

JEA Contractor Random Substance Abuse Testing Policy

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I . STATEMENT OF POLICY

Substance abuse is known to be both directly and indirectly responsible for poor performance, absenteeism, increased health problems and illnesses, and many on the job accidents. Therefore, JEA has implemented a policy of zero tolerance to substance abuse in compliance with state, federal and company regulations. JEA is committed to providing its employees, contractors, and clients with the highest standard of safety. Thus, it is prohibited for contractor employees (i.e., those persons employed by JEA contractors) to possess, use, consume, distribute and/or sell any mind-altering substance on any of our job sites or properties. The JEA Contractor Safety Management Process requires the Contractor employer to provide random testing for drugs and alcohol. Testing shall be performed on a monthly basis. If the Contractor fails to comply with this requirement or provide necessary documentation of monthly random testing, that Contractor will be required to participate in a JEA sponsored random substance abuse screen. JEA will at a minimum test 10% of those non compliant contractor employees. Approved documentation to reflect compliance with this requirement shall be submitted by the 10th of each month to the JEA CSMP Administrator. See Item 4 of this policy Random Substance Abuse Testing. Violation of this policy is sufficient cause for immediate and permanent removal from all JEA work sites. JEA encourages individuals with substance abuse problems to seek help through their companies' employee assistance program or their health professionals.

II. DRUG SCREENING PROGRAM: METHODS AND SUBSTANCES

Drugs/alcohol, whether controlled, uncontrolled, or illicit, accumulate in the body and can be detected by various methods. It is the intent of JEA to reserve the right to utilize any and all of these various methods of detecting drugs/alcohol in contractor employees in safety sensitive positions or who perform safety sensitive tasks in compliance with state, federal and company regulations. Safety-sensitive positions are those, including supervisory or management positions, in which a drug or alcohol impairment would constitute an immediate and direct threat to safety or public health. Likewise, safety sensitive tasks are those that, if performed with a drug or alcohol impairment, would constitute an immediate and direct threat to safety or public health. With the exception of those few contractor employees, if any, whose jobs are not safety-sensitive and who perform no safety sensitive tasks, contractor

employees at work on JEA job sites are recognized as being in safety-sensitive positions or performing safety sensitive tasks due to the hazards of such job sites. Definitions of safety-sensitive positions can be found in Attachment I of this policy. The accepted methods of detection are as follows:

1. Urine Analysis.
2. Saliva Analysis.
3. Breathalyzer.

JEA will be testing for all of the following drugs/chemical substances and/or metabolites of the drugs:

Name	Screening Threshold	Confirmation Threshold
Alcohol	.04%	.04%
Amphetamine	1000NG/ML	500 NG/ML
Barbiturates	300 NG/ML	150 NG/ML
Benzodiazepine	300 NG/ML	150 NG/ML
Cannabinoids	50 NG/ML	15 NG/ML
Phencyclidine	25 NG/ML	25 NG/ML
Cocaine	300 NG/ML	150 NG/ML
Opiates	2000 NG/ML	2000 NG/ML

JEA reserves the right to test for additional drugs/substances and/or metabolites of the drugs, which may become available to users in the future and prove to be hazardous at the work place.

The criteria, which will be used to determine whether a drug screen result is positive or negative, will be left to the discretion of the Medical Review Officer (M.R.O.) and/or the testing laboratory.

This JEA policy follows the procedures promulgated by The Drug Free Workplace Act (Florida Statute 112.0455).

JEA has contracted the services of Alliance Corporate Health Services to help administrate this substance abuse policy. Alliance Corporate Health Services will be in compliance with all of the appropriate mandated regulations and JEA's own regulation.

III. DRUG/SUBSTANCE/ALCOHOL TEST RESULTS

JEA will depend on the expertise of the testing laboratory as well as the Medical Review Officer to determine the result of the test. The result will be reported as one of the following:

1. Negative Result - No further action is required.
2. Positive Result - Action will be taken as stipulated by this policy.
3. Adulterated Specimen - Equivalent to a positive result.
4. Failure to Provide Specimen - Equivalent to a positive result.
5. Diluted Specimen - Equivalent to positive result.

IV. PRESCRIPTION DRUGS AND DRUGS SOLD WITHOUT PRESCRIPTION

Any contractor employee(s), who is employed to perform sensitive work and is taking a prescription drug(s) that includes a warning, which states that the drug may cause an alteration in mental status, must notify the designated management representative of their use of such a drug(s). The aforementioned contractor employee(s) may not work with nor operate any electric or power tools, drive any motorized vehicles, climb any heights, or perform any other safety sensitive job as determined by management.

V. REASONS FOR TESTING

JEA may screen for drugs/chemical substances/metabolites of drugs in compliance with its own policy, drug-free work place programs and/or federally mandated programs. Accordingly, JEA will conduct Random Testing, to discourage the use of prohibited substances at all times. The selection process will be in accordance with acceptable scientific methods of random selection. The contractor employees selected will be informed of their selection the same day of testing. An absent contractor employee can be tested upon reporting to work without prior notification.

Refusal to submit to drug/alcohol testing, the adulteration of a drug/alcohol test the dilution of a drug/alcohol test, and/or the positive result of a drug/alcohol test result will result in the immediate removal of the contractor employee from all work on JEA projects. The contractor employee will be from this date forward ineligible to work on any JEA site.

VI. CONFIDENTIALITY

The following guidelines will be strictly observed concerning information obtained while complying with this policy:

1. JEA will designate trained personnel to administer this policy who shall maintain the confidentiality of information obtained, which shall not be disclosed except as necessary to implement the policy pursuant to legal guidelines.
2. Documentation generated by this policy will be maintained in a separate locked file cabinet, on access protected computers, and/or a similarly secured location.
3. Disclosure of the information generated will be in compliance with the various governmental regulations.
4. In compliance with this policy, a contractor employee may be requested to disclose medical information to the Medical Review Officer in order to render proper judgment as to the result of the screen. Furthermore, only information pertaining to the substance in question may be asked.
5. The result of the test may be communicated directly to the donor verbally or in writing.
6. The contractor employee has the right to contest the result of a reported test in accordance with the various regulations.
7. A contractor employee has the right to privacy while providing the urine sample, performing a breathalyzer test..
8. When necessary, a person of the same sexual gender will perform direct observation of a urine specimen collection. The dignity of both persons must be conserved.
9. The following will constitute grounds for direct observation for collection of urine specimens:
 - A. Documented suspicion of a trained collection professional of abnormal activity during the process of donation of a urine sample.
 - B. Abnormal smell or color of the donated urine specimen.

10. Urine temperature, which is outside the normal range, will be treated as an adulterated specimen.

VII. COLLECTOR PROCEDURE

CONTRACTOR EMPLOYEE IDENTIFICATION

The contractor employee must provide appropriate identification to the collector upon arrival at the collection site. Acceptable forms of identification include:

1. A photo identification (e.g., drivers license, ID badge issued by the employer, or any other picture identification issued by a Federal, state, or local government agency), or
2. Identification by an employer or employer representative, or
3. Any other identification allowed under an operating administration's rules.

Unacceptable forms of identification include:

1. Identification by a co-worker,
2. Identification by another safety-sensitive employee,
3. Use of a single non-photo identification card (e.g., social security card, credit card, union or other membership cards, pay vouchers, voter registration card), or
4. Faxed or photocopies of identification document.

Note: If the contractor employee cannot produce positive identification, the collector must contact a Designated Employer Representative (DER) to verify the identity of the contractor employee. The collection should not proceed until positive identification is obtained.

COLLECTION PROCEDURES

The collector must do the following before each collection to deter potential tampering, adulteration, alteration, or substitution of the specimens:

1. Secure any water sources or otherwise make them unavailable to contractor employees (e.g., turn off water inlet, tape handles to prevent opening faucets);
2. Ensure that the water in the toilet and tank (if applicable) has bluing (coloring) agent in it. Tape or otherwise secure shut any movable toilet tank top, or put bluing in the tank;
3. Ensure that no soap, disinfectants, cleaning agents, or other possible adulterants are present.
4. Inspect the site to ensure that no foreign or unauthorized substances are present;
5. Ensure that undetected access is not possible (e.g., through a door not in your view)
6. Secure areas and items (e.g., ledges, trash receptacles, paper towel holders, under-sink areas) that appear suitable for concealing contaminants; and
7. Recheck items (1) through (6) following each collection to ensure the site's continued integrity.

To avoid distraction that could compromise security, the collector is limited to conducting a collection for only one contractor employee at a time. However, during the 3 hour time period that a contractor employee is consuming fluids (shy bladder), the collector may conduct a collection for another contractor employee. In this case, the contractor employee with the shy bladder must be properly monitored (see Section 7).

8. The collector begins the collection without delay after the contractor arrives at the collection site. Do not wait because the contractor is not ready or states he or she is unable to urinate. In most cases, contractor who states they cannot provide a specimen will, in fact, provide sufficient quantity to complete the testing process. (If an alcohol breath test is also scheduled, the alcohol test should be conducted first, if practicable.)

9. The collector explains the basic collection procedures to the contractor and reviews the instructions on the back of the CCF with the employee contractor.

10. The collector ensures that the required information is provided at the top of the CCF (the laboratory name and address and a pre-printed specimen ID number which matches the ID number on the specimen bottle seals). If the information is not already preprinted, the collector begins entering the required information in Step 1 of the CCF (employer's name, address, telephone and fax number, and I.D. number (if applicable); MRO name, address, telephone and fax number; contractor SSN or employee ID number (refusal by the contractor to provide a SSN is not a refusal to test, but requires the collector to annotate this in the remarks); reason for test; drug test to be performed; and collection site information).

11. The collector asks the contractor to remove any unnecessary outer clothing (e.g., coat, jacket, hat, etc.) and to leave any briefcase, purse, or other personal belongings he or she is carrying with the outer clothing. The contractor may retain his or her wallet. If the contractor asks for a receipt for any belongings left with the collector, the collector must provide one.

12. The collector directs the contractor to empty his or her pockets and display the items to ensure that no items are present that could be used to adulterate the specimen. If nothing is there that can be used to adulterate a specimen, the contractor places the items back into the pockets and the collection procedure continues. If the contractor refuses to empty his or her pockets, this is considered a refusal to cooperate in the testing process.

13. The collector instructs the contractor to cleanse his or her hands under the collector's observation, and informs the contractor not to wash his or her hands again until after the employee provides the specimen to the collector. The contractor must not be allowed any further access to water or other materials that could be used to put into the specimen.

14. The collector either gives the contractor or allows the contractor to select the collection kit or collection container (if it is separate from the kit) from the available supply. Either the collector or the contractor employee, with both present, then unwraps or breaks the seal of the kit or collection container.

15. The collector directs the contractor employee to go into the room used for urination, provide a specimen of at least 30 mL, not to flush the toilet, and return with the specimen as soon as possible after completing the void. The

collector may set a reasonable time limit for the contractor employee to be inside the bathroom and this time frame should be explained to the contractor employee.

16. After the contractor gives the specimen to the collector, the collector must check the temperature of the specimen, check the specimen volume, and inspect the specimen for adulteration or substitution. The collector should check the temperature of the specimen as soon as the contractor employee hands over the specimen, but no later than four minutes after the contractor employee comes out of the restroom. The acceptable temperature range is 32 °-38°C/ 90 °-100 °F. Temperature is determined by reading the temperature strip originally affixed to or placed on the outside of the collection container. If the temperature is within the acceptable range, the "Yes" box is marked in Step 2 on the CCF and the collector proceeds with the collection procedure. (If the temperature is out of range, the collector marks the "No" box in Step 2 and initiates an observed collection.) The collector then checks to make sure that the specimen contains a sufficient amount of urine (a minimum of 30 mL for all collections). If the volume is sufficient, the collector checks the box on the CCF (Step 2) indicating that this was a split specimen collection. (This may be done at the same time that the collector checks the temperature box.) The collector must inspect the specimen for unusual color, presence of foreign objects or material, or other signs of tampering or adulteration. If it is apparent from this inspection that the contractor employee has adulterated or substituted the specimen (e.g., the specimen is blue, exhibits excessive foaming when shaken, has smell of bleach), a second collection using direct observation procedures must be conducted immediately. If the temperature is outside the acceptable range, the volume is less than 30 mL, or the specimen may have been adulterated, the collector follows procedures for Problem Collections.

17. The collector, not the contractor employee, must then remove the tamper-evident seal from the CCF and place it on each bottle. The seal must be centered over the lid/cap and down the sides of the bottle to ensure that the lid/cap cannot be removed without destroying the seal. The collector, not the contractor employee, writes the date on the seals. The contractor employee is then requested to initial the seals. The contractor employee must be present to observe the sealing of the specimen bottles. If the contractor employee fails or refuses to initial the seals, the collector must note this in the "Remarks" line of the CCF and complete the collection process; this is not considered a refusal to test.

Note: The collector must not ask the contractor employee to initial the labels/seals while they are still attached to the CCF; they must initial after they are placed on the bottles. The collector should also inform the contractor employee to use care during the initialing process to avoid damaging the labels/seals.

Note: Occasionally, the tamper-evident label/seal provided with the CCF will not properly adhere to the specimen bottle because of environmental conditions (e.g., moisture, temperature, specimen bottle material) or may be damaged or broken during the collection process. When this occurs, the collector should use the following corrective procedures:

- (a) If the seal is broken while being removed from the chain of custody form or during the application of the first seal on the primary bottle, the collector should transfer the information to a new CCF and use the seals from the second form.
- (b) If one seal is already in place on a bottle and the second seal is broken while being removed from the CCF or is broken during application on the second bottle or while the contractor employee is initialing either seal, the collector should initiate a new CCF and provide an appropriate comment on the "Remarks" line in Step 5. The seals from the second CCF should be placed perpendicular to the original seals to avoid obscuring information on the original seals and must be initialed by the contractor employee (both sets of contractor employee initials should match). The collector should draw a line through the Specimen ID number and bar code (if present) on the original seals to ensure that the laboratory does not use that number for reporting the results. The collector should not pour the specimen into new bottles.
- (c) The collector should ensure that all copies of the original (first) chain of custody form are destroyed or disposed of properly (e.g., shredded, torn into pieces).
- (d) If the collector inadvertently reverses the seals (i.e., places the "A" bottle seal on the split bottle and vice-versa) and the collector subsequently notices this, the collector should note this in the

"Remarks" line and continue the collection process. Laboratories have procedures that permit them to "re-designate" the bottles.

Note: There is no corrective procedure available if the seal is broken after the contractor employee leaves the collection site.

Note: Since the specimen bottle is now sealed with tamper-evident tape and does not have to be under the contractor employee's direct observation, the contractor employee is allowed to wash his or her hands if he or she desires to do so.

18. The collector directs the contractor employee to read, sign, and date the certification statement, and provide date of birth, printed name, and day and evening contact telephone numbers in Step 5 of Copy 4 of the CCF.

Note: If the contractor employee refuses to sign the form or provide date of birth, printed name, or telephone numbers, the collector must make a notation on the "Remarks" line to that effect and complete the collection. If the contractor employee refuses to fill out any information, the collector must, as a minimum, print the contractor employee's name in the appropriate place. This does not constitute a refusal to test.

19. The collector completes the collector's portion of the chain of custody on the CCF (Copy 1, Step 4) by printing his or her name (the name may be pre-printed), recording the date and time of the collection, signing where indicated, and entering the specific name of the delivery or courier service transferring the specimens to the laboratory.

20. The collector then ensures that all copies of the CCF are legible and complete. The collector removes Copy 5 from the CCF and gives it to the contractor employee.

21. The collector places the specimen bottles and Copy 1,2,3 of the CCF inside the appropriate pouches of the leak-resistant plastic bag, and seals both pouches. If the contractor employee has not had the opportunity to wash his or her hands, they may do so now. The collector then informs the contractor employee that he or she may leave the collection site.

22. The collector places the sealed plastic bag in an appropriate shipping container (e.g., box, express courier mailer) designed to minimize the possibility

of damage during shipment. More than one sealed plastic bag can be placed into a single shipping container if there are multiple collections. The collector seals the shipping container as appropriate. If a laboratory courier hand-delivers the specimens from the collection site to the laboratory, the collector prepares the shipment as directed by the courier service. In this case, the plastic bag may not need to be placed into a shipping container, but still needs to be transported by the courier in a manner that protects the bottles from damage.

23. The collector then sends Copy 4 of the CCF to the MRO and Copy 7 to the DER (or service agent if authorized by JEA).

24. The collector or collection site must ensure that each specimen collected is shipped to a laboratory as quickly as possible, but in any case within 24 hours or during the next business day.

25. If the specimen will not be shipped immediately, the collector is responsible for ensuring its integrity and security. Specimens in plastic bags, which have not been placed into shipping containers or which are awaiting a laboratory courier, must be kept in a secure location. The specimens need not be under lock and key, however, procedures must exist that would ensure specimens cannot be subject to tampering.

The collection process is now complete

Special Problem Handlings

1. SHY BLADDER PROCEDURES

The term "shy bladder" refers to a situation when the contractor employee does not provide a sufficient amount of urine (30 mL) for a required drug test.

If a contractor employee tells the collector, upon arrival at the collection site, that he or she cannot provide a specimen, the collector must still begin the collection procedure regardless of the reason given. The collector should tell the contractor employee that most individuals can provide 30 mL of urine, even when they think they cannot urinate, and direct the contractor employee to make the attempt to provide the specimen.

At the point in the collection procedure where the collector and contractor employee unwrap/open a collection container, the collector does the following:

1. The collector requests the contractor employee to go into the rest room and try to provide a specimen.

Note: The contractor employee demonstrates his or her inability to provide a valid specimen when the contractor employee comes out of the rest room with an insufficient quantity of specimen or an empty collection container.

2. If the contractor employee provided an initial insufficient specimen, the collector discards the insufficient specimen. The collector then annotates in the "Remarks" line the time when the contractor employee provided the insufficient specimen. This is the time when the "shy bladder" collection process starts.

Note: If there was actually no specimen provided on an attempt, the same collection container may be used for the next attempt (the contractor employee may keep possession of the container during the waiting period). The collector uses the same CCF and continues to document subsequent collections on the same form.

Note: If the insufficient specimen is also out of temperature range (assuming there was sufficient specimen to activate the temperature strip) or shows evidence of adulteration or tampering, the collector completes the collection process, sends the insufficient specimen (temperature out of range or adulterated) to the laboratory and immediately initiates another collection under direct observation.

3. The collector explains to the contractor employee the process for a shy bladder collection and urges the contractor employee to drink up to 40 ounces of fluids, distributed reasonably through a period of up to three hours, or until the individual has provided a sufficient urine specimen, whichever occurs first. It is not a refusal to test if the contractor employee declines to drink, providing that the procedures of this section are met.

Note: Collectors should be sensitive to how frequently they should ask the contractor employee to provide a specimen. For example, asking the contractor employee to provide a specimen every half hour may not produce sufficient specimen, although in total, the amount would have been at least 45 mL. In this case, the collector needs to determine if a longer time is needed for the contractor employee to consume fluids and produce a sufficient

volume of specimen. If the contractor employee refuses to drink fluids, this is not considered a refusal to test, although the collector should explain to the contractor employee that not drinking sufficient fluids may result in the contractor employee's inability to provide a sufficient specimen and would require a medical evaluation. A medical evaluation should consist of a medical history, targeted toward conditions that could affect urine output; a simple physical examination, looking for evidence of volume depletion; and simple laboratory tests including urinalysis (if specimen can be obtained) and blood chemistries to assess renal function. Under no circumstances can collector "combine" urine collected from separate voids to create one specimen of sufficient volume.

4. If the contractor employee refuses to make the attempt to provide a new urine specimen or leaves the collection site before the collection process is completed, the collector must discontinue the collection, note the fact on the "Remarks" line of the CCF (Step 2), and immediately notify the DER. This is a refusal to test.

5. If the contractor employee has not provided a sufficient specimen within three hours of the first unsuccessful attempt to provide the specimen, the collector must discontinue the collection, note the fact on the "Remarks" line of the CCF (Step 2), and immediately notify the DER.

Note: The collector should maintain a record in the "Remarks" line on the CCF of the time of each attempt, whether there was any specimen provided or the quantity of specimen provided, and the amount of fluids that the contractor employee was given to drink. During the waiting time, the contractor employee must be monitored by the collector (the one conducting the collection or another collector at the site) or by another responsible collection site staff member or a company representative. The collector must specifically tell the contractor employee that he or she is not permitted to leave the collection site and if they do so, that it will be considered a refusal to test.

6. The collector then sends Copy 4 of the CCF to the MRO and Copy 7 to the DER. This is done even if the contractor employee did not

provide any specimen in order to notify the MRO and the employer of the problem. The collector must send these copies to the MRO within 24 hours or the next business day.

2. TEMPERATURE

The collector should check the temperature of the specimen as soon as the contractor employee hands over the specimen, but no later than four minutes after the contractor employee comes out of the restroom. The acceptable temperature range is 32 °-38 °C/ 90 °-100 °F. Temperature is determined by reading the temperature strip originally affixed to or placed on the outside of the collection container after the contractor employee hands the specimen to the collector.

- (a) If the temperature is within the acceptable range, the "Yes" box is marked in Step 2 on the CCF and the collector proceeds with the collection procedure.

- (b) If the temperature is outside the acceptable range, the "No" box is marked in Step 2 on the CCF and if the temperature was below or above the acceptable range should be noted in the "Remarks" line. The collector completes the collection process for the "first" specimen and immediately begins a "second" collection under direct observation using a second CCF and a new kit. The collector then provides an appropriate comment on the "Remarks" line in Step 2 on the first CCF and second CCF indicating that this is the first of two or second of two collections, the specimen ID numbers of the first and second CCF, the reason for the second collection, and that the second collection was under direct observation. This will ensure that the laboratory and the MRO know that two separate specimens are being submitted for testing; the first one possibly being adulterated or substituted. Additionally, the collector must inform the collection site supervisor and the DER that a collection took place under direct observation and the reason for doing so.

Note: There is no requirement to take the contractor employee's body temperature if the specimen temperature is out of range. If the collector suspects that the temperature strip was not activated, the collector should pour the urine specimen into another collection container with a temperature strip or into a specimen bottle, which has a temperature strip attached, and use this

method to determine the specimen temperature. Collectors should not introduce any other object (e.g., litmus paper, testing strips, etc.) into the specimen in the collection container or the bottles.

VIII. PROCEDURES FOR SELECTION, TESTING AND REPORTING

Selection

1. A list of all the active projects will be faxed or emailed to Alliance Corporate Health Services project manager once every month. The list will include the project name, contractor, location and the JEA field inspector's name and phone number.
2. The list will be entered into Alliance's Drug Pak Program . The program will randomly select 10% of the sites to be tested for controlled substances as well as the date to test the sites.

Testing

1. The Alliance mobile screening unit may arrive at designated testing sites at any time during normal work hours.
2. All contractor employees in safety sensitive jobs who are present at the project site will be tested in accordance with the appropriate testing guidelines.
 - a. All sites supervisors and subcontractors are included.
 - b. Delivery personnel who do NOT work for the contractor and/or subcontractor will NOT be tested.
 - c. **10%** of all the contractor employees in safety sensitive jobs who are present at the project site will be tested for alcohol in accordance with the appropriate testing guidelines.
3. The Alliance Health Services collector will average six (6) minutes per drug screen collection and 5 minutes per alcohol test.

Reporting

1. The JEA designated representative will be notified of all negative test results via the DP Live Drug Pak program within 48 hours of the collection date.

2. The JEA designated representative will be notified of all positive test results via the DP Live Drug Pak program and phone within 72 hours of the collection date.
3. The JEA designated representative will notify the appropriate contractor of the positive test result.

IX. CONTRACTOR EMPLOYEE RIGHT TO CONTEST POSITIVE TEST RESULTS

It is the intent of JEA to provide the contractor employee with all the facilities mandated by the various state, federal, and company regulations to contest the results of their positive drug screen should the contractor employee wish to do so. The following procedure will be followed in the aforementioned situation:

1. The contractor employee must, either verbally or in writing, notify the appropriate employee representative of the contractor employee's desire to contest the result. Notification shall be made within 72 hours from time the employee is informed of a Positive Result.
2. The contractor employee has the right to test the same sample at a regulated laboratory of their choice.
3. The contractor employee will pay the cost of the retesting (\$100). If the contested specimen tests negative, the contractor employee may be permitted to return to work at JEA sites.
4. The contractor employee will contact the collection site, fill out the appropriate form, and pay the appropriate fee.
5. The testing laboratory will maintain the positive test specimen for a period of two years.
6. The contractor employee has the right to obtain a copy of the original lab result by contacting the contractor employee representative.
7. If the original specimen was destroyed for any reason, the contractor employee will be notified for retesting.

X. COMMUNICATION WITH THE TESTING FACILITY

Due to the sensitive nature of drug screening, the following rules will be strictly observed when communicating with either the testing facility or the medical facility:

1. Only authorized company representatives will transmit or receive information and/or instructions to and from the testing facility or Medical Review Officer.
2. The contractor employee may not contact the testing facility or M.R.O. to obtain the result of the initial test.
3. The contractor employee may communicate directly with the testing facility and/or M.R.O. when a contested test is performed.
4. The contractor employee will provide the testing facility with a current telephone number(s) and address.
5. If the contractor employee fails to provide an accurate telephone number and/or address, the test will stand without further action.
6. After the initial communication between the contractor employee and the M.R.O. regarding a positive test result, the company will not pay for the cost of further consultations with the M.R.O.
7. To communicate with the donor, the M.R.O. will contact the donor at the phone number(s) provided by the donor/contract employee for this purpose. In the donor's absence, a message will be left at such numbers to contact the M.R.O. The test result shall not be communicated to family members, friends, or other absent authorization from the donor.

XI. DESCRIPTIONS OF SUBSTANCES/DRUGS OF ABUSE AND THE SIGNS/SYMPTOMS OF THEIR EFFECTS

The following is a brief summary of the descriptions of substances/drugs of abuse and the signs and symptoms of their effects on people, and is in no way conclusive. The effects caused by substances/drugs of abuse can be similar to those caused by many medical conditions. Thus, the intent of Section XI is to be educational and informative.

ALCOHOL

Alcohol is a colorless, volatile, and pungent liquid found in fermented liquors such as beer, wine, wine coolers, champagne, and liquors. Alcohol is a depressant to the central nervous system. Slang terms include: booze, juice,

sauce, grog. Some liquid medications contain ethyl alcohol (ethanol) and require a reading of the medications label for alcohol content. An example is Vick's Nyquil, which is 25% alcohol or 50 proof.

1. IMMEDIATE EFFECTS:

Loss of inhibitions, flushing and dizziness, loss of coordination, impaired motor skills, impairment of brain and nervous system functions, slow reactions, blurred vision, slurred speech, sudden mood swings, vomiting, high blood pressure, irregular pulse, enlarged heart, unconsciousness, memory impairment

2. LONG TERM EFFECTS:

Vitamin deficiencies, skin problems, loss of muscle tissue, Inflammation of the pancreas, sexual impotence, damage to lining of stomach and small intestine, ulcers of the stomach and small intestine, frequent infections, heart and blood disorders, tingling and loss of sensations in the hands and feet, high risk for cancer, birth defects (if mother uses), severe swelling of the liver, inflamed liver (hepatitis), cirrhosis of the liver, cancer of the liver, lung disease, brain damage

3. PSYCHOLOGICAL EFFECTS:

Affects emotional reactions, alters moods, impairs memory, develops a false sense of confidence

4. WITHDRAWAL SYMPTOMS:

Acute hallucinations (auditory, mostly paranoid) Tremulousness-"the shakes"

Signs include:

Agitation, nausea, profuse sweating, vomiting, Delirium Tremens

(DT's)

Symptoms of this stage are:

Incoherent speech, auditory and visual hallucinations, an alcoholic psychosis in which the person is terrified of imaginary small animals, and horrible sights and sounds.

Seizures - convulsions may result from alcohol withdrawal.

AMPHETAMINES

An amphetamine is a drug that stimulates the central nervous system. Amphetamines are colorless and may be inhaled, injected, or swallowed. Slang terms of this drug include: uppers, ups, wake ups, bennies, dexies, black beauties, follies, speed. This drug is used to avoid sleep, improve athletic performance, and/or counter the effects of depressant drugs. Among these, the most common amphetamines are: Albertol, Biphphetamine, Desoxyn, Dexedrine, Didrex.

1. IMMEDIATE EFFECTS:

Increased talkativeness, increased aggressiveness, increased breathing rate, increased blood pressure, reduced appetite, dilated pupils, visual hallucinations, auditory hallucinations

2. ACTIONS BECOME:

Repetitive, less organized, suspicious, self-conscious

3. EFFECTS OF LARGE DOSES:

Fever and sweating, dry mouth, headache, paleness, blurred vision, dizziness, irregular heartbeat, tremors, loss of coordination, and collapse

4. LONG-TERM EFFECTS:

Mental illness similar to paranoid schizophrenia, blockage of blood vessels, increased susceptibility to illness due to poor diet, lack of sleep and unhealthy environment, multiple drug users may use other drugs to counter unwanted side effects of amphetamines, malnutrition due to suppression of appetite, infections resulting from IV injections, violence and aggression, tolerance and dependence, death may also occur due to burst blood vessels in the brain, heart failure, or very high fever

5. WITHDRAWAL SYMPTOMS:

Severe exhaustion, deep sleep lasting from 24 to 48 hours, psychotic reaction, extreme hunger, deep depression, anxiety reactions, long but disturbed sleep

BARBITURATES

The majority of barbiturate positives occur with the use of prescription medications. The only barbiturate detected that may be found in non-prescription form (in some states) is Phenobarbital. It is contained in at least

three non-prescription products: 1) Bronckotabs; 2) Bronkolixir; and 3) Primatene tablets. Phenobarbital is a unique barbiturate that has a very long detection period. Slang terms of this drug are: Barbs, downers, goofballs, blues or blue heaven (Amytal), yellow jackets (Nembutal), red birds, red devils (Seconal), rainbows, reds and blues (Tuinal), Donnatal (Phenobarbital), Fiorinal (Butalbital).

1. SYMPTOMS OF ACUTE LEVELS:

Slurred speech, disorientation, drunken behavior, unsteady gait, drowsiness, poor judgment, irritability, insomnia, relaxation, mild euphoria, muscle relaxant

2. EFFECTS AT TOXIC LEVELS:

Ataxia, drowsiness, confusion, coma, respiratory depression, shallow respiration, dilated pupils, weak and rapid pulse, hypo tension shock, possible death

3. WITHDRAWAL SYMPTOMS:

The symptoms of barbiturate withdrawal can be severe and may cause death. Minor withdrawal symptoms may appear 8 to 12 hours after the last dose of a barbiturate. These symptoms usually appear in the following order:

Anxiety, muscle twitching, tremors of hands and in fingers, progressive weakness, dizziness, distortion in visual perception, nausea, vomiting, insomnia, orthostatic hypo tension

Major withdrawal symptoms (convulsions and delirium) may occur within 16 hours and last up to 5 days after abrupt cessation of barbiturates.

BENZODIAZEPINES

Benzodiazepines are the most widely prescribed psychoactive drugs in the world. Street/Slang names are: downers, tranks, V's(valium). Brand names are: Valium, Xanax, Tranxene, Librium, Halcion, Restoril, Dalmane, Serax, Ativan.

1. SYMPTOMS AT ACUTE LEVELS:

Slurred speech, disorientation, drunken behavior

2. SYMPTOMS AT TOXIC LEVELS:

Coma, shallow respiration, dilated pupils, weak and rapid pulse, possible death

3. WITHDRAWAL SYMPTOMS:

Withdrawal symptoms similar in character to those noted with alcohol have occurred following discontinuance of benzodiazepines.

MINOR:

Mild dysphoria, insomnia

MAJOR:

Abdominal muscle cramps, vomiting, sweating, tremors, Convulsion

CANNABINOIDS "MARIJUANA"

Psychological addiction to marijuana is the strongest dependence. Addiction to marijuana can occur in a very short time. Marijuana and aging affect the brain in very similar ways. This places the long-time user in high risk for serious and premature memory disorders. Slang terms of this drug are: pot, grass, weed, mj, reefer, boo, broccoli, ace, joint, Columbian. Prescription forms of this drug are: Marinol and Dronabinol.

1. IMMEDIATE EFFECTS:

Increased pulse rate, impairment of short-term memory and illogical thinking, confusion, restlessness, excitement, hallucinations, anxiety or panic, psychotic episodes, impaired coordination, impaired motor ability, increased appetite, altered perception, impaired driving ability, impaired ability to concentrate and learn

2. LONG-TERM EFFECTS:

Toxic effect on brain nerve cells, increased risk of lung cancer, risk of chronic bronchitis, respiratory diseases/cancer, energy loss, slow, confused thinking, memory impairment, apathy, suppressed effects on sperm, impaired immune system, blood vessel blockage, adverse effects on the female reproductive system

3. PHYSICAL DISCOMFORTS:

Diarrhea, cramps, weight loss/gain, impaired sex drive

4. WITHDRAWAL SYMPTOMS: Nausea, insomnia, irritability, anxiety

COCAINE

Cocaine is an addictive substance, which either comes from coca leaves or is made synthetically. The drug acts as a stimulant to the central nervous system. Cocaine appears as a white powder substance, which is inhaled, injected, freebased (smoked), or applied directly to the nasal membrane or gums. Slang terms include: coke, crack, dust, snow, blow, flakes, bloke, Bernice, dream. A prescription form of this drug is Cocaine HCl topical solution.

1. PHYSIOLOGICAL EFFECTS:

Increased heart rate and breathing, increased blood pressure, nausea, weight loss, tremors, insomnia, rapid breathing, twitching, fever, pallor (paleness), impotence, dilated pupils, cold sweats, fatigue, constipation, headaches, blurred vision, seizures, nasal congestion

2. PERSONALITY EFFECTS:

Lying, stealing, superior attitude, less ambition, argumentativeness/short temper job problems, denial of responsibility, depression, confusion, increased number of accidents, hallucinations, anxiety, paranoia, poor concentration, loss of interest in sex, flattened and dulled emotions

3. HEALTH PROBLEMS:

Ulceration of the nasal membrane, cardiac arrest, respiratory arrest, physiological seizures, lung damage

4. WITHDRAWAL SYMPTOMS:

Extreme irritability, sluggishness, nausea, disorganized thinking

CRACK

Crack is chemically altered cocaine found as small, hard, white chunks. Crack is a stimulant to the central nervous system and is deadlier than other forms of cocaine. Crack is extremely addictive. Anyone using crack can become an addict in two to three weeks, and in some cases, people who try crack become instantly addicted the first time they use the drug. Crack reaches the brain in less than 8 seconds and produces a "high" which peaks in 10-15 seconds and lasts only 15 minutes. This "high" is produced because crack tricks the brain into releasing chemicals that produce a false feeling of intense pleasure. This "high" is immediately followed by an intense "low".

1. PHYSICAL EFFECTS:

Chronic sore throat, hoarseness, shortness of breath, bronchitis, lung cancer, emphysema and other lung damage, respiratory problems such as congestion of the lungs, wheezing, and spitting up black phlegm, burning of the lips, tongue, and throat, slowed digestion, weight loss, dilated pupils, high incidence of dependence, blood vessel constriction, increased blood pressure, increased heart rate, brain seizures that can result in suffocation, sweating, rise in blood sugar levels and body temperature, disability from drug-induced health problems, suppressed desire for food, sex, friends, family and social contacts, heart attack stroke, death

2. EMOTIONAL/PSYCHOLOGICAL EFFECTS:

Sadness and depression, loss of interest in appearance, loss of household valuables or unexplained, vanishing cash due to the expenses of the drug, sleeplessness, extreme paranoia, intense craving of the drug, schizophrenic -like psychosis with delusions and hallucinations

3. WITHDRAWAL:

Nausea, paranoia, physical problems, intense craving of the drug

METHAQUALONE

This drug hasn't been sold commercially since 1983, however it continues to be available as an illicit drug. This drug is a sedative hypnotic drug. It has similar effects to barbiturates. This drug is not legal by prescription.

METHADONE

Methadone is used to treat addiction to narcotics by acting as a maintenance drug, which is taken daily and gradually tapered off. This drug may be abused by heroin addicts, who are on a maintenance program, or by new addicts to Methadone obtained by illegal distribution of the drug.

METHAMPHETAMINE

Methamphetamines are synthetic amphetamines or stimulants that are produced and sold illegally in the form of pills, capsules, powder, and chinks. There are two forms of methamphetamines: crank and ice. Crank refers to any form of methamphetamine. Ice is a crystallized, smokeable chunk that produces a more intense reaction than cocaine or speed. Ice has an appearance that is clear and crystal-like, and resembles frozen water.

1. SHORT-TERM EFFECTS:

Increased alertness, sense of well being, paranoia, intense high, hallucinations, aggressive behavior, increased heart rate, convulsions, uncontrollable movements (twitching, jerking, etc...), violent behavior, extreme rise in body temperature (as high as 108 degrees, which can cause brain damage and death), insomnia, impaired speech, dry skin, itchy skin, loss of appetite, acne, sores, numbness

2. LONG-TERM EFFECTS:

Fatal kidney and lung disorders, possible brain damage, depression, hallucinations, disorganized lifestyle, permanent psychological problems, violent and aggressive behavior, weight loss, insomnia, behavior resembling paranoid schizophrenia, decreased social life, malnutrition, poor coping abilities, disturbance of personality development, lowered resistance to illnesses, liver damage, stroke, death

3. EFFECTS ON THE MIND:

Disturbed sleep, excessive excitation, excessive talking, panic, anxiousness, nervousness, moodiness and irritability, false sense of confidence and power, delusions of grandeur leading, severe depression

4. WITHDRAWAL SYMPTOMS:

Severe craving, insomnia, restlessness, mental confusion, depression

5. EFFECTS ON SOCIETY:

Car crashes, crimes, hazardous waste, fires due to explosions from the illegal manufacture of methamphetamine

OPIATES

Opiates are habit-forming drugs that dull the senses, relieve pain, and induce sleep. Some forms of opiates are morphine, heroin, and codeine. Opiates may be in the form of dark brown chunks, or white or brownish powder. The slang terms for these drugs are as follows: Heroin - H, stuff, junk, horse, Harry, smack, Codeine - schoolboy, Morphine - M, cube, morph, mud, white stuff.

1. IMMEDIATE EFFECTS:

Decreases awareness of the outside world, vomiting, drowsiness, depression of respiration, unconsciousness, dilated pupils

NOTE: These effects may last approximately 4 hours.

2. EFFECTS OF PROLONGED USE:

Physical dependence, psychological dependence, lethargy and indifference to environment and people, reduction of bowel movements, skin abscesses, congested lungs, death

3. INJECTION CAN CAUSE:

Hepatitis, abscesses, blood poisoning, AIDS, infections in the heart lining and valves

4. WITH LARGE DOSES

User cannot be awakened, pupils become very small, breathing slow down, skin becomes cold, moist and bluish in color, death from overdose

5. SIGNS OF OPIATE ADDICTION:

Persistent and regular use of the drug, attempts to stop that result in withdrawal, continued use despite damaging physical/psychological problems, compulsive drug-seeking behavior, need to increase the dosage

6. WITHDRAWAL SYMPTOMS:

Because opiates are extremely addictive, withdrawal symptoms occur when a person stops or decreases their use. Withdrawal symptoms begin within 24 hours after last use and may last up to 7-10 days. Medical attention is **STRONGLY ADVISED!**

Uneasiness, yawning, tremors, crying, diarrhea, weight loss, severe craving for the drug, abdominal cramps, goose bumps, runny nose

PHENCYDLIDINE "PCP"

PCP, or "angel dust", is a livestock anesthetic that has no permissible use for humans.

PCP is a synthetic, white, odorless, crystalline powder. PCP can be "snorted" into the nose, used intravenously, or smoked. Slang terms for this drug are: angel dust, angel hair, mist, flying saucers, hog. The usual forms of this drug are

white powder and tablets. This drug is taken by swallowing, sniffing, smoking or injecting.

1. EFFECTS: Nausea, sweating, vomiting, double vision, anxiety, flushing, increased heart rate, panic, numbness, hallucinations, personality changes, irrational violent behavior, seizures, delirium

2. INJECTIONS CAN CAUSE:
AIDS, hepatitis, abscesses, blood poisoning, skin infections

PROPOXYPHENE

This prescribed analgesic drug is one of the most abused prescription drugs in the country. It's obtained through legal or illegal channels and then distributed. Its effects are similar to opiates.

XII. DURATION OF DRUG DETECTION TIMES

The following table, although it may be used as a guide, cannot be presumed to be absolute due to individual donor differences in their metabolism and excretion of drugs, and the metabolites in their urine. Accurate data is not available for detection after prolonged heavy use for many of these drugs.

DRUG	INFREQUENT USER	FREQUENT USER	CHRONIC USER
Ethanol(alcohol)	4-10 hours	4-12 hours	4-12 hours
THC (Marijuana)	2-5 days	4-14 days	Up to 2-3 months
Phencyclidine	1-3 days	3-7 days	Up to about a month
Benzodiazepine	2-5 days	4-14 days	Up to about a month
Chlordiazepoxide(Librium)	2-5 days	4-14 days	Up to about a month
Methaqualone(Qualudes)	2-4 days	3-8 days	Several weeks
Amphetamines(Speed)	1-3 days	2-6 days	Several weeks
Phenobarbital(Barbiturates)	4-8 days	5-15 days	A month or more
Secobarbital(Barbiturates)	2-4 days	4-8 days	Several weeks
Cocaine (metaboliteBenzoylcgonine)	12-48 hours	1-4 days	Up to several weeks

Codeine	12-48 hours	2-5 days	Up to several weeks
Morphine	12-28 hours	2-6 days	Up to several weeks
Methadone	1-4 days	2-10 days	Up to several weeks
Meperidine(Demerol)	6-24 hours	1-3 days	Up to a week
Propoxyphene(Darvocet)	1-3 days	2-5 days	Up to several weeks

XIII. PROPER DOCUMENTATION

The following are samples of the proper documents, which will be required as this policy is carried out:

JEA Contractor Drug/Alcohol Testing Authorization

I understand that the drug/alcohol test performed is being conducted at the request of JEA and my employer. My employer is a JEA contractor who is participating under the JEA Contractor Random Substance Abuse Testing Policy. I understand that the samples I consent to provide will be used for the purpose of conducting a drug/alcohol test to determine the presence of drugs/alcohol.

I understand that JEA is the owner of the drug/alcohol testing result that all final decisions utilizing the result of this test is made by JEA and my employer and that these decisions are not made by Alliance medical personnel. I authorize the Alliance medical laboratory personnel to release the results of the test to JEA.

I will cooperate fully with Alliance and its designated medical and laboratory personnel in the conduct of the testing. I certify that I have read and understood the above provisions and have had all questions answered to my satisfaction.

SIGNATURE OF PATIENT _____ DATE _____


SIGNATURE OF ITNESS _____ DATE _____

PHOTO IDENTIFICATION CHECKED _____ YES BY _____

3. SAMPLE OF CHAIN OF CUSTODY FORM.

FLORIDA DRUG FREE WORKPLACE CHAIN OF CUSTODY FORM
AMCA FORM 3170 5/06, JULY 98





SPECIMEN ID NO. **26295455** LABORATORY ACCESSION NO. _____

10101 Roman Blvd • Lenoir, NC 28519
(919) 729-1001 for Client Services

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No. ACCOUNT #129KP
 UCRIC-JLA
 9857 ST AUGUSTINE RD #4
 JACKSONVILLE FL 32257

B. MRO Name and Address
 S. B. THASAM, R.D.
 9897 ST AUGUSTINE RD #4
 JACKSONVILLE FL 32257

C. Employee I.D. No. _____
Employee Identification Number is Optional

D. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post Accident
 Return to Duty Follow-up Other (specify) _____

E. Tests to be performed: All drugs listed below
 Blood Alcohol Amphetamines Cannabinoids Cocaine Phencyclidine (PCP)
 Methaqualone Opiates Barbiturates Methadone Benzodiazepines
 Propoxyphene

STEP 2: TO BE COMPLETED BY COLLECTOR - Specimen temperature must be read within 4 minutes of collection.
 Specimen temperature within range: Yes, 90° - 100 F/32° - 38°C No, Record specimen temperature here

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: TO BE COMPLETED BY DONOR - Go to copy 4 (pink page) - STEP 4

STEP 5: TO BE COMPLETED BY COLLECTOR

COLLECTION SITE LOCATION: _____ (_____) _____
Collection Facility Collector's Business Phone No.

Address City State Zip

REMARKS
Locally Not for Evidence. This label remains in the possession of the collector. Do not place this certificate on any other container. This certificate is not valid for out-of-state collection, accident or criminal investigations with the Florida Drug Free Workplace Program as found in section 112.046, Florida Statutes, or Chapter 601.01, Florida Administrative Code.

(PRINT) Collector's Name (First, M., Last) _____ Signature of Collector _____ Date (Mo./Day/Yr.) _____ Time _____

STEP 6: TO BE INITIATED BY THE COLLECTOR AND COMPLETED AS NECESSARY THEREAFTER

DATE MO. DAY YR.	SPECIMEN RELEASED BY	SPECIMEN RECEIVED BY	PURPOSE OF CHAIN
/// / /	DONOR - NO SIGNATURE	Signature Name	PROVIDE SPECIMEN FOR TESTING
/// / /	Signature Name	Signature Name	
/// / /	Signature Name	Signature Name	
/// / /	Signature Name	Signature Name	

STEP 7: TO BE COMPLETED BY THE LABORATORY - Specimen Bottle Seal(s) intact: YES NO. Explain in Remarks Below.

THE RESULTS FOR THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORDANCE WITH THE APPLICABLE INITIAL TEST AND CONFIRMATORY CUTOFF LEVELS ESTABLISHED IN CHAPTER 60A-24, FLORIDA ADMINISTRATIVE CODE.

NEGATIVE POSITIVE, for the following: CANNABINOIDS as Carboxy - THC OCCASIONAL METHAMPHETAMINE as methamphetamine PHENACYCLIDINE
 BARBITURATES OPIATES AMPHETAMINES METHADONE
 PROPOXYPHENE cocaine amphetamine METHAQUALONE
 HEROINE BENZODIAZEPINES morphine methamphetamine BLOOD ALCOHOL

REMARKS _____

TEST LAB (if different from above) _____ NAME _____ ADDRESS _____ PHONE NO. _____
Locally Not for Evidence. This label remains in the possession of the collector. Do not place this certificate on any other container. This certificate is not valid for out-of-state collection, accident or criminal investigations with the Florida Drug Free Workplace Program as found in section 112.046, Florida Statutes and Chapter 601.01, Florida Administrative Code. Accidents and out-of-state collection with the Florida Drug Free Workplace Program as found in section 112.046, Florida Statutes and Chapter 601.01, Florida Administrative Code are prohibited.

(PRINT) Certifying Scientist's Name (First, M., Last) _____ Signature of Certifying Scientist _____ Date (Mo./Day/Yr.) _____

STEP 8: TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

From the laboratory's laboratory results for the specimen released by the employer, in accordance with the Florida Drug Free Workplace Program as found in section 112.046, Florida Statutes and Chapter 601.01, Florida Administrative Code.

Negative Positive Test Not Performed Test Cancelled **REMARKS** _____

(PRINT) Medical Review Officer's Name (First, M., Last) _____ Signature of Medical Review Officer _____ Date (Mo./Day/Yr.) _____

COPY 1 - ORIGINAL - MUST ACCOMPANY SPECIMEN TO LABORATORY

4. RANDOM SUBSTANCE ABUSE TESTING

In accordance with JEA requirements for random testing of all contractors working on JEA projects in safety sensitive positions, the attached proof of random testing is submitted by _____ (company name).

Acceptable proof of testing includes invoices from certified testing laboratories or third party administrators. A copy of your substance abuse policy is not considered proof of testing.

Send proof of testing to:

JEA

21 West Church Street CC-4

Jacksonville, FL 32202-3199

Attn: Contractor Safety - Substance Abuse Coordinator

Or fax to: (904) 665-4345

It is understood that if documented proof of testing is not received by the 10th of each month that JEA will be authorized conduct random testing utilizing a third party administrator. Note: A completed copy of this letter must accompany each of your monthly submissions of proof of testing.

The JEA contractor random substance abuse testing policy is available for review at <http://www.jea.com/business/seervices/contractor/safety.asp>

XIV. SAFETY SENSITIVE POSITIONS DEFINITIONS AND KEY

Attachment One

ABBREVIATION	DEFINITION
DISPATCH OF VEHICLE	RESPONSIBLE FOR DISPATCH OF EMERGENCY VEHICLES (EITHER EMERGENCY RESPONSE/PUBLIC SAFETY VEHICLES OR OTHER VEHICLES IN EMERGENCY SITUATIONS).
MAINT OF VEHICLE	MAINTENANCE OF THIS TYPE AND KIND THAT IF PERFORMED IMPROPERLY COULD RESULT IN DANGER TO THE OCCUPANTS/USERS OR OTHER EMPLOYEES OR MEMBERS OF THE PUBLIC NEAR THE VEHICLE/EQUIPMENT.
CHAUFFEURS OTHER EMPLOYEES	CHAUFFEURS OTHER EMPLOYEES AS PART OF ASSIGNED DUTIES
HANDLE HAZARDOUS MATERIALS OR EQUIP. (INCLUDES GUNS & OTHER SAFETY EQUIPMENT)	TRANSPORTS, MIXES, HANDLES, USES, HAZARDOUS MATERIALS OR IS RESPONSIBLE FOR EQUIPMENT CARRYING CURRENT, FLUIDS OR GAS THAT COULD ENDANGER THE PUBLIC OR EMPLOYEES.
CDL LICENSE	OPERATES CDL CLASSIFIED VEHICLES.
SUPERVISES CHILDREN	SUPERVISES CHILDREN OR IS RESPONSIBLE FOR THE SECURITY OF CHILDREN
OPERATES/DIRECTS LARGE EQUIPMENT	OPERATES/DIRECTS LARGE TRUCKS AND/OR CONSTRUCTION EQUIPMENT
HAZARDOUS EQUIPMENT/CONDITIONS	PERFORMS HAZARDOUS/PERILOUS WORK, AND/OR WORKS WHERE THE INDIVIDUAL MAY CAUSE HARM TO HIMSELF OR OTHERS.
GUARDS SAFETY OF WORKERS AND/OR PUBLIC	GUARDS THE SAFETY OF CO-WORKERS AND/OR PUBLIC
IMMEDIATE MANAGEMENT RISK	DUTIES REQUIRE DRUG PREVENTION OR KNOWLEDGE OF IDENTITIES OF INDIVIDUALS TO BE TESTED
SPECIAL LICENSE	ANY POSITION THAT REQUIRES SPECIALIZED LICENSING BY CITY, STATE, OR FEDERAL LAW OR REGULATION WHICH INVOLVES ADDITIONAL MEDICAL AND/OR BACKGROUND INVESTIGATIONS. THE EXISTENCE OF A SPECIAL LICENSE REQUIREMENT MAY BE USED FOR THIS PURPOSE OF SUPPORTING A SAFETY-SENSITIVE DESIGNATION BUT SHALL NOT BE SUFFICIENT IN AND OF ITSELF TO REQUIRE A SAFETY-SENSITIVE DESIGNATION.
ENFORCE DRUG POLICY	ENFORCES DRUG POLICY (INTERDICTION AND DISCIPLINE).
STORE ILLEGAL SUBSTANCES	HANDLES, FILES AND/OR STORES ILLEGAL SUBSTANCES.
SYSTEMS OPERATOR	DESIGN, CONSTRUCTION, MAINTENANCE, INSPECTION & OPERATION OF SYSTEMS CARRYING CURRENT, FLUIDS OR GAS THAT COULD ENDANGER THE PUBLIC OR EMPLOYEES OR REGULATES, MAINTAINS, REPAIRS TRAFFIC SIGNAL DEVICES.
SUPV/SAFETY SENSITIVE POSITION	DIRECTLY SUPERVISES A SAFETY SENSITIVE POSITION.
ACCESS/CRIMINAL INVESTIGATION INFO	WORKS WITH OR HAS ACCESS TO INFORMATION OR DOCUMENTS PERTAINING TO CRIMINAL INVESTIGATIONS
EMERGENCY RESPONSE REQUIRED.	RESPONDS UNDER EMERGENCY CONDITIONS.