Gulf States Automation

We put YOU in control!

Drug-Free Workplace Program Policy

Date of Implementation – January 1, 2007

THIS POLICY IS IMPLEMENTED PURSUANT TO THE DRUG-FREE WORKPLACE PROGRAM REQUIREMENTS UNDER FLORIDA STATUTE 440.102 AND ADMINISTRATIVE RULE 59A-24 OF THE STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION.

Revised August 2024

AN OPEN LETTER TO ALL EMPLOYEES

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

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

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

All employees must sign a statement of understanding and agreement with the company's Drug-Free Workplace Policy.

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

Sincerely,

Lisa Cox, Vice President

DRUG-FREE WORKPLACE PROGRAM

I. STATEMENT OF POLICY

To establish Gulf States Automation as a Drug-Free Workplace and thereby increase the safety and health of our employees and their families, this Policy requires that employees of our Company not use drugs illegally at any time, not use or be under the influence of alcohol while working, and not use or be under the influence of medications while working that could affect their ability to work safely.

II. DEFINITIONS

AHCA: Agency for Health Care Administration, formerly HRS.

Alcohol: Liquids containing ETHYL ALCOHOL (ETHANOL).

Drugs: One or more of the following named substances: AMPHETAMINES, ANNABINOIDS (MARIJUANA), COCAINE, PHENCYCLIDINE (PCP), METHADONE, PROPOXYPHENE. OPIATES, METHAQUALONE, BARBITURATES, BENZODIAZEPINES.

See Section M for common brand names.

Medications: Prescription and non-prescription substances obtained and used legally to combat illness and injury or for other therapeutic reasons.

Work (ing): Performing any activity under any conditions during any time that an employee is covered by the employer's workers' compensation insurance (i.e., driving, on duty, on-call, or performing any tasks as a part of employment duties, lease and contract employees included).

Influence: To be physically, mentally, or emotionally subject to the effects of any substance.

Company: Gulf States Automation

Employer: Lisa Cox

Employee: Anyone employed by or contracted with the company who is covered by workers' compensation insurance obtained by the company.

Use (ing): As pertains to drugs, alcohol, and medications; to drink, smoke, apply topically, inject, possess, solicit, distribute, dispense, manufacture, or transfer.

Exceptions to these rules regarding the definition of "use" will be allowed only with Management's written permission.

III. POLICY WORK RULES

A. DRUGS

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

B. ALCOHOL

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

C. MEDICATIONS

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

D. DRUG-FREE WORKPLACE PROGRAM MONITORING

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

1. Job applicants, as a condition of obtaining employment.

2. Employees who are required to undergo FITNESS FOR DUTY MEDICAL EXAMINATIONS.

3. Employees as a FOLLOW-UP to a return from a rehabilitation program. These employees will be tested periodically.

4. Employees who, by reliable evidence, or by their observed or reliably reported behavior, may be REASONABLY SUSPECTED of (a) Using or being under the influence of drugs, alcohol or medications while working (b) Tampering with a drug screen test (c) Causing or contributing to an accident involving a reportable injury (i.e. an injury sufficient to require the attention of a medical professional), lost time and/or property damage sufficient to delay or halt work. The employees must provide all specimens as soon as possible but not later than 32 hours after the accident.

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

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

Testing for the presence of drugs and alcohol will be performed by an AHCA-approved laboratory after obtaining urine specimens for drug tests and blood samples for alcohol tests. All positive specimens from the initial screening are then tested a second time using a different technique and chemical principle from the initial test to ensure reliability and accuracy. All test results are reported to the Medical Review Officer for verification before being transmitted to the employee and/or employer.

E. CONSEQUENCES TO EMPLOYEES OF:

Consequences will be imposed for any employee/potential employee who meets conditions 1-5.

(1) POSITIVE CONFIRMED DRUG OR ALCOHOL TESTS
(2) REFUSAL TO BE TESTED FOR DRUGS OR ALCOHOL
(3) ANY PLEA OF GUILTY OR NOLO CONTENDERE TO ANY VIOLATION OF CHAPTER 893 OR OF ANY CONTROLLED SUBSTANCE LAW OF THE UNITED STATES OR ANY STATE, FOR A VIOLATION OCCURRING IN THE WORKPLACE.
(4) CONSUMPTION OF ALCOHOL OR INTOXICATION ON COMPANY TIME.
(5) ADULTERATED OR SUBSTITUTED SPECIMEN SUBMITTED FOR TESTING

Consequences:

1. Job Applicants will not be hired.

2. Employees being tested in conjunction with a physical examination, as a follow-up to rehabilitation, as a result of reasonable suspicion behavior, a random test, or because of contributing to or causing an accident (no injury involved) will be determined. Injured employees may also forfeit eligibility for workers' compensation medical and indemnity payments in addition to the above disciplinary action.

3. Employees arrested, indicted or convicted of violating controlled substance laws will notify the employer within five (5) days of the event and if this substance abuse policy was also violated will be disciplined up to and including termination, depending on the circumstances.

4. If, under this policy, an employee is required to seek a treatment plan, it will be at the employee's expense. The employee must provide documentation of that treatment program and be required to be drug and/or alcohol tested unannounced**.**

A positive confirmed test during or after treatment will result in termination of employment.

F. CHALLENGES TO CONFIRMED POSITIVE TEST RESULTS

A job applicant or employee will receive written notification of positive confirmed test results from the company within five (5) working days of the company's receipt of a report of a positive confirmed test result from the Medical Review Officer. This notification will also state the consequences of the positive confirmed test result. A job applicant or employee who receives written notification of (A) a positive confirmed test result and (B) the consequences to the employee of that result will have the opportunity within five (5) working days to explain or contest the result. If the explanation or challenge of the positive test result is judged unsatisfactory by the company, the job applicant or employee will be provided with a written explanation as to why the explanation of the positive test result was unsatisfactory, along with a written report of the positive test results within fifteen (15) working days. If the test was for reasonable suspicion, the employee will receive in writing within seven (7) days after the test, if requested, a detail of the circumstances, which formed the basis of the determination that enough reasonable suspicion existed to warrant the testing.

During the 180-day period after written notification of a positive test result, the employee who provided the specimen should be permitted by the employer to have a portion of the specimen re-tested at the employee's expense. Such re-testing shall be done at another SAMHSA-certified laboratory, as appropriate, chosen by the employee or job applicant. All such documentation will be kept confidential and retained by the company for at least one (1) year. Should the job applicant or employee then choose to pursue the challenge further, it will then be the employee's responsibility to notify the laboratory to retain the sample until the case is settled.

G. CONFIDENTIALITY OF DRUG TESTING INFORMATION

All written reports and related information received by the company, laboratories, employee leasing programs, drug and alcohol rehabilitation programs and their agents will be held in strictest confidence and will not be disclosed except in accordance with Florida Statutes or otherwise legally disclosed. Release of such information under any other circumstance shall be solely pursuant to a written consent form signed voluntarily by the person tested. Information on drug test results shall not be released or used in any criminal proceeding against the employee or job applicant. Agents of our company and the laboratory conducting a drug test will, however, have access to drug test information when consulting with legal counsel in connection with actions brought against them when the information is relevant to its defense in a civil or administrative matter.

H. CONFIDENTIAL REPORTING OF MEDICATION USE

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

I. EMPLOYEE ASSISTANCE PROGRAM

Our company maintains an Employee Assistance Program (EAP) that refers employees and their families who suffer from alcohol or drug use problems to local drug and alcohol rehabilitation centers. The telephone directory Yellow Pages, under "Drug Abuse and Addiction—Information and Treatment," lists the names and locations of treatment centers. Also, the United Way, listed in the telephone directory White Pages, offers many confidential services at no charge. Any costs of outside services are, however, the employee's responsibility.

Any employee who has not previously tested positive for drug or alcohol use and has not yet entered a drug and/or alcohol abuse rehabilitation program may seek assistance for drug and alcohol problems before they lead to disciplinary actions.

No employee will be discharged, disciplined, or discriminated against solely upon the employee's voluntarily seeking treatment for a drug/alcohol-related problem if the employee has not previously tested positive for drug use, entered an employee assistance program for drug-related problems, or entered an alcohol and drug rehabilitation program. If an employee wishes to pursue help through the EAP, please contact the person listed in Section N for appropriate referral. In addition, Section O lists national hotline numbers for drug and alcohol problems.

J. AUTHORITY TO ESTABLISH A DRUG-FREE WORKPLACE PROGRAM

The company's Drug-Free Workplace Program has been established in accordance with U.S. Federal and State laws, regulations, and guidelines.

K. FEDERAL AND STATE LAWS AND REGULATIONS

Nothing in this statement of policy shall be presumed to override, amend, or change any requirements of State and/or Federal law. If any of this policy's provisions conflict with applicable laws and regulations, such laws and regulations will be deemed to control.

L. AMENDMENT AND SEVERABILITY

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

M. SUBSTANCES THAT COULD ALTER OR AFFECT THE OUTCOME OF A DRUG TEST

(BRAND NAMES AND COMMON NAMES)

1. **AMPHETAMINES:** Abetrol, Biphetamine, Desoxyn, Dexedrine, Didrex

2. **CANNABINOIDS:** Marinol (Dronabinol, THC), Marijuana, Hash Pot

3. **COCAINE:** Cocaine HCI topical solution (Roxanne), Crack, Coke

4. **PHENCYCLIDINE:** Not legal by prescription; PCP, Angel Dust

5. **OPIATES**: Paregoric, Parepectolin, Donnagel PG, Morphine, Tylenol with Codeine, Empirin with Codeine, APAP with Codeine, Aspirin with codeine, Robitussin AC, Guiatuss AC, Novahistine DH, Novahistine Expectorant, Dilaudid (Hydromorphone), M-S Contin and Roxanol (morphine sulfate), Percodan, Vicodin, Opium, Heroin

6. **METHAQUALONE:** Not legal by prescription

7. **BARBITURATES**: Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Firoicet, Esgic, Butisol Mebaral, Butabarbital, Butabital

8. **METHADONE**: Dolphine, Methadose

9. **BENZODIAZEPINES:** Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restoril, and Centrax

10. **PROPOXYPHENE:** Darvocet, Darvon N, Dolene, Etc.

11. **ALCOHOL:** Liquid medications containing ethyl alcohol (ethanol). Please read the label for alcohol content. As an example, Vick's Nyquil is 25% (50 proof) ethyl alcohol; Comtrex is 20% (40 proof); Contac Severe Cold Formula Night Strength is 25% (50 proof) and Listerine is 26.9% (54 proof); Booze, Drink

N-1. DRUG-FREE WORKPLACE POLICY - INFORMATION
THIS INFORMATION ORIGINALLY DATED 01/01/2007

Company Drug-Free Workplace Program Administrator:

Company Contact Person:	Lisa Cox
Company Location:	245 W Airport Blvd. Ste. B Pensacola, FL 32505 850-475-0724
Your Drug Testing Laboratory is:	LabCorp 3437 N 12th Ave Pensacola, FL 32503 850-434-0345
Your Collection Site is:	Gulf Coast Diagnostics 2921 W Michigan Ave. Pensacola, FL 32526 850-434-8880
Your MRO is:	Neil Dash

For EAP (Employee Assistance) Referral: Section O lists national hotline numbers for drug and alcohol problems. Florida Drug Screening, Inc. at 321 728 2941 can provide a list of treatment programs in your area. In addition, under contract with Florida Drug Screening, Inc. – EAP provider – **Employee & Family Assistance Consultants** (321 723 8823) is available for (EAP) initial assessment and treatment referral.

Employees being tested because of causing or contributing to an accident will ensure that testing is performed for both drugs and alcohol.

N-2. DRUG-FREE WORKPLACE POLICY - INFORMATION
THIS INFORMATION ORIGINALLY DATED 01/01/2007

Company Drug-Free Workplace Program Administrator:

Company Contact Person:	Lisa Cox
Company Location:	210 Business Center Dr. Birmingham, AL 35244 205-532-1990
Your Drug Testing Laboratory is:	Fastest Labs of South Birmingham 4000 Southlake Park Suite 100 Birmingham, AL 35244 205-498-0444
Your Collection Site is:	Fastest Labs of South Birmingham 4000 Southlake Park Suite 100 Birmingham, AL 35244 205-498-0444
Your MRO is:	Donald S. Freedman M.D. C.M.R.O. CRL (Clinical Reference Laboratory) 8433 Quivira Lenexa, KS 66215

For EAP (Employee Assistance) Referral: Section O lists national hotline numbers for drug and alcohol problems. Florida Drug Screening, Inc. at 321 728 2941 can provide a list of treatment programs in your area. In addition, under contract with Florida Drug Screening, Inc – EAP provider – **Employee & Family Assistance Consultants** (321 723 8823) is available for (EAP) initial assessment and treatment referral.

Employees being tested because of causing or contributing to an accident will ensure that testing is performed for both drugs and alcohol.

N-2. DRUG-FREE WORKPLACE POLICY - INFORMATION
THIS INFORMATION ORIGINALLY DATED 01/01/2007

Company Drug-Free Workplace Program Administrator:

COMPANY CONTACT PERSON:	Lisa Cox
COMPANY LOCATION:	210 Business Center Dr. Birmingham, AL 35244 205-532-1990
Your Drug Testing Laboratory is:	On-Site Drug and Alcohol Testing 3315 Bob Wallace Ave. SW, Ste. 101 Huntsville, AL 35805 256-489-7393
Your Collection Site is:	On-Site Drug and Alcohol Testing 3315 Bob Wallace Ave. SW, Ste. 101 Huntsville, AL 35805 256-489-7393
Your MRO is:	Dr. Brian Heinen 3315 Bob Wallace Ave. SW, Ste. 101 Huntsville, AL 35805 256-489-7393

For EAP (Employee Assistance) Referral: Section O lists national hotline numbers for drug and alcohol problems. Florida Drug Screening, Inc. at 321 728 2941 can provide a list of treatment programs in your area. In addition, under contract with Florida Drug Screening, Inc. – EAP provider – **Employee & Family Assistance Consultants** (321 723 8823) is available for (EAP) initial assessment and treatment referral.

Employees being tested because of causing or contributing to an accident will ensure that testing is performed for both drugs and alcohol.

O. NATIONAL HOTLINE NUMBERS

Alcohol and Drug Referral Hot Line 1-800-252-6465

Child Help's - National Child Abuse Hot Line 1-800-422-4453

National A.I.D.S. Hot Line 1-800-342-2437

National Cocaine Hot Line 1-800-262-2463

National Hepatitis Hot Line 1-800-223-0179

National Runaway Switchboard and Suicide Hot Line 1-800-621-4000

National Sexually Transmitted Disease Hot Line 1-800-227-8922

P. NATIONAL ASSISTANCE GROUPS

Alcoholics Anonymous 1-800-344-2666

Food and Drug Administration 1-301-443-1240

M.A.D.D. (Mothers Against Drunk Driving) 1-800-438-6233

Narcotics Anonymous 1-818-780-3951

AL-ANON Family Group Headquarters 1-800-356-9996

National Institute of Drug Abuse, Drug Info., Treatment 1-800-662-4357

Families Anonymous 1-800-736-9805

S.A.D.D. (Students Against Drunk Driving) 1-508-481-3568

Tough Love 1-800-333-1069

American Cancer Society 1-800-227-2345

Council of Compulsive Gambling 1-800-426-7711

DRUG-FREE WORKPLACE PROGRAM RECEIPT

I hereby acknowledge that I have received a copy of the Company's Drug-Free Workplace Program and a full and complete explanation of it, including all policies and the availability of an Employee Assistance Program.

I further state that I have read or will read, or have had or will have read to me, all sections of this Drug-Free Workplace Program. I understand that violation of any provision of this policy may lead to disciplinary action up to and including termination of employment and that I may forfeit my workers' compensation benefits.

Finally, I agree that neither the issuance of these policies nor the acknowledgment of its receipt constitutes or implies a contract of employment or a guaranteed right to recall.

Employee Printed Name	Date Received
Employee Signature	
Witness Printed Name	Date
Witness Signature	

PRE-EMPLOYMENT AGREEMENT

All job applicants at this company will undergo screening for the presence of illegal drugs as a condition for employment. Applicants will be required to voluntarily submit to a urinalysis test at a laboratory chosen by the company. Applicants acknowledge that signing this consent agreement will release the company from liability. Any applicant with positive test results will be denied employment at that time.

The company will not discriminate against applicants for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol that prevents employees from properly performing their jobs that the company will not tolerate. **This policy statement is to be given out with all job applications.**

PLEASE READ CAREFULLY

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

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

If employment commences before the employer receives the drug test results, I understand that I will be immediately discharged if the result comes back positive.

I have read and understand the above statements and employment conditions in full.

_____ _____

Applicant's Signature Date

_____ _____

Driver’s License Number Driver’s License State

***Please note: The best legal advice instructs us to have this agreement form attached to the employment application.**

DOCUMENTATION OF BASIS FOR REASONABLE SUSPICION TESTING

Employee Name: _____

Employee ID Number: _____

Prepare within 7 days after all testing for reasonable suspicion, give to the employee upon request, and keep confidential for at least one year.

Date of testing for reasonable suspicion: _____

Circumstances that existed to warrant the testing done for reasonable suspicion were as follows:

_____ A report of drug use, provided by a reliable and credible source, which has been independently corroborated.
_____ Evidence that an individual has tampered with a drug test during his employment with the current employer.
_____ Information that an employee has caused, contributed to, or been involved in an accident while at work.
_____ Evidence that an employee has used, possessed, sold, solicited, or transferred drugs while working or while on the employer's premises or while operating the employer's vehicle, machinery, or equipment.
_____ Observable phenomena while at work, such as direct observation of drug use or of the physical symptoms or manifestations of being under the influence of a drug or alcohol.
_____ Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance.

Additional Comments:

_____

_____

_____

_____ _____

Employee Signature Date