

**DLB METAL INC.**  
**Drug-Free Workplace Program Policy**

**2013 Jaffa Drive, Unit J  
St. Cloud, FL 34771  
(407) 593-8084**

**Date of Implementation  
2/22/2017**

## AN OPEN LETTER TO ALL EMPLOYEES

DLB METAL INC. has recognized that drug and alcohol abuse is an on-the-job problem as well as a social problem. We believe that abuse of alcohol and the use of illegal drugs endanger the health and safety of the abusers and of others around them.

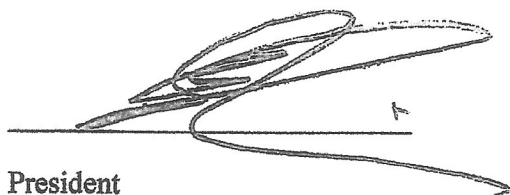
DLB METAL INC. has committed to creating and maintaining a Drug Free Workplace without jeopardizing the job security of valued but troubled employees, provided they are prepared to help us help them.

Notice is posted in a conspicuous location identifying our company as a Drug Free Workplace. Copies of the Drug Free Workplace policy are available for inspection at the personnel office. Our Drug Free Workplace Policy now formally states that substance abuse will not be tolerated ON or OFF the job for employees of our company. This prohibition includes the possession, use or sale of illegal drugs, the abuse of alcohol and abuse of prescribed drugs. Company-sponsored activities or other social events that we attend during which alcoholic beverages are served are not considered alcohol abuse just because alcohol was served.

All employees are expected to sign a statement of understanding and agreement with DLB METAL INC.'s Drug Free Workplace Policy.

To ensure that this company remains a Drug Free Workplace, a program of drug testing is in effect. Let it be clearly understood that it is a condition of employment for everyone that they avoid entirely the use, possession, sale or any association whatsoever with illegal drugs and/or the abuse of alcohol. Employees who are found on the job to be under the influence of illegal drugs or alcohol or who violate this policy in other ways will be terminated. It is important that all of us work together to deal with substance abuse to make our company a safer and more rewarding place to work.

Sincerely,



President

## **EMPLOYER**

### **III. POLICY WORK RULES**

#### **A. DRUGS**

Employees shall not use or be under the influence of drugs illegally at anytime, whether working or not working.

#### **B. ALCOHOL**

Employees shall not use or be under the influence of alcohol while working.

#### **C. MEDICATIONS**

Employees shall not use or be under the influence of medications while working if the medications have the potential to alter or to adversely affect their judgment, motor skills, to induce sleepiness or to otherwise detract from their safe job performance. Exceptions can, of course, be made in work areas and activities of decreased safety sensitivity where the potential for accident and injury is minimal and where the effect of the medication on the employee is judged to be no factor by medical authority. It must also be acceptable to management for the employee to continue work. Exceptions to this rule (Section C) will be made at least one level of supervision above the concerned employee's immediate supervisor. Employees will report their use of medications to their supervisor before beginning work; those sensitive to the disclosure of their use of certain medications may call or visit the company official (see name and tele(407) 593-8084 in Section N) in charge of the Drug Free Workplace Program, in confidence to resolve their unique work situation.

#### **D. DRUG FREE WORKPLACE PROGRAM MONITORING**

To measure the success of, and to aid in enforcing, our Drug Free Workplace Program, the following types of drug screening tests will be administered to detect the presence of illegal drugs or alcohol.

1. Job applicants, as a condition of obtaining employment
2. Employees who are required to undergo FITNESS FOR DUTY MEDICAL EXAMINATIONS.
3. Employees as a FOLLOW-UP to a return from rehabilitation program. These employees will be tested periodically.
4. Employees who, by reliable evidence, or by their observed or reliably reported behavior, may be REASONABLY SUSPECTED of: (a) Using or being under the influence of drugs, alcohol or medications while working. (b) Tampering with a drug screen test. (c) Causing or contributing to an accident involving a reportable injury (i.e. an injury sufficient to require the attention of a medical professional), lost time and/or property damage sufficient to delay or halt work. The employees as soon as possible but not later than 32 hours after the accident must provide all specimens.

Notice of Drug Testing will be given on all vacancy announcements. In addition to the drugs named in Section D above, a test for the presence of alcohol may be administered as a result of the conditions stated in Section D.4. (a), (b) and (c) above.

A copy of documentation supporting a REASONABLE SUSPICION drug and alcohol test will be completed within seven (7) days after testing, will be provided to the employee upon request, and will be retained confidentially by the company for at least one (1) year.

fifteen (15) working days. If the test was for reasonable suspicion, the employee will receive in writing within seven (7) days after the test, if requested, a detail of the circumstances, which formed the basis of the determination that enough reasonable suspicion existed to warrant the testing. During the 180-day period after written notification of a positive test result, the employee who provided the specimen should be permitted by the employer to have a portion of the specimen re-tested at the employee's expense. Such re-testing shall be done at another SAMHSA certified laboratory, as appropriate, chosen by the employee or job applicant. All such documentation will be kept confidential and retained by the company for at least one (1) year. Should the job applicant or employee then choose to further pursue the challenge it will then be the employee's responsibility to notify the laboratory to retain the sample until the case is settled.

#### **G. CONFIDENTIALITY OF DRUG TESTING INFORMATION**

All written reports and related information received by the company, laboratories, employee leasing programs, drug and alcohol rehabilitation programs and their agents will be held in strictest confidence and will not be disclosed except in accordance with Florida Statutes or otherwise legally disclosed. Release of such information under any other circumstance shall be solely pursuant to a written consent form signed voluntarily by the person tested. Information on drug test results shall not be released or used in any criminal proceeding against the employee or job applicant.

Agents of our company and the laboratory conducting a drug test will, however, have access to drug test information when consulting with legal counsel in connection with actions brought against them when the information is relevant to its defense in a civil or administrative matter.

#### **H. CONFIDENTIAL REPORTING OF MEDICATION USE**

The company knows that eventually most people need to take medications to combat various illnesses. Employees must realize, however, that many medications will alter or affect a drug test. An employee could possibly test positive for a drug when taking medications prescribed by a doctor or bought over the counter at a pharmacy. Medications known to alter or affect a drug test are listed in Section M. The name of the testing laboratory is listed in Section N. Employees who want more technical information about medications may consult the testing laboratory. To avoid the potential problems created by a false test result, the company has implemented procedures to enable employees to confidentially report the use of medications. You may report the use of medications on the back of your copy of the chain of custody form after your specimen is collected and discuss only with the MRO.

#### **I. EMPLOYEE ASSISTANCE PROGRAM**

Our company maintains an Employee Assistance Program (EAP) that consists of referring employees and their families who suffer from alcohol or drug use problems to local drug and alcohol rehabilitation centers. The telephone directory yellow pages, under "Drug Abuse and Addiction - Information and Treatment", lists the names and locations of treatment centers. Also, the United Way, listed in the telephone directory white pages, offers many confidential services at no charge. Any costs of outside services are, however, the employee's responsibility. Any employee who has not previously tested positive for drug or alcohol use and has not yet entered a drug and/or alcohol abuse rehabilitation program, may seek assistance for drug and alcohol problems before they lead to disciplinary actions.

No employee will be discharged, disciplined or discriminated against solely upon the employee's voluntarily seeking treatment for a drug/alcohol related problem if the employee has not previously tested positive for drug use, entered an employee assistance program for drug related problems, or entered an alcohol and drug rehabilitation program.

**M. SUBSTANCES WHICH COULD ALTER OR AFFECT THE OUTCOME OF A DRUG TEST  
(BRAND NAMES AND COMMON NAMES)**

1. **AMPHETAMINES:** Abetrol, Biphetamine, Desoxyn, Dexedrine, Didrex
2. **CANNABINOIDS:** Marinol (Dronabinol, THC), Marijuana, Hash Pot
3. **COCAINE:** Cocaine HCl topical solution (Roxanne), Crack, Coke
4. **PHENCYCLIDINE:** Not legal by prescription; PCP, Angel Dust
5. **OPIATES:** Paregoric, Parepectolin, Donnagel PG, Morphine, Tylenol with Codeine, Empirin with Codeine, APAP with Codeine, Aspirin with codeine, Robitussin AC, Guaiatuss AC, Novahistine DH, Novahistine Expectorant, Dilaudid (Hydromorphone), M-S Contin and Roxanol (morphine sulfate), Percodan, Vicodin, Opium, Heroin
6. **METHAQUALONE:** Not legal by prescription
7. **BARBITURATES:** Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Firoicet, Esgic, Butisol Mebaral, Butabarbital, Butabital
8. **METHADONE:** Dolphine, Methadose
9. **BENZODIAZEPINES:** Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restoril, and Centrax
10. **PROPOXYPHENE:** Darvocet, Darvon N, Dolene, Etc.
11. **ALCOHOL:** Liquid medications containing ethyl alcohol (ethanol). Please read the label for alcohol content. As an example, Vick's Nyquil is 25% (50 proof) ethyl alcohol; Comtrex is 20% (40 proof); Contac Severe Cold Formula Night Strength is 25% (50 proof) and Listerine is 26.9% (54 proof); Booze, Drink

**O. NATIONAL HOTLINE NUMBERS**

Alcohol and Drug Referral Hot Line 1-800-252-6465  
Child Help's - National Child Abuse Hot Line 1-800-422-4453  
National A.I.D.S. Hot Line 1-800-342-2437  
National Cocaine Hot Line 1-800-262-2463  
National Hepatitis Hot Line 1-800-223-0179  
National Runaway Switchboard and Suicide Hot Line 1-800-621-4000  
National Sexually Transmitted Disease Hot Line 1-800-227-8922

**NATIONAL ASSISTANCE GROUPS**

Alcoholics Anonymous 1-800-344-2666  
Food and Drug Administration 1-301-443-1240  
M.A.D.D. 1-800-438-6233  
Narcotics Anonymous 1-818-780-3951  
AL-ANON Family Group Headquarters 1-800-356-9996  
Nat'l Institute of Drug Abuse, Drug Info. Treatment 1-800-662-4357  
Families Anonymous 1-800-736-9805  
S.A.D.D. 1-508-481-3568  
Tough Love 1-800-333-1069  
American Cancer Society 1-800-227-2345  
Council of Compulsive Gambling 1-800-426-7711

**DLB METAL INC.**  
**PRE-EMPLOYMENT DRUG TESTING POLICY**

All job applicants at this company will undergo screening for the presence of illegal drugs as a condition for employment.

Applicants will be required to voluntarily submit to a urinalysis test at a laboratory chosen by the company, and by signing a consent agreement, will release the company from liability.  
(Any applicant with positive test results will be denied employment at that time.)

The company will not discriminate against applicants for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol, which prevents employees from properly performing their jobs that the company will not tolerate.

**This policy statement is to be given out with all job applications.**

**PRE-EMPLOYMENT AGREEMENT**

**PLEASE READ CAREFULLY**

I freely and voluntarily agree to submit to a urinalysis (drug screen) as part of my application for employment. I understand that either refusal to submit to the urinalysis screen or failure to qualify according to the minimum standards established by the company for this screen might disqualify me from further consideration for employment.

I further understand that upon commencement of employment with the company, I may again be required to submit to a urinalysis screen. I understand that refusal to take a requested urinalysis screen or failure to meet the minimum standards set for the screen may result in immediate suspension or discharge.

In the event that employment commences prior to the employer receiving the drug test results, I understand that I will be immediately discharged if the result comes back positive.  
I have read in full and understand the above statements and conditions of employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Driver License Information:

State: \_\_\_\_\_ DL # \_\_\_\_\_