
4. Inform the member that in accordance and in compliance with the Minnesota Mechanical Contractors Association Drug Testing Policy, you are obligated to remove them from the job site, until informed by TEAM, Inc. that they are eligible to return to work.
5. Direct the member to contact TEAM, Inc. to figure out what is needed to become eligible to return to work. Likewise, all member questions should be directed to TEAM, Inc. at: 651-642-0182 or 1-800-643-7710.

You are also encouraged to sign and date this form along with the member to ensure that you properly reviewed the material with the member, should you need to verify this for any reason.

Employee Name (Print)

Employee Signature

Date

Supervisor Signature

Date

Form #7

NOTIFICATION TO TEST UNDER REASONABLE SUSPICION

I acknowledge that I am being required to submit to a drug test because it has been determined that there is reasonable suspicion that I may be under the influence of chemicals. I understand by choosing to exercise my right to not follow the Maxx, USA drug testing program, I may be subject to termination of my employment. **I further understand that any violation of the Drug and Alcohol Policy shall be just cause for discipline, including possible discharge.**

Name (print)

Signature

Social Security Number

Time & Date

Telephone Number

Witness

It is the responsibility of the supervisor to immediately fax a copy of this signed form to TEAM, Inc. at 651-642-0067.

Form #8

Collection Sites List

Pipe Trades Medtox Account #30021410-urine and quick test (all except Cambridge)

Cambridge: #30021411 – urine only

Bloomington

CMS

**8072 26th Avenue South
Bloomington, MN 55425
952-876-9300**

Cambridge – urine collection only; Medtox Account #: 30021411

Cambridge Medical Center

**702 South Dellwood
Cambridge, MN 55008
763-689-7777**

Chaska

Crossroads Medical Center

**3000 North Chestnut Street
Suite 120
Chaska, MN 55318
952-448-2050**

Elk River

Now Care

**800 Freeport Avenue
Suite 100B
Elk River, MN 55330
763-257-8080**

Hastings

Regina Medical Center

**1175 Nininger Road
Hastings, MN 55033
651-480-4254**

Mankato

Now Care Medical Center, Inc.

**1809 Adams St.
Mankato, MN 56001
507-625-7684**

Minneapolis

Health Partners – Mpls. Occupational & Environmental Medicine

**2220 Riverside Avenue South
Minneapolis, MN 55454
612-373-4174**

Minnetonka

Now Care

**2000 Plymouth Road
Minnetonka, MN 55305
952-593-9010**

New Brighton

Medtox Laboratories

**402 West County Road D
New Brighton, MN 55112
651-636-7466**

Rochester

DNA Testing

**1208 7th St. NW
Northgate Center
Rochester, MN 55901
507-282-8378**

St. Paul

Regions Hospital – Occupational and Environmental Medicine

**640 Jackson Street 2nd Floor
St. Paul, MN 55101
651-254-3313**

Stillwater

Stillwater Medical Group

**921 South Greeley
Stillwater, MN
651-439-3023**

St. Cloud

Occupational Medicine

**325 33rd N., Ste. 110
St. Cloud, MN 56303
320-251-3666**

Winona

Cornerstone Health Care

**62 East 3rd St.
Winona, MN 55987
507-474-4770**