

**ACKNOWLEDGEMENT OF THE DRUG FREE WORKPLACE PROGRAM
AGREEMENT TO SUBMIT TO DRUG and/or ALCOHOL TESTING
AGREEMENT TO RELEASE TEST RESULTS**

I, _____, understand that **Internal Data Resources** maintains a Drug Free Workplace Program requiring all employees to report to work in a substance free condition.

I have read, or had read to me, a copy of this policy and I understand the consequences of violating the policy including my obligations under the Drug Free Workplace Act. If I did not understand the policy, I have asked for and have received an explanation. I specifically understand that if I am injured on the job and either refuse to be tested or test positive for drugs or alcohol that I thereby forfeit eligibility for all worker's compensation medical and indemnity benefits.

I understand that as a condition of my initial and/or continued employment, as a part of initial and routinely scheduled fitness for duty physical examinations when required by Company, random (if applicable), and where reasonable suspicion of drug and/or alcohol use exists, the Company will require me to undergo substance screening by urinalysis, blood (for alcohol), hair follicle or other testing procedure and I hereby agree to submit to such tests including follow up to rehabilitation testing and the required post accident testing.

I further consent to the results of any such drug screen(s) being released to the Company's authorized representative by the Medical Review Officer (MRO) and understand that I am legally authorized to receive a copy of this consent form if requested. The results will not be released to any additional parties without my written authorization, except that I acknowledge that the Company, agents of the Company, and the testing laboratory will have access to the drug test results and may disclose such results to its attorney in connection with workers' compensation proceedings, and may use the test results when relevant to its defense in other civil or administrative matters.

I release any testing facility personnel and/or any physicians who have tested me from any liability arising from a release or use of any and all test results, written reports, medical records and data concerning my test(s) to the appropriate Company officials. I further release all company officials from liability arising from the release or use of the test results.

I also understand that the Drug Free Workplace Policy and related documents are not intended to constitute a contract between the Company and me.

I acknowledge receipt of a copy of this policy.

Employee Signature

Printed Name

Date

Witness Signature (1)

Printed Name

Title

Date

REFUSAL TO BE TESTED

(Complete this form only if you are refusing to submit to a drug or alcohol test.)

IF YOU DO NOT AGREE TO BE TESTED, COMPLETE THE SIGNATURE BLOCK BELOW TO INDICATE YOUR REFUSAL AND RETURN THIS FORM TO THE WITNESS.

*****If you are injured, refusal means you forfeit eligibility to receive worker's compensation benefits!***

Employee Signature *Printed Name* *Date*

Witness Signature (1) *Printed Name* *Title*

Witness Signature (2) *Printed Name* *Title*

I. STATEMENT OF POLICY

In order to establish internal Data Resources as a Drug Free Workplace, and thereby increase the safety and health of our employees and their families, this policy requires that employees of our Company shall not use drugs illegally at any time, shall not use or be under the influence of alcohol while working, shall refrain from reporting to work or working with the presence of drugs or alcohol in his or her body, and shall not use or be under the influence of medications that could affect their ability to work safely.

II. DEFINITIONS

ALCOHOL	Liquids containing ETHYL ALCOHOL (ETHANOL).
DRUG(S)	One or more of the following named substances: <u>AMPHETAMINES</u> , <u>CANNABINOIDS (MARIJUANA)</u> , <u>COCAINE</u> , <u>PHENCYCLIDINE (PCP)</u> , <u>OPIATES</u> , <u>BARBITUATES</u> , <u>METHAZUALONE</u> , <u>BENZODIAZEPINES</u> , <u>METHADONE</u> , <u>PROPOSPHENE</u> . See Section N for common and brand names.
MEDICATION(S)	Prescription and non-prescription substances obtained and used legally to combat illnesses and injury or for other therapeutic reasons.
WORK(ING)	Performing any activity under any conditions during any period time that an employee is covered by the Company's workers' compensation insurance (driving, on duty, on call, or performing any task as part of employment duties); lease and contract employees included.
INFLUENCE	To be physically, mentally, or emotionally subject to the effects of any substance.
COMPANY	Internal Data Resources
EMPLOYER	Internal Data Resources
EMPLOYEE	Anyone employed or contracted with the Company who is covered by workers' compensation insurance obtained by the Company.
USE(ING)	As pertains to drugs, alcohol and medications; to drink, smoke, apply topically, inject, possess, solicit, distribute, dispense, manufacture or transfer. Exceptions to these rules regarding the definition of "use will be allowed only with Management's written permission.

III. POLICY WORK RULES

A. DRUGS

Employees shall not use, or be under the influence of, illegal drugs while working. Nor may employees report to work or perform his or her duties with the presence of illegal drugs in his or her body.

B. ALCOHOL

Employees shall not use, or be under the influence of, alcohol while working. Nor may employees report to work or perform his or her duties with the presence of alcohol in his or her body.

C. MEDICATIONS

Employees shall not use, or be under the influence of, medication while working if the medications have the potential to alter or to adversely affect their judgment, motor skills, induce sleepiness or otherwise detract from their safe job performance. If you are taking any medication that would have such effects, you must notify your supervisor. You are not required to disclose the name of the medication or the nature of the condition for which it is being taken. You must, however, submit a statement from a physician stating whether you can safely perform your duties while taking the medication. If you cannot, reasonable accommodation may be made at the Company's discretion. 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 not to be a factor by medical authority.

D. DRUG FREE WORKPLACE PROGRAM MONITORING

To measure the success of, and to aid in enforcing, our Drug Free Workplace Program, the following type of drug screening tests will be administered to detect the presence of AMPHETAMINES, CANNABINOIDS (Marijuana), COCAINE, PHENCYCLIDINE (PCP), and OPIATES:

1. Job applicants, as a condition of obtaining employment.
2. Employees, as a FOLLOW-UP, to return from a rehabilitation program or EAP. These employees may be tested periodically.
3. Employees who, by reliable evidence, or by their observed or reliably reported behavior, may be reasonably suspected of: (a) using, having ingested, or being under the influence of drugs, alcohol or medications while working, (b) tampering with a drug screening test or (c) causing, contributing to or being involved in 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 employee must provide all specimens as soon as possible, but no later than 8 hours after the accident. An alcohol test must be obtained within 3 hours of the accident.
4. In addition to the drugs named in Section D above, tests for the presence of alcohol will also be administered as a result of the conditions stated in Section D, 4. (a), (b) and (c) above. If reasonable suspicion exists, a blood specimen will be provided for the alcohol test. A laboratory either certified by the U.S. Department of Health and Human Services (HHS) or CAP must perform the blood test for alcohol. See Section O for the laboratory name, address and phone number.
5. A copy of documentation, supporting a reasonable suspicion drug and alcohol test, will be made within seven (7) days after testing and will be provided to the employee upon written request and be retained confidentially by the Company for at least one (1) year.
6. An approved laboratory will perform testing for the presence of drugs and/or alcohol after obtaining urine specimens for drug tests and blood samples for alcohol test. All positive specimens from the initial screening are then tested a second time using a different technique and chemical principle from the initial test to insure reliability and accuracy. All test results are reported to the Medical Review Officer for verification prior to being transmitted to the employee and/or Company.

E. CONSEQUENCES TO EMPLOYEES OF: INTERNAL DATA RESOURCES

- **POSITIVE CONFIRMED DRUG OR ALCOHOL TEST**
 - **REFUSAL TO BE TESTED FOR DRUGS OR ALCOHOL**
 - **ANY PLEA OF GUILTY OR NOLO CONTENDERE TO ANY VIOLATION OF GEORGIA LAW, OR OF ANY CONTROLLED SUBSTANCE LAW OF THE UNITED STATES, FOR A VIOLATION OCCURRING IN THE WORKPLACE.**
1. Job applicants will not be hired.
 2. Employees being tested in conjunction with a physical examination, or as a result of reasonable suspicion behavior, or because of contributing to, causing, or being involved in an accident (no injury involved), will automatically be terminated. Injured employees testing positive, in addition to being terminated, will also forfeit eligibility for workers' compensation medical payments and indemnity payments.
 3. Employees refusing, under any circumstances, to submit to a drug or alcohol test will be terminated and will forfeit eligibility for workers' compensation medical and indemnity benefits.
 4. Employees convicted of violating controlled substance laws will notify the Company within five (5) days of the event. If this policy is also violated, the employee will be terminated.
 5. Anyone providing a urine sample that is proven to have had substances added to it (adulterated) to mask potential drugs in the system will be automatically terminated.

F. REPORTING OF TEST RESULTS

1. The testing laboratory will report all test results to the MRO within seven (7) working days after receipt of the specimen by the laboratory, and must provide the MRO quantification of the test results upon request. Only specimens that are confirmed as positive shall be reported as positive to an MRO for a specific drug.
2. The MRO will notify the applicant/employee of a confirmed positive test result within three (3) days of receipt of the test result from the laboratory and will inquire whether prescription or over-the-counter medications, or other factors, could have caused the positive test result.
3. If the MRO is unable to contact a positively tested donor within three (3) days of receipt of the test results from the laboratory, the MRO will contact the Company and request that the Company direct the donor to contact the MRO as soon as possible. If the donor has not contacted the MRO within two (2) days from the request to the Company the MRO will report the test result as positive. If the donor refuses to talk with the MRO regarding a positive test result, the MRO will validate the result as positive and annotate such refusal in the remarks section of the report.
4. The donor will have five (5) days from the date of notification to discuss the positive test result with the MRO and to submit information or documentation of use of prescription or over-the-counter medication or other factors relevant to the positive test result.
5. The MRO will notify the Company in writing of the verified test result, negative, positive or unqualified. If the MRO determines there is a legitimate medical explanation for the positive test result, the MRO will report a negative test result to the Company. However, should the MRO feel that the legal use of a medication would endanger the donor or others, or if the donor is in a safety sensitive or special risk position at the Company the MRO will report the test as negative due to a validated prescription, but will request that the individual be placed in a position which would not threaten the safety of the donor or others.
6. Within five (5) working days after receipt of a confirmed positive test result from the MRO, the Company will inform the donor in writing of such positive test results, the consequences of the results, and the options available to the donor, including the right to file an administrative or legal challenge. Upon request, a copy of the test results will be provided to the donor.

G. CHALLENGES TO CONFIRMED POSITIVE TEST RESULTS

1. INTRA-COMPANY CHALLENGE

The donor has five (5) working days, after receiving notice from the Company of a confirmed positive test result, to submit information to the Company explaining or contesting the test result(s). If the donor's explanation, or challenge, or a positive test result is deemed unsatisfactory by the Company, the Company shall, within fifteen (15) days of receipt of the donor's explanation or challenge, provide the donor with a written explanation as to why his or her explanation is deemed unsatisfactory, along with the report of positive result(s). The Company, in a confidential basis, shall retain all such documentation for at least one (1) year.

2. ADMINISTRATIVE OR LEGAL CHALLENGE

The applicant/employee may undertake an administrative challenge of the test result by filing a claim for benefits with the Judge of Compensation Claims pursuant to Georgia Code Ann. §34-9-410 to 420; §33-9-40.2, or if no workplace injury has occurred, the donor must challenge the test result in a Court of competent jurisdiction. When a donor undertakes a challenge to the results of a test, it shall be his or her responsibility to notify the testing laboratory of the challenge, and the laboratory shall retain the testing sample until the case is settled.

3. INDEPENDENT TESTING

In the event of a positive test result, the donor, during the 180 day period after written notification of a positive test result, may request independent testing at his or her own expense of a portion of the tested specimen for verification of the test result. The laboratory utilized for the independent testing must also be licensed or certified. The result(s) of the independent testing may be used in any administrative or legal challenge.

H. CONFIDENTIALITY OF TESTING INFORMATION

All written reports and related information received by the Company, laboratories, Employee Assistance Programs, drug and alcohol rehabilitation programs, and their agents, will be held in strictest confidence and will not be disclosed except in accordance with Georgia Statutes or otherwise legally disclosed. Release of such information under any other circumstances shall be solely pursuant to a written consent signed voluntarily by the person tested. Information on test results shall not be released or used in any criminal proceeding against the employee or job applicant. Our Company, or agents of our Company, and the laboratory conducting a test will, however, have access to test information, and may disclose such information to legal counsel in connection with worker's compensation proceedings, and may use the test results when the information is relevant to its defense in other civil or administrative matters.

I. CONFIDENTIAL REPORTING OF MEDICATION USE

The Company acknowledges 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 only taking medications prescribed by a doctor or bought at a pharmacy. Medications known to alter or affect a drug test are listed in Section N. The name of the testing laboratory is listed in Section O. Employees who want more technical information about medications may consult with the Medical Review Officer listed in Section O. 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 both before and after being tested. You must report the use of medications both before and after being tested by using the form provided at the time of the test.

J. EMPLOYEE ASSISTANCE PROGRAM

We have provided in Section P a partial list of names, telephone numbers and addresses of local drug and alcohol rehabilitation centers that may be able to assist you in your needs. The rehabilitation centers on this list were selected at random from many that are available. Being named here does not constitute an endorsement by the Company. The telephone directory yellow pages, under "Drug Abuse and Additional Information and Treatment", lists the names and locations of additional treatment centers. Also, the United Way, listed in the telephone directory white pages, offers many confidential services at no charge. The costs of services are the employee's responsibility.

Any employee who has not previously tested positive for drugs or alcohol, 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 voluntarily seeking treatment for a drug and/or alcohol related problem if the employee has not previously tested positive, or entered an EAP for drug related problems or entered a drug or alcohol rehabilitation program.

The Company will attempt to provide appropriate referral to drug and alcohol abuse rehabilitation programs for employees who admit to drug or alcohol problems. Such employees may not continue to work, but will be granted leave without pay or benefits with a conditional return to work, depending upon successful completion of an agreed upon appropriate treatment regimen, to include an initial negative test result. For up to two (2) years, a series of periodic drug tests will be administered after return to work.

K. AUTHORITY TO ESTABLISH A DRUG FREE WORKPLACE PROGRAM

The Company's Drug Free Workplace Program has been established in accordance with U.S. Federal and Georgia State Law; specifically Georgia Code Ann. §33-9-40.2; §34-9-410 to 420.

L. FEDERAL / STATE LAWS AND REGULATIONS

Nothing in this statement of policy shall be presumed to override, amend or change any requirements of Georgia and/or Federal Law. In the event any of the provisions of this policy conflict with applicable laws and regulations such laws and regulations will be deemed to control.

M. AMENDMENT AND SEVERABILITY

The Company may amend this policy in any and all respects at any time. If any provision of this policy or the application thereof, to any party or circumstance is held invalid or unenforceable, the remainder of the terms of this policy and the application of any invalid or unenforceable provisions to other parties or circumstances, will not be affected thereby, and to this end the provisions of this policy are severable.

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

AMPHETAMINES	Abetrol, Biphphetamine, Desoxyn, Dexedrine, Didrex
CANABINOIDS	<u>Marijuana</u> , Marinol (Dronabinol, THC), Hash, Pot
COCAINE	Cocaine HCl topical solution (Roxanne), Crack, Coke
PHENCYCLIDINE	Not legal by prescription; PCP, Angel Dust
OPIATES	Paragoric, Parapectolin, Donnagel PG, Morphine, Tylenol with (Hydromorphone), M-S Contin and Roxanol (Morphine Sulfate), Percodan, Vicodin, Opium, Heroin
METHAQUALONE	Not legal by prescription
BARBITUATES	Phenobarbital, Tuinal, Amytal, Menbutal, Seconal, Lotusnate, Fiorinal, Firoicet, Esgic, Butisol Mebaral, Butabarbital, Butabital
BENZODIAZEPINES	Atvan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restorial, Centrax
METHADONE	Dolophine, Methadose
PROPOXPHENE	Darvocet, Davon N. Dolene
ALCOHOL	Liquid or medications containing ethyl alcohol (ethanol). Booze, Drink, Medications. For medications 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).

O. DRUG FREE WORKPLACE POLICY – INFORMATION SHEET

COMPANY LOCATION:

Testing Laboratory: Quest Diagnostics

Medical Review Officer SAMI
1-800-247-7264

Collection Location: See List Provided

To consult confidentially about medications that you do not wish to disclose to your supervisor call:

Sara Finch 770/671-0040 x106

Employees being tested due to causing, contributing to, or being involved in a traffic accident will ensure that both the urine and/or blood specimens are collected in a timely manner.

P. LOCAL DRUG AND ALCOHOL REHABILITATION CENTERS

NIDA Hotline
(800) 662-HELP

A service of the National Institute of Drug Abuse providing free referrals to drug and alcohol programs.

1-800-COCAINE

An information and referral hotline that provides information (by mail) on Cocaine and crack and referrals to drug rehabilitation and counseling services in the caller's area.

Alcoholics Anonymous
(212) 686-1100

An information and support group operating through local chapters to provide assistance to recovering alcoholics.

Al-Anon
(800) 356-9996

A service that provides information on alcohol abuse to callers and offers support to co-dependents of alcoholics.

Q. BRIEFING AND INSTRUCTIONS FOR DRUG TESTING

The collection of your urine samples will be conducted under the procedures required by regulations of Georgia's Drug Free Workplace Law. These regulations allow for individual privacy unless there is reason to believe that a particular individual may alter or substitute the urine specimen to be provided. The collection site personnel will take precautions to insure that your specimen is not adulterated or diluted during the collections procedure. Your specimen collection must also follow strict chain of custody and security procedures.

In Addition:

- Photo identification must be presented at the collection site or personal identification is necessary.
- You will be asked to remove any unnecessary outer garments such as a coat or jacket.
- All personal belongings such as briefcases will remain with the outer garments. You may retain your wallet.
- You will be instructed to wash and dry your hands prior to providing a specimen.
- You will be provided with a sealed collection container or bottle; or one will be unwrapped in your presence.
- Your specimen will be collected in the privacy of a stall or otherwise partitioned area that allows for individual privacy.
- After handing the specimen bottle to the collector, you should keep the specimen in full view at all times until it is sealed and labeled.
- If the collection site person has reason to believe that you may have altered or substituted the specimen, the person will notify a higher-level supervisor. Should you tamper, adulterate or in any way attempt to dilute the specimen, the collection site person will request authorization to collect a second specimen under direct observation by a collection site person of the same gender.
- You will be asked to initial the identification label on the specimen container for the purpose of certifying that it is the actual specimen that you provided.
- You will be asked to provide information on the chain of custody form that the urine specimen identified as having been collected from you is in fact the specimen you provided. You will receive a copy of the chain of custody form on which you may wish to make a list of medicines you are taking. Keep this copy for your records.
- After the laboratory analysis, the results will be forwarded to a Medical Review Officer. Prior to making a final decision to verify a positive test result to your employer, the Medical Review Officer will give you an opportunity to discuss the test results and submit medical documentation of legally prescribed medications.