## S & G Associates, Inc. Aviators Anti-Drug Consortium

Please complete this questionnaire and FAX to us at 866-945-0402, so that we can put a policy manual and employee packet together for you.

### EMPLOYER DRUG AND ALCOHOL POLICY INFORMATION

Employer Information:							
Employers legal name and address:							
Name:							
Street:							
City:	State: Zip:						
If above is P.O. Box, is there	a street address for UPS delivery						
Certificate #	Plan#						
EMPLOYEES: Number of covered employees:							
DRUG AND ALCOHOL PROGRAM MANAGER:							
Please give the name and job title of the person designated by the company to be the DER (Drug and Alcohol Program Manager):							
Phone: (voice)E-mail:	FAX:						
An Alternate Person to receive	test results:						
Phone: (voice)	FAX:						
By signing below, you authorize an intermediary and transmit ar Review Officer to you.	e S & G Associates, Inc. to act as my test results from the Medical						
Signature	Date						
Printed Name							

### PERMANENT DISQUALIFICATION FROM PERFORMING SAFETY SENSITIVE WORK

FAA rules state that an employee who engages in prohibited drug use or confirmed alcohol test results of 0.04 or above is absolutely barred from performing the same safety sensitive duties they performed before the prohibited conduct in the following situations:

- 1. Two verified positive drug tests after 9-19-1994, or
- 2. Two confirmed alcohol tests of 0.04 or greater after 3-18,1994, or
- 3. Use of prohibited drugs or alcohol while performing safety sensitive duties.

#### DRUG POLICY:

FAA rules state that the employee must be removed from safety sensitive duties immediately and referred to a SAP, if they test positive for prohibited drugs.

If an employee receives a verified positive test for prohibited drugs, the company will:

[		Termina										
	]	Transfe	er t	the	employ	ree	to	a	nor	n-covered	job.	
	]	Allow	the	emp	loyee	to	ent	cer	a	rehabilit	ation	program.

#### DILUTE SPECIMEN:

49 CFR Part 40.197 states: if the creatinine concentration of the dilute specimen is greater then 5mg/dl you may, but are not required to, direct the employee to take another test immediately. Such recollections must not be collected under direct observation, unless there is another basis for use of direct observation (Part 40.67 (b) and (c)). You must treat all employees the same for this purpose. You may, however, establish different policies for different types of test (e.g. conduct retests for pre-employments but not for randoms). You must inform your employees in advance of your decisions on these matters. You may only conduct one retest on the employee. If the retest was also negative and dilute you may not conduct another retest. If the employee declines to take a retest under this section it is considered a Refusal.

# REFUSAL TO SUBMIT TO A REQUIRED DRUG OR ALCOHOL TEST:

If an employee refuses to submit to a required drug or alcohol test, the employee must be removed from safety sensitive duties and referred to a SAP for evaluation.

In addition, the company policy is to:					
<ul><li>[ ] Terminate the employee</li><li>[ ] Transfer the employee to a non-covered job</li><li>[ ] Allow the employee to enter a rehabilitation program one time.</li></ul>					
ALCOHOL TEST OF 0.02 OR GREATER AND LESS THAN 0.04:					
When employees test at 0.02 or greater, but less than 0.04, they may not return to work in a covered function until the beginning of their next shift, or at least 8 hours, or until they retest below 0.02. How do you intend to deal with this situation?					
<pre>[ ]</pre>					
An employee that test at 0.02 or greater the second time will be:					
[] Given time off without pay: days					
<ul> <li>[] Given time off without pay: days</li> <li>[] Terminated</li> <li>[] Permanently transferred to non-covered position.</li> <li>[] Required to undergo SAP evaluation and any recommended rehabilitation program.</li> </ul>					
<ul><li>[ ] Terminated</li><li>[ ] Permanently transferred to non-covered position.</li><li>[ ] Required to undergo SAP evaluation and any recommended</li></ul>					
<ul><li>[] Terminated</li><li>[] Permanently transferred to non-covered position.</li><li>[] Required to undergo SAP evaluation and any recommended rehabilitation program.</li></ul>					
<ul> <li>[ ] Terminated</li> <li>[ ] Permanently transferred to non-covered position.</li> <li>[ ] Required to undergo SAP evaluation and any recommended rehabilitation program.</li> <li>ALCOHOL TEST OF 0.04 OR GREATER:</li> <li>FAA rules state that the employee must be removed from safety</li> </ul>					

USE OF ALCOHOL OR PROHIBITED DRUGS WHILE PERFORMING SAFETY SENSITIVE DUTIES.

FAA rules state the employee is PERMANENTLY BARRED from performing the same duties if the employee uses prohibited drugs or consumes alcohol while performing safety sensitive duties.

What action do you intend to take if an employee is using alcohol or prohibited drugs while performing safety sensitive duties?

[ ] Employee terminated
[ ] Employee permanently transferred to non-covered position

#### Substance Abuse Professional:

[ ] Terminated

All individuals who receive a verified positive drug test, a confirmed alcohol test of 0.04 or greater, or refuse to submit to a required drug or alcohol test will be referred to a Substance Abuse Professional, as required by DOT/FAA regulations. This must be an "in-person", face to face interview with a "licensed physician (MD or DO), or a licensed or certified psychologist, social worker, employee assistance professional or addiction counselor (certified by the National Assn. of Alcoholism and Drug Abuse Counselors Certification Commission), with knowledge of and clinical experience in the diagnosis and treatment of alcohol related disorders."

If you have already chosen a Substance Abuse Professional to do evaluations, please fill that information in below.

SAP NAME, ADDRESS AND PHONE #:						
Who will pay for the SAP evaluation, if there is any cost involved?						
[ ] Employee [ ] Employer [ ] Insurance & employee [ ] Other, please specify:						
If the employee refuses an SAP evaluation, the employee will be						

Transferred to a non-covered position permanently.

### REHABILITATION:

If the employee refuses to enter or complete recommended by the SAP evaluation, the emplo	e a program oyee will be:
[] Transferred to a non-covered position per [] Terminated	ermanently.
Who will pay for rehabilitation program: [] Employer [] Employee [] Insurance	
If in a rehabilitation program, the employed take: [] Allowed to take sick leave while in program number of days number of weeks.	
[ ] Allowed to take vacation while in programmer of days number of weeks.	am?
[ ] Allowed to take unpaid leave of absence number of days number of weeks.	while in program?
[ ] Transfer to non-covered position	
Who will pay for Return-to-Duty tests: [ ] Employer [ ] Employee [ ] Insurance	
Who will pay for follow-up tests if needed? [ ] Employer [ ] Employee [ ] Insurance	
For help in filling out the forms, or more contact:  S & G Associates, Inc. P.O. Box 273	information please
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