Construction Data Services

AN INTERNATIONAL ON-SITE DRUG TESTING, SAFETY & MEDICAL MANAGEMENT COMPANY

CIB-AGC, GPCSA, CIMCA AND TROWEL TRADES SUBSTANCE ABUSE TESTING POLICY

EXHIBITS

12-18-07

Office: 314-645-5577 2348 Hampton Ave., St. Louis, MO 63139 Fax: 314-645-6767
800-439-1454 866-645-6767

www.cdsonsite.com

EXHIBIT B

Construction Data Services

AN INTERNATIONAL ON-SITE DRUG TESTING, SAFETY, MEDICAL MANAGEMENT COMPANY

CIB-AGC, GPCSA, CIMCA AND TROWEL TRADES SUBSTANCE ABUSE POLICY CONTRACTOR/UNION REGISTRATION

Check Appropriate Boxes For the Trade Your Company is Signatory To:

Local 8 Bricklayers & Plasters: ☐ Painters District Council 58 (Locals 90, 288 & 363): ☐

Local 18 Plasterers & Cement Masons: ☐ Local 143 Plasters & Cement Masons: ☐

Company Legal Name ______________________________

Street Address ______________________________
NO PO BOX

City ______________________________ State __________ Zip __________

Phone Number: (   ) ____________________ Fax (   ) ____________________

E-mail Address: ______________________________

COMMUNICATORS

Please designate one (1) Primary and one (1) Alternate communicator. Your communicators will be the only persons from within your organization that will be able to request, receive and/or discuss testing result information.

The following person is designated as our **PRIMARY** communicator:

____

The following person is designated as our **ALTERNATE** communicator:

____

This agreement by and between CONSTRUCTION DATA SERVICES (CDS) and the above listed COMPANY consists of the following understandings and conditions: COMPANY designates CDS to act in the capacity of their agent as it applies to the services provided by CDS. COMPANY understands that information is to be requested only by its designated personnel (COMMUNICATORS) for the sole business purposes falling within the scope of their official duties.

____

Signature of Company Official **Title** **Date**

For CDS use only

Received ____________________ Client # ____________________

Please Fax To: 314-645-6767 or 866-645-6767

EXHIBIT H

Construction Data Services

AN INTERNATIONAL ON-SITE DRUG TESTING, SAFETY & MEDICAL MANAGEMENT COMPANY

CIB-AGC, GPCSA, CIMCA AND TROWEL TRADES SUBSTANCE ABUSE POLICY
COMMUNICATOR AUTHORIZATION AND SETUP

A COMPANY OFFICIAL MUST DESIGNATE THE PRIMARY AND ALTERNATE COMMUNICATORS FOR YOUR COMPANY. YOUR COMMUNICATORS WILL ACT AS THE SOLE CONTACT PERSONS FROM WITHIN YOUR COMPANY AND WILL BE RESPONSIBLE FOR THE ADMINISTRATION OF THE PROGRAM AND THE RECEIVING OF NON-NEGATIVE TEST RESULTS

COMPANY OFFICIAL:
I authorize the below listed employees to act as our communicators:

Signature of company official ________________________________ Title ____________________________

Company Name ____

INSTRUCTION FOR THE COMPLETION OF THIS FORM:
Each communicator must submit a separate copy of this form signed by a company official indicating their individual password in the appropriate space. Your password can be up to ten (10) letters in length. Please select your password carefully, as it will be requested from you as a means of identification. CDS will assign your access number and notify you of such.

NO INFORMATION WILL BE RELEASED WITHOUT A VALID ACCESS NUMBER AND PASSWORD

The following person is to be our **PRIMARY** communicator:

Name ____ Title ______________________________________

Cell Phone Number ______________________________ Beeper # ___________________________________

E-mail Address _________________________

Password _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

The following person is to be our **ALTERNATE** communicator:

Name ____ Title ______________________________________

Cell Phone Number ______________________________ Beeper # ___________________________________

E-mail Address _________________________

Password _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

PLEASE FAX TO:
314-645-6767 or 866-645-6767

EXHIBIT E

Construction Data Services

AN INTERNATIONAL ON-SITE DRUG TESTING, SAFETY & MEDICAL MANAGEMENT COMPANY

CIB-AGC, GPCSA, CIMCA AND TROWEL TRADES SUBSTANCE ABUSE POLICY

REASONABLE SUSPICION/CAUSE DOCUMENTATION

Prepare this form every time an Employee is suspected of alcohol and / or drug use by actions, appearance or conduct which constitutes a major change in the person's appearance and / or behavior.

Employee Name: ____

Date of Observation: ____

Time of Observation: From: _____________ AM or PM To:_____________ AM or PM

Location ____

Observed behavior - circle all appropriate items:

SPEECH
thick
rapid
slurred
incoherent
excessive

BALANCE
unsteady
swaying
falling

WALKING
stumbling
staggering
grasping for support

EMOTIONAL INDICATORS
depression
anxiety
alienation
withdrawal
moodiness
irritability

PHYSICAL INDICATORS
pupils dilated
redness of eyes
weight loss
loss of appetite
tremors
cold sweats
rapid breathing
neglect of personal hygiene
odor of marijuana
odor of an alcoholic beverage

Other abnormal behavior observed: ____

____

To the best of my knowledge and belief, this report represents the appearance, behavior and / or conduct of the above named employee, observed by me and upon which I base my decision to request said employee to submit to reasonable suspicion/cause drug and alcohol testing.

Above behavior witnessed by:

____ ____
Signature of Company Official Signature of witness

____ ____
Date Date

Please Fax To:
314-645-6767 or 866-645-6767

EXHIBIT C

Construction Data Services

AN INTERNATIONAL ON-SITE DRUG TESTING, SAFETY & MEDICAL MANAGEMENT COMPANY

CIB-AGC, GPCSA, CIMCA AND TROWEL TRADES SUBSTANCE ABUSE POLICY CLINICAL COLLECTION PROCEDURES

CLINICAL COLLECTION SITES

Contractors / Unions may send their employees/unions to any of the approved clinical locations for testing. To obtain the list of Approved Collection Sites login to the CDS website at www.cdsonsite.com. The majority of these locations are open from 8:00am - 5:00pm. Some are open on weekends. Contractors desiring to utilize a clinical location must contact CDS to obtain Chain of Custody Forms prior to sending a worker for a test. The clinic will not test your worker without a Chain of Custody Form.

SENDING AN EMPLOYEE TO A CLINICAL COLLECTION SITE FOR TESTING

If you are sending an employee to a clinical location for testing, you must follow these steps:

1. **SUBSTANCE ABUSE TESTING NOTIFICATION FORM (See Exhibit D – Substance Abuse Testing Notification)**

   Contractors sending employees to any of the approved clinical locations for testing must complete the Substance Abuse Testing Notification Form and fax it to CDS before sending the employee for testing. Your completion of this form will expedite the receipt of your results. Without this form we have no way of knowing who the employee belongs to.

2. **EMPLOYEE NOTICE OF POLICY, CONSENT AND RELEASE (See Exhibit A)**

   Prior to sending an employee to a clinical collection, the employee needs to complete the Employee Notice of Policy Consent and Release Form (EXHIBIT A). The contractor should fax the completed form with the Substance Abuse Notification Form (Exhibit D) to **866-645-6767.**

3. **QUEST DIAGNOSTICS SUBSTANCE ABUSE TESTING REQUISITION FORM**

   This form is provided by CDS to contractors who request them. This is the actual chain of custody form that the laboratory utilizes to perform the test and will be required for testing at a clinical location.

   These are the only testing forms allowed under this program.

   Do not complete any portion of the form or separate it in any way. The collection site will complete the form at the time of the test. Send this form with the employee to be tested. The laboratory will not be able to conduct the test without this form. The chain-of-custody form can be housed at the clinic as a convenience to the contractor.

4. **PHOTO IDENTIFICATION**

   The employee must have some form of photo identification with him to take his test (i.e. Drivers License, State ID Card, School ID, etc.). **<u>The clinic will not conduct the test unless the employee has a photo ID.</u>**

EXHIBIT D

Construction Data Services

AN INTERNATIONAL ON-SITE DRUG TESTING, SAFETY & MEDICAL MANAGEMENT COMPANY

CIB-AGC, GPCSA, CIMCA AND TROWEL TRADES SUBSTANCE ABUSE POLICY
SUBSTANCE ABUSE TESTING NOTIFICATION

Date _______________ **Contractor** ______________________________ **Submitted by:** ______________________

Please complete and return by fax prior to sending a worker to a Clinical Location for testing

PLEASE PRINT				**Clinic Used**
Last Name	First Name	SSN/Employee ID#	Craft	
Last Name	First Name	SSN/Employee ID#	Craft	
Last Name	First Name	SSN/Employee ID#	Craft	
Last Name	First Name	SSN/Employee ID#	Craft	
Last Name	First Name	SSN/Employee ID#	Craft	
Last Name	First Name	SSN/Employee ID#	Craft	
Last Name	First Name	SSN/Employee ID#	Craft	
Last Name	First Name	SSN/Employee ID#	Craft	
Last Name	First Name	SSN/Employee ID#	Craft	
Last Name	First Name	SSN/Employee ID#	Craft	
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Last Name	First Name	SSN/Employee ID#	Craft	
Last Name	First Name	SSN/Employee ID#	Craft	
Last Name	First Name	SSN/Employee ID#	Craft	
Last Name	First Name	SSN/Employee ID#	Craft	

PLEASE FAX TO:
314-645-6767 or 866-645-6767

EXHIBIT G

Construction Data Services

AN INTERNATIONAL ON-SITE DRUG TESTING, SAFETY & MEDICAL MANAGEMENT COMPANY

CIB-AGC, GPCSA, CIMCA AND TROWEL TRADES SUBSTANCE ABUSE POLICY
REINSTATEMENT REQUIREMENTS

As a result of your confirmed positive drug or alcohol test, you have been placed in the Inactive Suspended Pool. While you are in this pool you are disqualified from employment until the following conditions have been met:

A. Completion of a Substance Abuse Assessment, Rehabilitation and/or Treatment Program

1. You should contact your Health and Welfare Fund immediately to begin this process because one of the following will disqualify you from employment:
   a. Your failure to promptly seek and enroll within a reasonable period of time in a substance abuse assessment, rehabilitation or treatment program, or
   b. Your failure to participate in an approved assistance program, or
   c. Your abandonment of a treatment program prior to completion and/or being properly released.
2. You must provide evidence to CDS of your completion, or release from an approved substance abuse counseling assessment, rehabilitation or treatment program prior to taking your return-to-work drug test. This written proof needs to be faxed to CDS by the member or the treatment program at 866-645-6767.

B. A Negative Return to Work Drug and Alcohol Test

Upon the completion of your substance abuse assessment, rehabilitation or treatment program you will be required to successfully pass a return-to-work drug and alcohol test.

1. The individual must report to their respective union hall with a $50.00 money order (no personal checks) made out to Construction Data Services.
2. Upon the receipt of the $50.00 money order, the union hall will provide the individual with a CDS chain-of-custody form and the location of the collection site for the individual to perform a drug and alcohol test. The union hall should also ensure that the individual reports to the collection site with proper photo identification.

C. Probationary Status
Upon the completion of the aforementioned steps, you can be returned to the Active Pool and be eligible for employment with the Company under a probationary status. While under this probationary status, you will be subject to additional random testing for a period of two years. Employees being returned to the Active Pool after completion of their reinstatement requirements will be subject to six intermittent drug and alcohol tests during the first year of your return to the Active Pool.

Please acknowledge your understanding by completing the following:

____
Employee signature | SSN/Employee ID Number | Date

____
Employee PRINTED name | Employer

____
Witnessed by | Date

Please fax completed form to: 314-645-6767 or 866-645-6767

EXHIBIT F

Construction Data Services

AN INTERNATIONAL ON-SITE DRUG TESTING, SAFETY & MEDICAL MANAGEMENT COMPANY

CIB-AGC, GPCSA, CIMCA AND TROWEL TRADES SUBSTANCE ABUSE POLICY

MEDICAL REVIEW OFFICER PROCEDURES

All samples confirmed as non-negative by the laboratory will be referred to the Medical Review Officer (MRO) for interpretation. The MRO is a licensed physician who has knowledge of substance abuse disorders and has received the appropriate medical training to interpret and evaluate an employee's positive test result as it relates to the employee's medical history and any other biomedical condition. Employees who receive a non-negative test result will be provided the opportunity to discuss the reason for the non-negative test result with the MRO.

> ***Upon the MRO's receipt of a non-negative test result from the laboratory, CDS will contact the designated communicator for the employer for whom the employee is working. The communicator will then notify the employee that he/she needs to contact the MRO as soon as possible. Employees who fail to contact the MRO within 2 days of their notification will be reported as a non-contact positive, and reclassified to the Inactive Suspended Pool.***

During the conversation with the employee, the MRO will discuss any recent hospitalization, medical treatment and prescription medication the employee may be taking.

If the confirmed non-negative is due to a legitimate prescription, and the MRO is able to confirm such, the employee will be ruled as negative. If the confirmed positive is due to an illegal or unauthorized substance, the MRO will rule the employee as positive and advise him to contact the Health and Welfare Benefit Administrator. In addition to the referral, the MRO will explain the worker's right to have his original sample retested by another SAMHSA Laboratory of his choice.

> *Retest: Individuals testing positive shall have the right to request that their original sample be retested by a SAMHSA approved laboratory of their choice. The request must be made in writing to the MRO within five working days of the notification of a Confirmed Positive Test. The individual requesting the retest shall pay the initial cost for a retest in advance to the MRO. In the event that said retest should prove to be negative, the individual shall be reimbursed for the cost of the test and reinstated.*

After the employee has concluded his conversation with the doctor, he should be instructed to wait for the MRO's decision. In most cases, CDS will be able to notify the designated communicator of the MRO'S ruling within an hour.

If the worker's test is confirmed and ruled as a positive test by the MRO, the designated communicator will then provide the employee member with a copy of the reinstatement procedures **(See Exhibit G).** The employee member should acknowledge his understanding by completing the bottom portion of the form. The communicator should then fax the completed form to CDS as soon as possible.

MRO PHONE #: 877-808-2929

EXHIBIT I

Construction Data Services

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CIB-AGC, GPCSA, CIMCA AND TROWEL TRADES SUBSTANCE ABUSE POLICY POOL STATUS INQUIRY

Date _______________ Contractor _______________________ Inquiry by _________________

Access # ____________ RETURN FAX # ____

SSN/Employee ID#	Last Name	First Name	ACTIVE NO Test Needed	IN-ACTIVE NEEDS Testing

I CERTIFY THAT THE ABOVE LISTED INDIVIDUALS BEING INQUIRED UPON ARE OUR EMPLOYEES AND NOT THOSE OF A SUBCONTRACTOR

INQUIRIES CAN ALSO BE MADE AT WWW.CDSONSITE.COM

Fax your Inquiry to: 314-645-6767 or 866-645-6767