

# **Town of West Yellowstone**

**STATEMENT OF PROCEDURES AND POLICY  
REGARDING ALCOHOL AND CONTROLLED  
SUBSTANCE USE AND TESTING**

## TABLE OF CONTENTS

STATEMENT OF PROCEDURES AND POLICY REGARDING ALCOHOL AND CONTROLLED SUBSTANCE USE AND TESTING .....	1
DEFINITIONS .....	2
PURPOSE OF POLICY.....	3
APPLICABILITY OF POLICY .....	3
PROHIBITED CONDUCT .....	4
Manufacture, Trafficking, Possession and Use.....	4
Use and Possession of Alcohol .....	5
Use and Possession of Controlled Substances .....	5
Use and Possession of Prescription Medications .....	5
COMPLIANCE .....	6
CONFIDENTIALITY .....	6
TESTING PROCEDURES .....	6
Urine Testing for Controlled Substances .....	7
Breath Testing for Alcohol Concentration .....	7
TYPES OF TESTING .....	7
Reasonable Suspicion Testing .....	7
Post-Accident Testing.....	8
Random Testing .....	8
Testing of All Employees on a Date Certain .....	8
Periodic Random Testing Within a Calendar Year.....	9
Pre-Employment Testing .....	9
NOTIFICATION OF TEST RESULTS AND REQUESTS FOR ADDITIONAL TESTS .....	9
DISCIPLINARY ACTION.....	10
EMPLOYEE ACCESS TO TEST INFORMATION.....	11
EMPLOYEE ASSISTANCE PROGRAM .....	11
QUESTIONS REGARDING POLICY .....	12

FORMS ..... Attached

Form A	Notice to Employee of Alcohol and/or Controlled Substance Testing
Form B	Consent to Alcohol and/or Controlled Substance Testing Based Upon <i>Reasonable Suspicion</i>
Form C	Consent to <i>Post-Accident</i> Alcohol and/or Controlled Substance Testing
Form D	Questionnaire to Aid in Selecting a Lab
Form E	Procedures for Collecting Urine Specimens
Form F	Procedures for Collecting Breath Specimens
Form G	Instructions to Employee/Applicant for Collection of Breath and Urine Specimens for Alcohol and/or Controlled Substance Testing
Form H	Consent to <i>Random</i> Alcohol and/or Controlled Substance Testing
Form I	Technique for Selecting Employees at <i>Random</i>
Form J	Employee List for <i>Random</i> Alcohol and/or Controlled Substance Testing
Form K	Notice of <i>Pre-Employment</i> Alcohol and/or Controlled Substance Testing
Form L	Consent to <i>Pre-Employment</i> Alcohol and/or Controlled Substance Testing

## **STATEMENT OF PROCEDURES AND POLICY REGARDING ALCOHOL AND CONTROLLED SUBSTANCE USE AND TESTING**

The employees of the Town of West Yellowstone (the "Town") are our most valuable resource. Many of our employees operate in a hazardous work environment and in positions involving matters of public safety, security, or fiduciary relationships. Therefore, the health and safety of our employees and the general public is of serious concern.

The adverse impact of substance abuse by employees has been recognized by the Montana Legislature. During the 1997 Legislative Session, the Montana Legislature revised the statutes relating to drug and alcohol testing of employees by enacting "The Workforce Drug and Alcohol Testing Act." We will comply with The Workforce Drug and Alcohol Testing Act and are committed to maintaining an alcohol- and drug-free workplace. All employees are advised that remaining alcohol- and drug-free while on the job are conditions of employment with the Town.

It is our policy to:

1. ensure employees are not impaired in their ability to perform assigned duties in a safe, productive and healthy manner;
2. prohibit the unlawful manufacture, distribution, dispensing, possession, or use of controlled substances at the work place or during work hours;
3. prohibit the possession or use of alcohol at the work place or during work hours; and
4. encourage employees to seek professional assistance any time personal problems, including alcohol or drug dependency, adversely affect their ability to perform their assigned duties.

This Policy is intended to inform all employees of their rights and obligations concerning the Town's alcohol and controlled substance testing program as well as to alert employees to the consequences of violating these policies. Neither this policy nor any of its terms are intended to create a contract of employment, or to contain the terms of any contract of employment.

The Town retains the sole right to change, amend, or modify the terms of this Policy in accordance with the provisions of the Workforce Drug and Alcohol Testing Act.

## DEFINITIONS

When interpreting or implementing the procedures contained in this Policy, the following definitions apply:

**“Alcohol”** means an intoxicating agent in alcoholic beverages, ethyl alcohol, also called ethanol, or the hydrated oxide of ethyl.

**“Alcohol Concentration”** means the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath test.

**“Alcohol Use”** means the consumption of any beverage, mixture, or preparation, including medications, containing alcohol.

**“Breath Alcohol Technician”** means an individual who instructs and assists individuals in the alcohol testing process and operates an evidential breath testing device.

**“Confirmation Test in alcohol testing”** means a second test, following a screening test with a result of 0.02 or greater, that provides quantitative data of alcohol concentration.

**“Confirmation Test in controlled substances testing”** means a second test to identify the presence of a specific drug or metabolite.

**“Controlled Substance”** means a dangerous drug as defined in 49 C.F.R., Part 40, (except a drug used pursuant to a valid prescription or as authorized by law) and includes (1) marijuana, (2) cocaine, (3) opiates, (4) phencyclidine (PCP), and (5) amphetamines, including methamphetamines. In this policy, the terms "drugs" and "controlled substances" are interchangeable and have the same meaning.

**“Evidential Breath Testing Device”** means a device used for alcohol breath testing that has been approved by the National Highway Traffic Safety Administration.

**“Medical Review Officer”** means a licensed physician trained in the field of substance abuse.

**“Sample”** means a urine specimen to determine the presence of a controlled substance or a breath alcohol test to determine the presence of alcohol.

**“Screening Test” or “Initial Test” in alcohol testing** means a procedure to determine if an employee has a prohibited concentration of alcohol in his or her system.

**“Screening Test” or “Initial Test” in controlled substances testing** means a screen test to eliminate "negative" urine specimens from further consideration.

**“Substance Abuse Professional”** means a licensed physician, or a licensed or certified

psychologist, social worker, employee assistance professional, or certified addiction counselor with knowledge of and clinical experience in the diagnosis and treatment of alcohol- and controlled substances-related disorders.

## **PURPOSE OF POLICY**

The purpose of this Policy is to ensure an employee's fitness for duty and to protect our employees, products, and the public from the risks posed by the use of alcohol and controlled substances while employees perform assigned job duties.

The Workplace Drug and Alcohol Testing Act mandates that before an employer may test employees for the presence of alcohol or controlled substances, the employer must first adopt a written policy, and have the policy available for review by all employees for sixty (60) days prior to the implementation of the policy. Therefore, this Policy will be available for review by all employees no later than September 1, 2009, and will be implemented on November 1, 2009. The policies and procedures contained in this Policy will comply with and conform to 49 C.F.R., Part 40, as adopted by the U.S. Department of Transportation, which sets forth standards for the collection and testing of urine and breath. A copy of The Workplace Drug and Alcohol Testing Act and the U.S. Department of Transportation regulations will be provided to each employee with this Policy.

The Town will pay all costs associated with the testing procedures, except as provided in the "Notification of Results and Requests for Additional Tests," section of this Policy. All employees will be compensated at the employee's regular rate, including benefits, for the time attributable to the testing program.

## **APPLICABILITY OF POLICY**

The Town prohibits employees from using or being under the influence of alcohol or drugs during working hours, while conducting any Town business, while on Town property during the employees' working hours or while driving Town vehicles. This Policy requiring certain drug and alcohol testing of certain employees will apply to all employees engaged in the performance of work, supervision, or management in a hazardous work environment, all employees holding positions involving matters of public safety, security, or fiduciary relationships, and all employees operating Town vehicles. Employees subject to testing are as follows:

1. individuals engaged in the performance, supervision, or management of work in a hazardous work environment, security position, position affecting public safety or fiduciary position for the Town, and
2. individuals involved in the operation of commercial motor vehicles or revenue service vehicles

These positions include the following categories of employees, job titles and job descriptions:

- a. All employees of the Police Department
  - Chief of Police
  - Patrol Officers
  - Dispatchers
  - Animal Control Officer
- b. All employees of the Public Services Department
  - Superintendent/Deputy Superintendent
  - Operators
  - Facility Technician/Custodians
  - Recreation Coordinator/Counselors
  - Seasonal Labors
- c. All employees of the Jobs & Social Services Department
  - Social Services Coordinator
  - Social Services Assistant
- d. All employees of the Finance Department
  - Financial Administrator
  - Town Clerk/Deputy Clerk
- e. All City Court employees
  - Court Clerk
- f. All administrative employees
  - Operations Manager

This Policy does not apply to any independent contractors of the Town.

## **PROHIBITED CONDUCT**

### **A. Manufacture, Trafficking, Possession and Use**

Any employee engaging in the manufacture, distribution, dispensing, possession, or in the use of a controlled substance or alcohol at any work site, with the exception of a substance administered by or under the direction of a physician, will be subject to disciplinary action up to and including immediate termination. Where criminal activity is suspected, law enforcement authorities will be notified. A person who knowingly manufactures, distributes, dispenses, possesses, uses controlled substances or who possesses controlled substances with an intent to manufacture, distribute, dispense, or use the same may face both state and federal criminal sanctions. Under state law, criminal actions of this nature may result in both misdemeanor and felony convictions with criminal sanctions ranging from imprisonment up to 20 years and fines up to \$50,000. Under federal law, criminal actions of this nature may result in both misdemeanor and felony convictions with criminal sanctions ranging from imprisonment up to 15 years (or longer if

this is not your first conviction) and fines up to \$125,000 (or greater if this is not your first conviction).

"Work site" means any commercial motor vehicle, office, building, yard, or other location at which the employee is to perform work. "Possess" means to have either in or on the employee's person, personal effects, commercial motor vehicle, or areas substantially entrusted to control of the employee. Possession does not include possession of a substance which is manifested and transported as part of a shipment.

B. Use and Possession of Alcohol

The use or possession of beverages, substances, or medications containing alcohol, such that alcohol becomes present in the body while on the job, is prohibited. An employee who reports to work or who works when alcohol is present in his/her body at concentrations greater than 0.04 or who possesses or uses alcohol while on the job, will be subject to termination. No employee shall use alcohol while performing safety-sensitive functions; within four hours prior to reporting for duty to perform a safety-sensitive function; during the hours that they are on-call to perform a safety-sensitive function; or during eight hours following an accident, or until he/she undergoes a post-accident test. No employee may possess or use alcohol while on duty.

An employee found to have an alcohol concentration of 0.02 or greater but less than 0.04 shall not be permitted to work for at least 24 hours.

Employees refusing to submit to required testing will be subject to termination.

C. Use and Possession of Controlled Substances

The use or possession of controlled substances while on the job is prohibited. An employee who reports to work or who works when controlled substances are present in his/her body or who possesses or uses controlled substances while on the job, will be subject to termination. Detection levels requiring a determination of a positive result shall be conducted in accordance with the regulations found in 49 C.F.R., Part 40.29.

Employees testing positive for controlled substances or who refuse to submit to a required test will be subject to termination.

D. Use and Possession of Prescription Medications

Medically prescribed drugs can impair an employee's job performance and create unsafe conditions. The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited. However, the use of any substance which carries a warning label that indicates mental functioning, motor skills, or judgment may be adversely affected must be reported to supervisory personnel before reporting to work.

A legally-prescribed drug or medication means that an employee has a prescription or other written approval from a physician for the use of a drug in the course of medical treatment. It must include the patient's name, name of the substance, dosage, and the period of authorization. The misuse or abuse of legal drugs while on the job is prohibited. Any employee misusing or abusing legally-prescribed drugs or medications will be subject to termination.

## **COMPLIANCE**

All eligible employees will be subject to urine drug testing and/or breath alcohol testing. Employees who refuse to comply with a request for testing, who provide false information, or who adulterate or substitute samples shall be removed immediately from duty, and will be subject to disciplinary action, up to and including termination. Examples of an employee's refusal to submit to the required test includes, but is not limited to, (1) a failure to provide an adequate urine specimen or breath sample without a valid medical explanation for the failure, (2) verbal declaration of refusal, (3) obstructive behavior resulting in an inability to conduct the test, or (4) physical absence at the scheduled testing time.

## **CONFIDENTIALITY**

The Town will protect individual dignity, privacy, and confidentiality throughout the testing process. All information, interviews, reports, statements, memoranda, and test results are confidential communications that may not be disclosed to anyone except (1) the tested employee, (2) the designated representative of the Town, or (3) in connection with any legal or administrative claim arising out of the implementation by the Town of the Workforce Drug and Alcohol Testing Act or in response to injuries relating to a workplace accident involving death, physical injury, or property damage in excess of \$1500, when there is reason to believe that the tested employee may have caused or contributed to the accident. Information obtained through testing that is unrelated to the use of a controlled substance or alcohol shall be held strictly confidential by the medical review officer and shall not be released to the Town.

## **TESTING PROCEDURES**

Testing of eligible employees will be conducted in such a manner to assure a high degree of accuracy and reliability and using only techniques, equipment, and laboratory facilities which have been approved by the U.S. Department of Health and Human Services ("DHHS"). All tests will be conducted pursuant to the procedures set forth in 49 C.F.R., Part 40, copies of which have been provided to all employees with this Policy.

### **A. Urine Testing for Controlled Substances**

Urine testing will be the method used to detect the presence of marijuana, cocaine,

opiates, amphetamines, and phencyclidine. An initial drug screen will be conducted on each urine specimen. Collection of urine shall be conducted pursuant to the procedures set forth in 49 C.F.R., Part 40.25, as highlighted on Forms E and G, attached to this Policy.

The employee or applicant shall provide at least forty-five (45) ml of urine. Thirty (30) ml of urine shall then be poured into one specimen bottle, to be used as the primary specimen. The remaining fifteen (15) ml of urine shall be poured into a second specimen bottle to be used as the split specimen. Both bottles shall be shipped in a single container, together with a chain of custody form, to the laboratory. A confirmatory gas Chromatography/Mass Spectrometry (GC/ms) test will be performed on all specimens testing positive for the presence of any controlled substance. The test will be considered positive if the amounts present are above the minimum thresholds established in 49 C.F.R. Part 40. Urine collection and transportation shall be conducted pursuant to those procedures set forth in 49 C.F.R., Part 40, attached to this Policy and incorporated herein by reference.

#### B. Breath Testing for Alcohol Concentration

The presence of alcohol in the body will be conducted utilizing a National Highway Traffic Safety Administration ("NHTSA") approved evidential breath testing device ("EBT Device") administered by a certified breath alcohol technician ("BAT"). The BAT shall follow the procedures set forth in 49 C.F.R., Part 40, as highlighted on Forms F and G, attached to this Policy. The employee or applicant shall follow the instructions given by the BAT. If the initial test indicates an alcohol concentration of 0.02 or greater, a second test will be performed to confirm the results of the initial test. All alcohol concentration tests shall be conducted pursuant to those procedures set forth in 49 C.F.R., Part 40, attached to this Policy and incorporated herein by reference.

### **TYPES OF TESTING**

#### A. Reasonable Suspicion Testing

Employees may be required to submit to a test for controlled substances and/or alcohol if the Town has reason to suspect the employee's faculties are impaired on the job as a result of the use of a controlled substance or alcohol consumption. Reasonable suspicion determinations will be made by a supervisor who is trained, pursuant to 49 C.F.R., Part 382.603, to detect the signs and symptoms of drug and alcohol use and who reasonably concludes an employee may be adversely affected or impaired in his or her work performance due to prohibited substance or alcohol abuse or misuse.

Alcohol testing for reasonable suspicion should be done within two (2) hours of the observation whenever possible. Tests that cannot be done within eight (8) hours of the observation shall not be done. The supervisor who determines reasonable suspicion testing should be done, may not conduct or be present during the tests. Drug testing for reasonable suspicion must be conducted within thirty-two (32) hours of the observation, or the test shall not be conducted.

B. Post-Accident Testing

Employees will be required to undergo urine and/or breath testing if the Town has reason to believe the employee's act or failure to act is a direct or proximate cause of a work related accident that has caused a death or any personal injury or property damage in excess of \$1500.

All employees are required to provide a breath test and/or a urine specimen to be tested for the use of controlled substances as soon as practicable after an accident but not to exceed eight (8) hours after the accident for alcohol testing and thirty-two (32) hours for drug testing. The employee must remain readily available for such testing. Failure to be so available will be deemed a refusal to submit to testing. Any employee who leaves the scene of an accident without appropriate explanation prior to submission to drug and alcohol testing will be considered to have refused testing.

Employees shall not consume any alcohol for eight (8) hours after an accident or until a test is conducted. If the employee is seriously injured and cannot provide a specimen at the time of the accident, he or she shall provide the necessary authorization for obtaining hospital reports and other documents that would indicate whether there were any controlled substances in his or her system.

Employees must adhere to post-accident specimen collection requirements as a condition of continued employment.

C. Random Testing

The Town has implemented two types of procedures for random testing of all employees who are subject to testing pursuant to the Applicability of Policy section found on pages 3-4 of this Policy: (1) testing of all employees who are subject to testing on a date certain, and (2) periodic random testing within a calendar year. All employees who are subject to testing will receive a written description of the random selection process and all employees who are subject to testing must sign a statement confirming each has received such written description. These statements will be placed in each employee's personnel file.

1. Testing of All Employees on a Date Certain. The Town will establish a date when all salaried and wage earning employees who are subject to testing pursuant to the Applicability of Policy section found on pages 3-4 of this Policy will be required to undergo controlled substance and/or alcohol tests. That date will be announced at least twelve (12) hours in advance of the testing date. Failure to report for work on the date of the test will be considered a refusal to submit to a test, unless the employee's absence had

been pre-arranged with his/her supervisor prior to being notified of the scheduled tests. Those employees absent on the day of the scheduled test will be rescheduled for testing at a later date.

2. Periodic Random Testing Within a Calendar Year. The Town will contract with a third party to establish and administer an unannounced random testing process reasonably spaced within a calendar year.

The random selection process used by the Town will ensure that each employee who is subject to testing pursuant to the Applicability of Policy section found on pages 3-4 of this Policy has an equal chance of being tested each time selections are made. Several times a year, the Town will generate a list of all active employees using the employees' social security numbers. This list will be mailed to our third party contractor. From the list of social security numbers, the third party contractor will generate random lists of employees for testing. The third party contractor will then notify the Town of those employees selected, and the Town will notify each selected employee. Notification of selection will be done in private and will be kept confidential; however, your immediate supervisor will be notified of your required absence.

Employees who will be tested are randomly selected from the entire pool of employees subject to testing, which includes all eligible salaried and wage-earning employees and all supervisory and managerial employees. Once an employee is notified he or she has been selected for testing, he or she must proceed immediately to the test site as indicated in the notice of testing. Failure to proceed directly to the test site upon notification will be deemed a refusal to submit to the test.

D. Pre-employment Testing

All applicants for employment with the Town for those positions set forth in the Applicability of Policy section found on pages 3-4 of this Policy, who are offered employment with the Town, will be required to submit to and pass a breath alcohol test and/or a urine drug test as a condition of employment.

All offers of employment for these selected positions are made contingent upon the applicant's passing the alcohol and/or drug tests. Applicants who have received firm employment offers are to be cautioned against giving notice at their current places of employment or incurring any costs associated with accepting employment with the Town until medical clearance has been received.

**NOTIFICATION OF TEST RESULTS  
AND REQUESTS FOR ADDITIONAL TESTS**

All employees tested under this Policy will be provided with a copy of the test report. Before the Town will take any action based on a positive test result, the results will be reviewed and certified by a medical review officer trained in the field of substance abuse.

All employees will be given the opportunity to provide notification to the medical review officer of any medical information that is relevant to interpreting test results, including information concerning currently or recently used prescription or non-prescription drugs.

Any employee who questions the confirmed positive results of a required drug test may request that an additional test of the urine split sample be conducted by an independent, DHHS-certified laboratory selected by the tested employee. If the additional test results are negative, the costs of such additional tests shall be paid by the Town. If the additional test results are positive, the costs of such additional tests shall be paid by the tested employee.

The method of collection, storing, and testing the split sample will be consistent with the procedures set forth in 49 C.F.R., Part 40. The employee's request for a re-test must be made to the medical review officer within seventy-two (72) hours of notice of the initial test result. Requests after seventy-two (72) hours will only be accepted if the delay was due to documentable facts that were beyond the control of the employee.

Employees testing positive for controlled substances or alcohol shall be provided the opportunity to rebut or explain the results of any test by submitting a written statement of explanation to the certified medical review officer. No adverse action will be taken by the Town if, in the opinion of the certified medical review officer, the employee presents a reasonable explanation or medical opinion indicating that the original test results were not caused by illegal use of controlled substances or by alcohol consumption. Should the employee present such a reasonable explanation or medical opinion, the test results will be removed from the employee's record and destroyed.

### **DISCIPLINARY ACTION**

Employees testing positive for an alcohol concentration of 0.02 or greater but less than 0.04 may not return to work (1) for twenty-four (24) hours or until another breath test is negative, (2) until the employee has completed an evaluation with a Substance Abuse Professional, and (3) has commenced treatment recommended by the Substance Abuse Professional.

Employees testing positive for controlled substances or for alcohol concentrations greater than 0.04 shall be terminated immediately. Terminated employees will be advised of available educational and rehabilitative programs and will be provided information on substance abuse professionals available for counseling.

Applicants for employment with the Town for those positions set forth in the Applicability of Policy section found on pages 3-4 of this Policy testing positive for controlled substances or testing positive for alcohol concentrations in the body greater than 0.02 shall not be hired. Applicants not hired as a result of positive drug or alcohol tests will be advised of available educational and rehabilitative programs and will be provided information on substance abuse professionals available for counseling.

## **EMPLOYEE ACCESS TO TEST INFORMATION**

The Town will maintain all records pertaining to testing and results in a secure manner so that disclosure of information to unauthorized persons does not occur. Employee information will only be released as required by law or as authorized. The release of information is allowed in the following instances:

- (1) An employee will have access to his or her alcohol or drug testing records upon written request.
- (2) When requested, the Town will disclose post-accident information to the National Transportation Safety Board as part of an accident investigation.
- (3) The Town will make records available to a subsequent employer only upon receipt of a written request from the employee.
- (4) The Town may disclose information to the employee or to the decision maker in a lawsuit, grievance, or other proceeding initiated by or on behalf of the employee. This may include worker's compensation, unemployment compensation, or other proceeding related to a benefit.
- (5) The Town will release information regarding the employee's records as directed by the specific, written consent of the employee's authorizing release of the information to an identified person.

## **EMPLOYEE ASSISTANCE PROGRAM**

The Program Administrator has information concerning educational and rehabilitative programs and substance abuse counselors and professionals available in your area. The Town suggests any employee who may have questions about or problems with the use of drugs and/or alcohol contact the Program Administrator or the Alcohol and Drug Services of Gallatin County Chemical Dependency Program (406-586-5493) for more information or assistance.

**QUESTIONS REGARDING POLICY**

After you have read this Policy and the attached forms, sign and date the Acknowledgment Receipt in the presence of a non-relative witness, and return the Acknowledgment Receipt to the Program Administrator.

If you have any questions regarding this Policy, please contact the Program Administrator.

ISSUED this \_\_\_\_ day of \_\_\_\_\_ 200\_\_, and made effective and enforceable sixty (60) days thereafter on the \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

Town Council of the Town of West Yellowstone

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Attest: \_\_\_\_\_

# Town of West Yellowstone ACKNOWLEDGMENT RECEIPT

This Statement of Procedures and Policy Regarding Alcohol and Controlled Substance Use and Testing and the incorporated forms (“Policy”) have been written and adopted in compliance with state and federal law, and is provided to you to ensure your safety, the safety of your co-employees, and the continued successful operation of the Town of West Yellowstone. Take the Policy home with you and spend some time reading through it. If you need additional information feel free to contact the Program Administrator. Once you have read the Policy and each of the attached forms, sign and date this receipt below as indicated, then detach this receipt and return it to your supervisor. This is your copy of the Town’s Statement of Procedures and Policy Regarding Alcohol and Controlled Substance Use and Testing and attached forms. Please keep it in a convenient place for future reference.

**I, \_\_\_\_\_, certify that I have received a copy of the Town’s Statement of Procedures and Policy Regarding Alcohol and Controlled Substance Use and Testing. I have read and I understand and accept the contents of the Statement and I accept full responsibility for familiarizing myself with the procedures and policies it contains. I understand that as a condition of my employment with the Town, I must comply with these guidelines, policies, and procedures. If I develop a problem with drugs and/or alcohol while employed by the Town, I will seek assistance through the Program Administrator and any available Employee Assistance Program.**

DATED this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent’s Signature if Employee is under the age of 18

**Town of West Yellowstone**  
**FORM A - NOTICE TO EMPLOYEE OF**  
**ALCOHOL AND/OR CONTROLLED SUBSTANCE TEST**

TO:

You are hereby notified by the Program Administrator that pursuant to Town's Statement of Procedures and Policy Regarding Alcohol and Controlled Substance Testing you are required to submit:

\_\_\_\_\_ an alcohol breath test  
\_\_\_\_\_ a controlled substance urine test

Your breath specimen will be analyzed for the presence of alcohol. Your urine specimen will be tested at a laboratory approved by the U.S. Department of Health and Human Services for the following drug substances: marijuana, cocaine, opiates, phencyclidine, and amphetamines.

You are now required to proceed directly to the collection site for the purpose of providing the above-requested breath and/or urine samples. Upon reaching the site you will be asked to consent to the requested testing. You must follow the instructions given to you and any instructions given to you by the collection site technician. Your cooperation is greatly appreciated.

**I, \_\_\_\_\_, have read and understand the terms contained in this notice. I understand I will/may be terminated should my breath alcohol test indicate a presence of alcohol in my body greater than 0.04 or should my urine test indicate the presence of any of the above-listed controlled substances. Further, I understand I may be terminated should I refuse to submit to the required testing.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent's Signature if Employee is under age 18

**Town of West Yellowstone**  
**FORM B - CONSENT TO**  
**ALCOHOL AND/OR CONTROLLED SUBSTANCE TESTING**  
**BASED UPON *REASONABLE SUSPICION***

I, \_\_\_\_\_, have received a copy of the Town's Statement of Procedures and Policy Regarding Alcohol and Controlled Substance Testing, and I understand that refusing to provide a breath and/or a urine specimen, as requested by the Town, tampering with a specimen, or providing false information on a specimen collection and control form constitute grounds for termination of employment with the Town. I understand that failure to pass either the requested alcohol test or the requested drug test may result in disciplinary action up to and including termination from employment.

**I hereby consent to provide a breath and/or a urine specimen, as requested by the Town, for the purpose of testing for the presence of alcohol and controlled substances at a laboratory designated by the Town. I authorize the release of such test results to the medical review officer designated by the Town and to the Program Administrator who is responsible for the Statement of Procedures and Policy Regarding Alcohol and Controlled Substance Testing.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent's Signature if  
Employee is under age 18

**I do not consent to provide either a breath or a urine specimen, as requested by the Town, for the purpose of testing for the presence of alcohol and controlled substances. I understand that my refusal to participate in testing may result my termination from employment.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent's Signature if  
Employee is under age 18

**Town of West Yellowstone**  
**FORM C - CONSENT TO POST-ACCIDENT**  
**ALCOHOL AND/OR CONTROLLED SUBSTANCE TESTING**

I, \_\_\_\_\_, have received a copy of the Town's Statement of Procedures and Policy Regarding Alcohol and Controlled Substance Testing, and I understand that refusing to provide either a breath and/or a urine specimen, as requested by the Town, tampering with a specimen, or providing false information on a specimen collection and control form constitute grounds for termination of employment with the Town. I understand that failure to pass either the requested alcohol test or the requested drug test may result in disciplinary action up to and including termination from employment.

**I hereby consent to provide a breath and/or a urine specimen as requested by the Town for the purpose of testing for the presence of alcohol and/or controlled substances at a laboratory designated by the Town. I authorize the release of such test results to the medical review officer designated by the Town and to the Program Administrator who is responsible for the Statement of Procedures and Policy Regarding Alcohol and Controlled Substance Testing.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent's Signature if  
Employee is under age 18

**I do not consent to provide either a breath or a urine specimen as requested by the Town for the purpose of testing for the presence of alcohol and controlled substances. I understand that my refusal to participate in testing may result in my termination from employment.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent's Signature if  
Employee is under age 18

**Town of West Yellowstone**  
**FORM D - QUESTIONNAIRE TO AID IN SELECTING A LAB**

This form can be sent to any U.S. Department of Health and Human Services certified laboratory or used to conduct telephone inquiries regarding essential services, costs and response times.

- |     | Yes | No  | Cost |  |
|-----|-----|-----|------|--|
| 1.  | ___ | ___ | ___  | Does the lab provide chain of custody forms to the collection site?  |
| 2.  | ___ | ___ | ___  | Does the lab also test for presence of alcohol?  |
| 3.  | ___ | ___ | ___  | Does the lab provide collection kits to the collection site?   |
| 4.  | ___ | ___ | ___  | Does the lab provide mailers to the collection site?   |
| 5.  | ___ | ___ | ___  | Does the lab provide training to the collection site?  |
| 6.  | ___ | ___ | ___  | Does the lab provide expert testimony?   |
| 7.  | ___ | ___ | ___  | Does the lab charge per test?  |
| 8.  | ___ | ___ | ___  | Is the lab personnel available 24 hours a day, seven days per week?  |
| 9.  |     |     |      | Who are the usual overnight shipping companies servicing the lab?  |
| 10. |     |     |      | What is the turn-around time from the lab to the medical review officer?   |
| 11. |     |     |      | What is the billing method used by the lab?  |
| 12. |     |     |      | Are lab charges for collection kits, forms and mailers included in charges for tests or is payment required separately in advance for these items? |

13. Is there a set-up fee for initiating a contract with the lab?
  
14. Is there a minimum number of tests per year the lab is willing to conduct under a contract?
  
15. Does the lab utilize a standard contract with its clients?

**Town of West Yellowstone**  
**FORM E - PROCEDURES FOR COLLECTING**  
**URINE SPECIMENS**

Please carefully follow all procedures for the collection and testing of urine samples outlined in 49 C.F.R., Part 40. The following list is not exhaustive, but rather is intended to highlight some key collection steps.

1. Before the specimen is collected, make sure that you have sufficient supply of forms available for Breath and Urine Custody and Control and Consent.
2. The collection site administrator is responsible for maintaining the integrity of the specimen collection and transfer process, for carefully ensuring the modesty and privacy of the donor, and for avoiding any conduct or remarks that might be construed as accusatorial or otherwise offensive or inappropriate.
3. Inspect the collection site for the presence of unauthorized persons or materials that could be used to adulterate the specimen and restrict access to the room.
4. Verify the identity of the employee/applicant through the use of an official picture identification card (driver's license or employee ID). Notify the appropriate authority if the employee/applicant fails to report or arrives more than 30 minutes late for the appointment.
5. Request that the employee/applicant check his/her belongings, including purses, jackets, briefcases, bulky sweaters, etc., and remove the contents of pockets.
6. Request that the employee/applicant rinse his/her hands with clean water and dry. Request the employee/applicant to not use soap.
7. Give the employee/applicant a clean, single-use collection container for urine specimens (unwrap it in front of the employee), and direct him/her to the designated collection site. Do not enter the designated collection site--you should NOT observe the specimen collection unless special circumstances exist. Instruct the employee/applicant that at least sixty (60) ml of urine are required and that the temperature will be taken to ensure the integrity of the sample. Only one sample should be collected at a time.
8. If the employee/applicant is unable to provide a specimen of sufficient volume, at least forty-five (45) ml, the specimen shall be discarded. The employee/applicant shall be directed to drink up to forty (40) ounces of water, distributed reasonably through a period of up to three (3) hours, or until the employee/applicant has provided a new urine specimen, whichever occurs first. If the employee/applicant refuses or cannot provide a sufficient specimen within three (3) hours, the collection efforts shall be discontinued and the Town shall be so notified.

9. Immediately after, but in no case more than four (4) minutes after urination, record the temperature of the specimen, visually examine the specimen for any unusual color or sediment and note the results on the Urine Custody and Control Form. The specimen shall then be split into two bottles: one containing thirty (30) ml of urine to be used as the primary sample, and the second containing at least fifteen (15) ml of urine to be used as the split sample.
10. If there is any reason to suspect adulteration or substitution, (a) notify a higher level supervisor, (b) have a same-gender technician directly observe the collection of a second specimen, and (c) submit both specimens for testing.
11. Seal and label the specimen bottles in the presence of the employee/applicant. Record the identification numbers, date, and time of the collection. Have the employee/applicant initial each label verifying that the specimen is his/hers.
12. Complete the Urine Custody and Control form ensuring that you and the employee/applicant have signed the appropriate certification statement on the form.
13. Have the appropriate consent form signed by the employee/applicant authorizing the laboratory to examine the urine and release the information to the medical review officer.
14. Place the specimen bottles in a single shipping container seal. Sign the seal and record the time and date of closure for shipment.
15. Store the specimen in a secure location until shipped. Note each transfer of custody on the Urine Custody and Control form.
16. Ship the specimen, together with the chain of custody form, to the laboratory using the designated courier.

**Town of West Yellowstone**  
**FORM F - PROCEDURES FOR COLLECTING**  
**BREATH SPECIMENS**

Please carefully follow all procedures for the collection and testing of breath samples outlined in 49 C.F.R., Part 40. The following list is not exhaustive, but rather is intended to highlight some of the key collection steps.

1. Before the specimen is collected, make sure you have a sufficient supply of forms available for breath alcohol testing.
2. Testing must be conducted in a location that affords visual and aural privacy to the employee/applicant being tested, sufficient to prevent unauthorized persons from seeing or hearing test results. A mobile collection facility, e.g., a van equipped for alcohol testing, may also be used provided it affords sufficient visual and aural privacy. However, in unusual circumstances it may be necessary to conduct a test at a location that does not fully meet the visual and aural privacy requirements.
3. The Breath Alcohol Technician is responsible for maintaining the integrity of the specimen collection and transfer process, for carefully ensuring the modesty and privacy of the donor, and for avoiding any conduct or remarks that might be construed as accusatorial or otherwise offensive or inappropriate.
4. Inspect the collection site for the presence of unauthorized persons or materials that could be used to adulterate the specimen and restrict access to the site.
5. Verify the identity of the employee/applicant through the use of an official picture identification card (driver's license or employee ID). Notify the appropriate authority if the employee/applicant fails to report or arrives more than thirty (30) minutes late for the appointment.
6. On request by the employee/applicant, the Breath Alcohol Technician shall provide positive identification to the employee/applicant.
7. Explain the screening test procedure to the employee/applicant.
8. The Breath Alcohol Technician shall complete step 1 of the Breath Alcohol Testing Form. The employee/applicant shall complete step 2 on the form and sign the certification. Refusal to sign the certification shall be regarded as a refusal to take the test.
9. Open an individually-sealed mouthpiece in view of the employee/applicant and attach the new mouthpiece to the EBT device.
10. Instruct the employee/applicant to blow forcefully into the mouthpiece for at least six (6) seconds or until the EBT device indicates that an adequate amount of breath has been obtained. This shall be the screening test.

11. If the EBT device prints the test results directly onto the form, show the employee/applicant the result displayed on the EBT device. If the EBT device provides a printed result, but does not print the results directly onto the form, show the employee/applicant the result displayed on the EBT device, then affix the test result printout to the Breath Alcohol Testing Form in the designated space using a tamper-proof method of attachment.
12. If the result of the screening test is a breath alcohol concentration of less than 0.02, date the form and sign the certification in Step 3 of the form. The employee/applicant shall then sign the certification and fill in the date in Step 4 of the form. Refusal by the employee/applicant to sign the certification in Step 4 of the form shall be considered a refusal to be tested.
13. If the result of the screening test is a breath alcohol concentration of less than 0.02, no further testing is authorized and the Breath Alcohol Technician shall transmit the result of less than 0.02 to the Town in a confidential manner.
14. If the result of the screening test is a breath alcohol concentration of 0.02 or greater, a confirmation test shall be performed.
15. Instruct the employee/applicant not to eat, drink, put any object or substance in his/her mouth, and, to the extent possible, not to belch during a waiting period before the confirmation test. The waiting period shall not be less than fifteen (15) minutes nor greater than thirty (30) minutes from the completion of the screening test. Instruct the employee/applicant the reasons for the waiting period.
16. Before the confirmation test is administered, make sure the EBT device registers 0.00 on an air blank. If the reading is greater than 0.00, conduct a second air blank test. If the reading on the second air blank is greater than 0.00, that EBT device shall not be used for the confirmation test.
17. In conducting the confirmation test, the Breath Alcohol Technician shall follow the same procedures as required for the screening test. A new mouthpiece shall be used for the confirmation test.
18. In the event the screening and confirmation test results are not identical, the confirmation test result is deemed to be the final result.
19. Should the employee/applicant fail or refuse to sign the form as and required, or if the employee/applicant fails or refuses to provide an adequate amount of breath, or if the employee/applicant eats, drinks, places objects or substances in his/her mouth or belches during the waiting period before a confirmation test is administered, note such failures, refusals, or actions in the "Remarks" area of the form.

**Town of West Yellowstone**  
**FORM G - INSTRUCTIONS TO EMPLOYEE FOR COLLECTION**  
**OF BREATH AND URINE SPECIMENS FOR**  
**ALCOHOL AND/OR CONTROLLED SUBSTANCE TESTING**

1. Report to the specimen collection site selected by the Town as soon as possible but no later than thirty (30) minutes after notification to report. Refusal to report for testing or refusal to cooperate with the testing process may result in immediate termination or denial of employment.
2. Provide the collection site technician with an official picture identification card (i.e., driver's license, employee I.D.).
3. Check your belongings with the technician including purses, briefcases, and bulky outerwear (sweaters, jackets, vests, hats, etc.). Remove the contents of your pockets.
4. Rinse your hands with clear water and dry. Do not use soap.
5. For urine specimens, go to the designated collection site and provide a specimen in the collection cup provided. You will not be observed while providing a specimen. You will be required to provide at least sixty (60) ml of urine. If an insufficient amount is provided, your initial sample will be discarded. You will be instructed to drink up to forty (40) ounces of water, distributed reasonably through a period up to three (3) hours, or until you have provided a new urine sample, whichever occurs first. If you refuse or are unable to provide a sufficient specimen within three (3) hours, the collection efforts shall be discontinued and the Town will be so notified.
6. For breath specimens, follow the instructions of the collection site technicians in providing a breath specimen for the Evidential Breath Testing Device.
7. Do not attempt to tamper with the specimen or make substitutions. The urine specimen will be visually inspected for unusual color and sediment. The temperature of the urine specimen will be measured and must fall within acceptable range. If the collection site technician suspects tampering, you will be required to provide a second sample under the direct observation of a same-gender technician. Tampering with a urine or breath specimen may result in immediate termination from your employment.
8. Give the urine or breath specimen to the collection site technician and observe the sealing of the container(s). Initial the label verifying that the specimen is yours.
9. Complete the appropriate parts of the Urine Custody and Control Form.

**Town of West Yellowstone**  
**FORM H - CONSENT TO *RANDOM***  
**ALCOHOL AND/OR CONTROLLED SUBSTANCE TESTING**

I, \_\_\_\_\_, have received a copy of the Town's Statement of Procedures and Policy Regarding Alcohol and Controlled Substance Testing, and I understand that refusing to provide a breath and/or a urine specimen as requested by the Town, tampering with a specimen, or providing false information on a specimen collection and control form constitute grounds for termination of employment with the Town. I understand that failure to pass the requested alcohol test and/or the requested drug test may result in disciplinary action up to and including termination from employment.

**I hereby consent to provide a breath and/or a urine specimen, as requested by the Town, for the purpose of testing for the presence of alcohol and controlled substances at a laboratory designated by Town. I authorize the release of such test results to the medical review officer designated by the Town and to the Program Administrator who is responsible for the Statement of Procedures and Policy Regarding Alcohol and Controlled Substance Testing.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent's Signature if  
Employee is under age 18

**I do not consent to provide either a breath or a urine specimen, as requested by the Town, for the purpose of testing for the presence of alcohol and controlled substances. I understand that my refusal to participate in testing may result in my termination from employment.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent's Signature if  
Employee is under age 18

**Town of West Yellowstone**  
**FORM I - TECHNIQUE FOR SELECTING EMPLOYEES AT RANDOM**

The following procedure may be used for randomly selecting employees for testing on a quarter-annual basis.

1. Complete items (A) through (D) on the Employee List--Random Alcohol and Controlled Substance Testing Form.

2. Transfer the Social Security Numbers or Employee I.D. Numbers of all eligible employees to Form J, Employee List--Random Alcohol and Controlled Substance Testing.

*Do not transfer names! The order of placement of numbers transferred to this Form is not important and will not affect the sampling technique.*

3. Send Form J to the Town's third party contractor retained to assist the Town with the random testing selection process.

*The third party contractor shall complete item (E); then select the employees who will be subject to the random testing for this testing period (selection must be made based upon a scientifically proven method of random selection); and then notify the Town of the Employee ID Numbers selected for the random testing for this testing period.*

4. Once the third party contractor has notified the Program Administrator of the Employee ID Numbers selected for the random testing, the Program Administrator shall notify all employees selected for random testing by using Form A, Notice to Employee of Alcohol and/or Controlled Substance Test.

5. The Program Administrator shall obtain each selected employee's consent or refusal to submit to the random testing by using Form H, Consent to *Random* Alcohol and/or Controlled Substance Testing.

**Town of West Yellowstone**

**FORM J - EMPLOYEE LIST FOR  
RANDOM ALCOHOL AND/OR CONTROLLED SUBSTANCE TESTING**

(A) Current Date: \_\_\_\_\_

(D) Annual No. of Employees to be Tested:

(B) Quarter Beginning: \_\_\_\_\_

(E) Sample Size for this Test:

(C) Total No. of Sensitive Safety Employees:

SEQUENCE NUMBER	EMPLOYEE ID NUMBER	SELECTED FOR TESTING
1.	_____	1.
2.	_____	2.
3.	_____	3.
4.	_____	4.
5.	_____	5.
6.	_____	6.
7.	_____	7.
8.	_____	8.
9.	_____	9.
10.	_____	10.
11.	_____	11.
12.	_____	12.
13.	_____	13.
14.	_____	14.
15.	_____	15.

**Town of West Yellowstone**

**FORM K - NOTICE OF PRE-EMPLOYMENT  
ALCOHOL AND/OR CONTROLLED SUBSTANCE TESTING**

All applicants for employment with the Town must at the Town's election pass an alcohol breath test and/or a controlled substance urine test prior to employment. As part of your pre-employment evaluation, you will be required to submit a breath and/or a urine specimen at a designated collection site. Your breath will be analyzed for the presence of alcohol. Your urine specimen will be tested at a laboratory approved by the U.S. Department of Health and Human Services for the following controlled substances: marijuana, cocaine, opiates, phencyclidine, and amphetamines.

You must pass the requested tests as a condition of your employment. If you are selected for employment with the Town, you will be subject to future alcohol and/or controlled substance testing (1) on a pre-arranged date, (2) by random unannounced testing, (3) when there is reasonable suspicion to believe you have used alcohol or a controlled substance, and (4) following a work-related accident.

**I, \_\_\_\_\_, have read and understand the terms contained in this notice. I understand I will not be hired should my breath alcohol test indicate a presence of alcohol in my body greater than 0.02 or should my urine test indicate the presence of any controlled substances set forth in the Policy. Further, I understand I will not be hired should I refuse to submit to the required testing.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent's Signature if  
Applicant is under age 18

**Town of West Yellowstone**  
**FORM L - CONSENT TO *PRE-EMPLOYMENT***  
**ALCOHOL AND/OR CONTROLLED SUBSTANCE TESTING**

I, \_\_\_\_\_, have received a copy of the Town's Statement of Procedures and Policy Regarding Alcohol and Controlled Substance Testing Policy, and I understand that refusing to provide a breath and/or a urine specimen, as requested by the Town, tampering with a specimen, or providing false information on a specimen collection and control form constitute grounds for cancellation and withdrawal of an offer of employment. I also understand that failure to pass either the requested alcohol test and/or the requested drug test may result in a cancellation and withdrawal of an offer of employment.

**I hereby consent to provide a breath and/or a urine specimen, as requested by the Town, for the purpose of testing for the presence of alcohol and/or controlled substances at a laboratory designated by the Town. I authorize the release of such test results to the medical review officer designated by the Town and to the Program Administrator who is responsible for the Statement of Procedures and Policy Regarding Alcohol and Controlled Substance Testing.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent's Signature if  
Applicant is under age 18

**I do not consent to provide either a breath or a urine specimen as requested by the Town for the purpose of testing for the presence of alcohol and controlled substances. I understand that my refusal to participate in testing may result in a cancellation and withdrawal of an offer of employment.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent's Signature if  
Applicant is under age 18