

Appendix B

AGCNWO SUBSTANCE ABUSE POLICY

Drug / Alcohol Screen Consent Form and Member Information Form Please Print Clearly!

Release form for obtaining urine and/or breathalyzer samples for drug and/or alcohol screening and permission to furnish the results to employers participating in the AGCNWO Substance Abuse Program.

I authorize all contractors participating in the AGCNWO Drug and Alcohol Screening Program, Reliable Drug Testing Clinic, or any other third party administer or testing provider of the AGCNWO Drug and Alcohol Program and any authorized collection site or agent to take urine and/or breathalyzer samples from me for use in a drug or alcohol screening. I understand why these samples are being requested and I give permission for the results to be sent to the MRO. The MRO may communicate my status (eligible or ineligible) in accordance with the AGCNWO Program and Reliable Drug Testing Clinic; or any other third party administer or testing provider of the AGCNWO Drug and Alcohol Program. I further understand this information will be used to determine whether I am eligible for employment or continued employment under the Program's Policy. I further agree I am subject to the Program's Policy and that an ineligible test will render me ineligible for employment until such time I become "eligible" under the policy. I also recognize that the owner may have more severe consequences for an ineligible drug and/or alcohol testing result.

I further release and hold harmless Reliable Drug Testing Clinic, any successor or assign of Reliable Drug Testing Clinic that administers the AGCNWO Drug and Alcohol Program, the AGCNWO, and the Labor/Owner/Contractor Construction Summit, including their constituent member organizations and affiliated Unions, as well as their officers and directors from any consequences arising out of the drug and/or alcohol test or results there from.

I understand that this document will be valid for any and **ALL** drug and alcohol testing performed by all contractors participating in the AGCNWO Drug and Alcohol Screening Program, including randoms, and that I may not be required to fill out consent forms every time I am required to test.

Signature _____ Date _____

Social Security # _____ Date of Birth _____ Home Local _____

First Name _____ MI _____ Last Name _____

Street Address _____ Apartment # _____

City _____ State _____ Zip _____

Phone _____ Craft / Occupation _____ Email Address _____

Employer / Jobsite _____

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• Please either fax this form to 419-841-5153
• Or E-mail the form to;
• shawn@reliabledrugtest.com
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