

**MILTON J. WOOD COMPANY**

**MILTON J. WOOD FIRE PROTECTION**

**DRUG FREE WORKPLACE  
POLICY**

**DRUG FREE WORKPLACE  
COMPANY POLICY**

**TO OUR EMPLOYEES**

Dear Fellow Employee:

It is a fact of life that alcohol and drug abuse is widespread in today's society. Its causes are many and complex, but one thing is certain, the use, sale, purchase, dispensing, or possession of illegal drugs and/or the abuse of alcohol are inconsistent with the company's commitment to provide a safe and productive work environment for all of its employees and to continue to deliver the high quality products and services which have made us an industry leader.

While the company has no intention of intruding into the private lives of its employees, we recognize that serious involvement with drugs and/or alcohol eventually takes its toll on job performance. Our concern is that employees report to work in condition to perform their duties safely and efficiently in the interest of our clients, our fellow workers, the company, and themselves. To this end, we have instituted a "drug free workplace program" and therefore are obligated to notify you that it is a condition of employment that you refrain from using drugs on or off the job and that a drug testing program has been implemented.

Hopefully, if we all do our part, our efforts will carryover into our community and reinforce our demonstrated concern for the health and safety of everyone.

Sincerely,

MILTON J. WOOD COMPANY

## BACKGROUND:

The company recognizes the dangers that the use of alcohol and/or drugs can have on the performance of its employees and on the safety and security of its work environment. In order to maintain productivity and especially, to protect the safety and well being of all employees, direct action must be taken when employees are under the influence of drugs and/or alcohol on a company jobsite or company property.

The company recognizes that drug and/or alcohol abuse (SUBSTANCE ABUSE) is treatable and is committed to make an effort to assist current employees who may be experiencing problems due to substance abuse by helping them to understand and correct it, while supporting approved rehabilitation efforts.

The Milton J. Wood Company will have a drug and alcohol free workplace and the company is obligated to establish and communicate its policy to all employees.

## POLICY:

1. It is the policy of the company to maintain a drug free workplace as a condition of continued employment. All employees must abide by the terms of this policy.
2. The use, sale, manufacture, distribution, purchase, possession, dispensing, or being under the influence of illegal drugs, non-prescribed controlled substances or alcohol on a company jobsite, company property, while on company business, or while operating company owned or leased vehicles and/or equipment is strictly prohibited.
3. In order to detect the use of these substances as described above, employees may be directed to submit to a urinalysis drug test, a blood test, a saliva test and/or breathe test. Individuals under the influence of alcohol or with illegal or non-prescribed controlled drugs in their system are in violation of this policy and will be subject to discipline, up to and including termination of employment.

The use of alcoholic beverages by company employees on company premises or on company assignments may take place only during an approved company function.

## IMPORTANT NOTE:

The authorization of alcoholic beverages at such functions DOES NOT relieve employees from the responsibility of exercising moderation and judgement so as not to present a danger to themselves, other employees, the general public, or the company's reputation.

4. The use of legal drugs, prescribed by a licensed physician for a specific treatment, will not result in disciplinary action. Some of these prescriptions can have a direct impact on vigilance, judgement, and coordination. It is important, particularly in safety sensitive assignments involving the operation of vehicles or machinery, for example, for the company to assure itself that there is not a threat to safety as a result of such medication. It is therefore imperative that any employee taking such medication notify his supervisor and the drug free workplace administrator (hereinafter DFWP Administrator).
5. Employees experiencing problems as a result of substance abuse should contact the DFWP Administrator for referral of treatment and/or counseling. This discussion will be kept confidential and will have no influence on appraising an employee's work performance. Work performance alone will be evaluated, not the fact that the employee may be granted an unpaid medical leave to undertake drug or alcohol rehabilitation treatment. After consultation with the treatment facility's counselor(s), the DFWP Administrator will determine whether the employee may continue to work during treatment or whether an unpaid medical leave should be granted. Such employee must cooperate fully with the approved treatment and/or counseling program and if medical leave is granted, the employee will not be permitted to return to work until a satisfactory release from the treatment program is presented to the DFWP Administrator certifying that the employee is capable of returning to work and has met the requirements of the program to date. An employee who undergoes treatment under this policy will be required to sign and comply with the substance abuse commitment letter. Upon return to work, such an employee will be subject to periodic testing to verify recovery from substance abuse. Failure to take or pass a random test will result in discipline which may include termination of employment.
6. The company utilizes a urinalysis drug test, blood test, hair, saliva and/or breath test under the following circumstances:
  - 6-1 For all applicants prior to employment.
  - 6-2 For current employees on a for cause basis where there is reasonable suspicion that an employee has violated this policy. Testing will only be done with the approval of two supervisors or one company supervisor and a Vice President and/or the DFWP Administrator.
  - 6-3 Annual employee testing of all employees.
  - 6-4 Random employee testing that shall equal or exceed 20% of the average number of employees at the discretion of Milton J. Wood Company or its clients.
  - 6-5 Upon return to work following treatment for substance abuse, testing will be conducted on a periodic basis for up to three years and may include testing of the hair for drug use history.

6-6 Drug and/or alcohol testing will be required after an accident that results in a fatality, bodily injury, damage or potential damage to property aggregating five hundred dollars (\$500.00) or more based on actual cost or reliable estimates. If an employee is injured, the collection of samples will be completed as soon as the initial treatment is completed, in any case within thirty-two (32) hours after the accident. When there has been a determination by an attending law enforcement agency as to the degree of an employee's responsibility, and if drugs and/or alcohol are detected as a result of testing, the employee will be subject to discipline up to and including termination of employment depending on severity of the situation.

Any and all uninjured employees involved in an accident as described above will be required to submit to drug and/or alcohol testing within 32 hours of the accident. If not completed within that time frame, such employee will be deemed to have refused to submit to a test for drugs and/or alcohol and will be subject to discipline up to and including termination of employment.

7. Any employee who is arrested, indicted, or convicted of a drug and/or alcohol related violation must report this information to the DFWP Administrator no later than five (5) days after such arrest, indictment, or conviction. Failure to notify the DFWP Administrator within the specified time period may result in termination. An employee who is convicted of a drug or alcohol related charge or an employee who is arrested or indicted for a drug or alcohol related charge, where an independent company investigation finds a violation of this policy, will be subject to discipline up to and including termination of employment. An unpaid leave of absence may be considered depending upon the severity of the situation.

**DRUG ABUSE AND ALCOHOL ABUSE TREATMENT LOCATIONS**

Gateway Community Services 555 Stockton Street Jacksonville, FL 32204 904-387-4661	Ten Broeck Hospital 6300 Beach Boulevard Jacksonville, FL 32216 904-724-9202	
St. Vincent's Behavioral Health Support Services 4160 University Boulevard South Jacksonville, FL 32216 904-308-7900	Tri-County Human Services 1831 North Crystal Lake Drive Lakeland, FL 33801 863-709-9392	Greenfield Center 1820 Barrs Street Jacksonville, FL 32204 904-389-3784
Coastal Harbor Treatment Center 1150 Cornell Avenue Savannah, GA 31406 912-354-3911	Focus By The Sea 2927 Demere Road St. Simons Island, GA 31522 912-638-1999	Recovery Place of Savannah 835 East 65 <sup>th</sup> Street Savannah, GA 31405 912-355-1440

Contact the Drug Free Workplace Administrator for further assistance with the EAP Program.

8. Initial Test. The initial screen for all drugs shall use an immunoassay. The following cutoff levels shall be used when first screening specimens to determine whether they are positive or negative for some or all of these drugs or metabolites. All levels equal to or exceeding the following shall be reported as positive:

Alcohol	.04%
Amphetamines	1,000 ng/ml
Cannabinoids	50 ng/ml
Cocaine	300 ng/ml
Phencyclidine	25 ng/ml
Methaqualone	300 ng/ml
Methamphetamines	1,000 ng/ml
Opiates	2,000 ng/ml
Barbiturates	300 ng/ml
Benzodiazepines	300 ng/ml
Synthetic Narcotics	
Methadone	300 ng/ml
Propoxyphene	300 ng/ml
Morphine	300 ng/ml
TCA	1,000 ng/ml
MDMA (Ecstasy)	500 ng/ml

A positive finding will generate a confirmation through GC/MS and the results will be kept confidential. A copy of any positive finding can be received by the subject employee by submitting his/her request in writing.

Refusal to provide an adequate sample for testing under the terms of this policy may result in disciplinary action, up to and including discharge.

Any employee discharged for violating this policy will not be eligible for re-hire for a period of one year.

#### EMPLOYEE ASSISTANCE PROGRAM (EAP)

The reasons for drug experimentation, such as curiosity and social pressure, are different than the reasons for occasional drug use. Dependence and fear of withdrawal are different still. The company and management will provide information on drug awareness to encourage abstinence from substance abuse.

Welcome to the Milton J. Wood Company.

Sincerely,

MILTON J. WOOD COMPANY

**OVER THE COUNTER AND PRESCRIPTION DRUGS WHICH  
ALTER OR AFFECT THE OUTCOME OF A DRUG TEST**

**ALCOHOL**

All 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).

**AMPHETAMINES**

Obetrol, Biphphetamine, Desoxyn, Dexedrine, Didrex

**CANNABINOIDS**

Marinol (Dronabinol, THC)

**COCAINE**

Cocaine HCl topical solution (Roxanne)

**PHENCYCLIDINE**

Not legal by prescription

**METHAQUALONE**

Not legal by prescription

**OPIATES**

Paregoric, Parepectolin, Donnagel PG, Morphine, Tylenol with Codeine, Empirin with Codeine, APAP with Codeine, Aspirin with Codeine, Robitussin AC, Guaiatuss AC, Novahistine DH, Novahistine Expectorant, Dilaudid (Hydromorphone), M-C Contin and Roxanol (morphine sulfate), Percodan, Vicodin, etc.

**BARBITURATES**

Phenobarbital, Tunial, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Fiorcet, Esgis, Butisol, Mebaral, Butabarotal, Butabital, Phrenilin, Triad, etc.

**BENZODIAZEPINES**

Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcoin, Paxipam, Restoril, Centrax.

**METHADONE**

Dolphine, Methadose

**PROPOXYPHENE**

Darvocet, Darvon N, Dolene, etc.

BY SIGNING ON THE REVERSE SIDE OF THIS PAGE, YOU AGREE TO THE TERMS STATED ON THE FRONT AND BACK SIDE OF THIS PAGE.

AUTHORIZATION FOR USE OF DISCLOSURE OF MEDICAL INFORMATION

This authorization for use or disclosure of medical information is being requested of you to comply with the terms of the Confidentiality of Medical Information Act of 1981.

I hereby authorize the Medical Review Officer, any counselor, or treatment facility I may be referred to and the testing laboratories to furnish the Milton J. Wood Company with results of all tests run. The Milton J. Wood Company may use the medical records and type of information authorized only for the following purpose: To determine my ability to perform my job and my qualifications for employment or continued employment and to defend the company in any legal proceedings in which my employment or actions are at issue.

This authorization shall become effective immediately and shall remain in effect throughout the duration of my employment with the Milton J. Wood Company.

I understand that the DFWP Administrator may not further use or disclose the medical information unless another authorization is obtained from me or in case of post accident testing or disclosure is specifically required or permitted by law.

I further understand that I have a right to receive a copy of this authorization upon my request.

CONSENT FORM FOR DRUG TESTING

I understand that the Milton J. Wood Company has a policy against the use, possession, or distribution of illegal drugs and/or alcohol by its employment applicants and employees. I further understand that the Company has adopted a drug testing program as one method of implementing that policy.

I hereby consent to the taking of urine, saliva, hair or blood samples by the Company or its agents for the purpose of the above drug testing program and to the testing of such samples by the drug testing laboratory designated by the Milton J. Wood Company. I further understand that I must attend a jobsite training orientation. I hereby further consent to the release of any test reports on such samples or other related medical information from the laboratory to the DFWP Administrator of the Milton J. Wood Company and to the use of all such reports or other information in the Milton J. Wood Company assessment of my employment application, employment status and/or any legal proceedings arising out of my employment or as a result of any accident.

This authorization shall become effective immediately and shall remain in effect throughout the duration of my employment with the Milton J. Wood Company. I also understand that I have a legal right under the Confidentiality of Medical Information Act to receive a copy of this consent form.

I, the undersigned, as an employee of the Milton J. Wood Company or Milton J. Wood Fire Protection, state that I have received a copy of the Corporate Safety Policy and Procedures Manual. I also declare that I am aware of the Hazard Communication Standard and have been trained in the following: (this applies only to departments where hazardous chemicals are used)

1. The location of material safety data sheets.
2. I have received instruction in how to handle and identify chemicals in my work area.
3. I am aware the chemicals which require me to wear protective equipment when handling and what to do in the event of a spill.
4. I am aware that if I have any questions regarding how to handle a chemical that I am to look at the material safety data sheet or consult my supervisor.

With regards to the Corporate Safety Policy and Procedure Manual I am acknowledging the following:

By signing below I am aware that it is my responsibility as an employee to be fully aware of all safety policies and procedures and that I am required to follow them at all times including those which are posted in my work area. I further understand that I must attend a jobsite training orientation. I fully understand that not following the safety policies and procedures in the Corporate Safety Policy and/or the Corporate Drivers Manual or those posted in my work area could result in my termination. I accept the Florida 25% Rule allows for a 25% reduction in Workers Compensation benefits for not following safety rules or wearing personal protective equipment. FS440.09(4)

READ THIS!!!! BY SIGNING BELOW, I AGREE TO ABIDE BY THE DRUG FREE WORKPLACE POLICY AND I AM RECEIVING A COPY OF THE POLICY IN THIS MANUAL. I AM SIGNING THE CONSENT FORM FOR DRUG TESTING AND FOR THE RELEASE OF MEDICAL INFORMATION AS OUTLINED ABOVE.

_____ DATE	_____ EMPLOYEE SIGNATURE
_____ SOCIAL SECURITY NUMBER	_____ PRINT NAME
_____ DRIVERS LICENSE NUMBER	

WITNESSED:

_____ SIGNATURE	_____ PRINT NAME/TITLE
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This should be completed on the employee's first day of employment prior to beginning work.