



DOCUMENT NO.: DND-HR-POL-00026	REV. NO. 0	EFFECTIVE DATE <u>10/01/2025</u>
TITLE: Workplace Substance Abuse Program	<u>5 YR PERIODIC REVIEW DATE:08/21/2030</u>	
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Level 1 Policy

Revision	Record of Issue/Revision	Affected Pages
0	Revision:Updated to reflect transition from FLUOR-BWXT to SOCCo.	All

Previous Record of Issue/Revision information is available from the history files.

This Southern Ohio Cleanup Company LLC (SOCCo) policy is subject to modification or revision in part or in its entirety to reflect changes in conditions subsequent to the effective date of this policy. Employees represented by a union are subject to the terms and conditions of the Union’s Collective Bargaining Agreement (CBA) with SOCCo. In the event of a conflict between the CBA and this policy, the CBA shall prevail.

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A. PURPOSE

Southern Ohio Cleanup Company LLC (SOCCo) is committed to maintaining an alcohol and drug free workplace and to establish a program in accordance with the requirements of the following:

- 10 CFR 707, *Workplace Substance Abuse Programs at DOE Sites*, as amended on July 7, 2025, which includes the *Mandatory Guidelines for Federal Workplace Testing Programs* issued by the Department of Health and Human Services (DHHS), Controlled Substances Act
- Department of Transportation (DOT) regulations
- 10 CFR Part 710, *Personnel Assurance Program*
- DOE 350.1 chg. 7 - *Contractor Human Resource Management Program*
- DHHS publication number (ADM) 88-1526 criteria provided in the Medical Review Officer Manual

SOCCo will employ individuals who refrain from the illegal use of controlled substances and other intoxicants in order to provide safe workplaces for personnel and maintain programs promoting high standards of conduct to ensure environment protection, public health and safety, and safeguard of national security.

This policy applies to the following personnel at the Portsmouth Gaseous Diffusion Plant (PORTS) site to support the Decontamination and Decommissioning (D&D) project activities:

- All SOCCo employees
- Commercial Driver's License (CDL) drivers employed by SOCCo (reference DND-WM-POL-00002, *Driver Controlled Substances and Alcohol Use and Testing Policy*)
- Affiliates, Contract Labor Resources (CLRs), Vendor Services, and Construction Services Contractors consistent with their respective subcontracts.

This document implements applicable regulatory requirements. They are listed in Appendix A, *Source References*.

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NOTE

“Illegal Drug” means a controlled substance, as specified in Schedules I through V of the Controlled Substances Act, 21 U.S.C. 811, 812. The term “illegal drugs” does not apply to the use of a controlled substance in accordance with terms of a valid prescription, or other uses authorized by law.

If a drug is considered illegal in the State of Ohio, it is an “illegal drug” for the purposes of this policy even if other states have legalized the drug(s).

If a drug is considered legal in the State of Ohio, but illegal by Federal statutes and regulations, employees shall not use, possess, manufacture, distribute, disperse, transfer, be under the influence of, or sell such drugs.

B. POLICY

1. SOCCo prohibits the possession, use, manufacture, distribution, transfer or presence of illegal substances, and the illegal use of controlled substances and alcohol abuse in the workplace. In addition, employees are required to report to work in proper condition to satisfactorily perform their duties safely. Violation of this prohibition or requirement may result in unpaid suspension, termination of employment, or mandatory enrollment in an SOCCo-approved substance abuse program.
2. The designated SOCCo representative will notify all employees of this policy and SOCCo’s commitment to an alcohol and drug free workplace. All employees will receive a copy of DND-HR-POL-00026, *Workplace Substance Abuse Program*, and as a condition of employment, each employee must:
 - a. Read and sign DND-HR-POL-00026-F01, *Southern Ohio Cleanup Company LLC Workplace Substance Abuse Program Agreement*, (Attachment A). The original signed agreement will be kept in the employee’s personnel file.
 - b. Read and sign DND-HR-POL-00026-F03, *Employee Drug/Alcohol Testing and Personal Search Consent Agreement*, (Attachment C). The original signed agreement will be kept in the employee’s personnel file.
 - c. **IF** the employee is in a Testing Designated Position (TDP), **THEN** read and sign DND-POL-00026-F02, *Employee Agreement Concerning Illegal Drugs for Testing Designated Positions (TDPs)*, (Attachment B). The original signed agreement will be kept in the employee’s personnel file.
 - d. Comply with *Workplace Substance Abuse Program*.
 - e. Provide written notification to Human Resources (HR) and Environmental, Safety, Health and Quality (ESH&Q) Director, or their designee, of a drug related arrest or conviction or receipt of a positive drug test result, as soon as possible, but within five calendar days of such arrest, conviction or receipt of a positive test result. Violation of this provision is grounds for immediate termination.
 - f. Employees with security clearance or in process to obtain a security clearance must meet Department of Energy (DOE) reporting requirements independent of SOCCo reporting requirements (DOE Order 472.2, *Personnel Security*) – according to

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NWD-PORTS-22-8021, *Safeguards and Security Personnel Security Program Plan*, in the section dealing with *Individual Reporting Requirements*.

NOTE

Employees are required to report drug, Driving Under the Influence (DUI) and Operating a Motor Vehicle Impaired (OMVI) arrests, citations and/or convictions to both SOCCo and Infrastructure Support Services (ISS) Security personnel. ISS Security personnel will report these incidents to DOE. Note that DOE reporting requirements for SOCCo employees may be different than SOCCo requirements.

3. SOCCo may conduct impromptu searches of an employee's personal belongings and work area(s) when there is reasonable suspicion that an employee may be in violation of this policy. Any illegal drugs or non-medically prescribed controlled drug or substance found will be confiscated and, if appropriate, turned over to law enforcement authorities. Violation of this policy may be grounds for immediate termination of employment.
4. The ESH&Q Director, or their designee, must also provide written notification to DOE Contracting Officer (CO) within ten calendar days after receiving notice of a drug related DUI or OMVI arrest, citation, and/or conviction from an employee.
5. SOCCo shall impose one of the following actions, with respect to an employee who is convicted of a drug related violation, within 30 calendar days after receiving such notice of conviction:
 - a. Take appropriate personnel action, up to and including termination.
 - b. Offer such employee, consistent with SOCCo's policies and the Employee Assistance Program (EAP), an opportunity to participate satisfactorily in a drug abuse assistance or drug rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency. **IF** the employee refuses to participate in such a program, **THEN** SOCCo will take appropriate personnel action, up to and including termination, in accordance with SOCCo policies.
6. ESH&Q shall provide written reports semi-annually to the DOE within 15 days of the close of each period during the performance period that reflects all drug testing activity, including test results and any cases giving rise to a drug or security concern, which will enable SOCCo to properly monitor the *Workplace Substance Abuse Program* and report drug related matters to DOE as appropriate.
7. SOCCo HR will conduct periodic audits or surveillances of the drug testing process performed by Site Health Services Medical Staff to ensure compliance with this policy.
8. SOCCo ESH&Q Director or designee reviews and evaluates the program processes, MRO qualifications, etc.
9. SOCCo's *Workplace Substance Abuse Program* prohibits employees from engaging in any of the following activities:
 - a. Use, possession, manufacture, distribution, dispensation, transfer, or sale of drugs while conducting SOCCo business, regardless of time or place. This includes illegal use,

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possession, manufacture, distribution, dispensation, transfer or sale of legally obtained drugs.

- b.** Unauthorized use, possession, manufacture, distribution, dispensation, transfer, or sale of a controlled substance at any time or while operating/spotting any SOCCo/DOE-supplied motorized mobile equipment.
- c.** Storing any non-prescribed controlled substance in a locker, desk, purse, lunchbox, motorized mobile equipment, or other repository.
- d.** Being under the influence of a controlled substance or alcohol on DOE premises, while conducting SOCCo business.

10. Chemical Screening/Authorized Use of Prescription Medicine

- a.** SOCCo will conduct chemical screening by urinalysis on a controlled and monitored basis to prevent the use and presence of illegal substances and the illegal use of controlled substances in the workplace.
- b.** Employees undergoing prescribed medical treatment with a drug that may alter or impair physical or mental abilities and may render the individual unfit for duty shall report this treatment to the appropriate supervisor and Site Health Services Medical personnel prior to reporting to work. HR shall, with the assistance of qualified health care personnel, determine whether a temporary change in the employee's job assignment is warranted during the period of treatment.
- c.** SOCCo will conduct urine drug screening as outlined below:
 - i.** Pre-Employment/Post-Offer Testing
 - (a) All candidates who have been extended a formal offer of employment as full-time, temporary, hourly, or part-time employees are required to submit to a pre-employment urine drug analysis as a condition of employment.
 - (b) Candidates will also be required to sign DND-HR-POL-00026-F04, *Controlled Form Pre-Employment Drug Testing Consent Form Statement of Understanding*, (Attachment D), acknowledging their agreement to abide by the terms and conditions of this policy.
 - ii.** Full-Time, Temporary and Part-Time Employment
 - (a) All candidates for hire who have been extended a formal offer of employment will be advised as part of the application process of the chemical screening requirement and will be drug tested consistent with this policy.
 - (b) Negative test results must be received by SOCCo prior to employment with the exception of those hired under Project Labor Agreement (PLA), when the testing for substance abuse happens on day one of employment.
- d.** Occurrence Testing
 - i.** When there is an occurrence, the employee may be asked to submit to a Breath Alcohol Test (BAT) to test for alcohol intoxication and urinalysis to test for illegal use of drugs.
 - (a) Occurrence testing takes priority over reasonable suspicion testing (e.g., if an employee is injured, they are subject to occurrence testing regardless if they

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meet the reasonable suspicion criteria.).

- ii. Any individual subject to this policy who is involved in a motorized mobile equipment accident will be tested for the presence of controlled substances and alcohol.
 - (a) In the case of subcontractors, CLR's, SOCCo vendors, and onsite carriers; contact the employer prior to sending the employee to test, and obtain the employer's consent to test.
 - (b) In all other cases and when employer/employees consent is withheld, contact site Security for potential referral to Pike County Sheriff's Office.
 - iii. BAT will be performed as soon as possible, but no later than one hour after the occurrence except in cases where the test must be performed off-site. **WHEN** the BAT must be performed off-site, **THEN** the BAT must be administered as soon as reasonably possible under the circumstances.
 - iv. The urinalysis will be performed, as soon as possible, but no later than 24 hours after the occurrence unless SOCCo determines it is not feasible to do so.
 - v. The employee must have an escort or be accompanied by a Manager or Supervisor when sent to an onsite or offsite medical facility for alcohol and drug testing.
 - vi. The Plant Shift Superintendent (PSS) should contact the following to inform them an employee is being sent to them for alcohol and drug testing in order to facilitate the process:
 - (a) Site Health Services Medical Facility
 - (b) Adena Pike Medical Center (when the Site Health Services Medical Facility is closed)
- e. Reasonable Suspicion Testing
 - i. It may be necessary to test any employee for the use of illegal drugs and/or alcohol if the behavior of such an individual creates the basis for reasonable suspicion for the illegal use of drugs or use of alcohol. During the hours the Medical Review Officer (MRO) is available, two or more supervisory or management officials, at least one of whom is in the direct chain of supervision of the employee, and the MRO from the Site Health Services Medical Facility must agree that such testing is appropriate. Prior to such testing, every effort must be made to contact HR as HR must review the Reasonable Suspicion Checklist. SOCCo Legal Counsel shall also be in the determination of reasonable suspicion. In the event it is determined a reasonable suspicion test will be administered for represented employees, LR will be notified by HR. During other than normal work hours (i.e., during those times when the MRO is not expected to be present), the PSS will take the lead for making the final determination of whether reasonable suspicion exists. During these off normal hours the PSS is required to gain the written agreement of a second manager or supervisor in employee's direct chain of supervision that such testing is appropriate. Legal and HR shall still be contacted. In the event either or both are not accessible due to off-normal hours, the PSS will make the final determination of reasonable suspicion.

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- v. **IF** the employee receives a positive test result on a drug and/or alcohol screening or is convicted of any drug related offense, **THEN** the employee will be removed from their position and SOCCo, specifically ESH&Q Director or their designee, shall immediately notify HR, Legal, and the SOCCo Security Manager who will notify the Infrastructure Support Services (ISS) Manager who will notify DOE security officials. The employee will be notified of the results by HR/LR.
- f. Random Testing
- i. The *Workplace Substance Abuse Program* will provide for random testing for evidence of illegal drug use by employees including those TDPs identified in this section.
 - ii. The Non-TPDs subject to random drug testing are as follows:
 - (a) All SOCCo and Sub-Contractor employees not identified in a TDP position. Random drug testing shall be performed at a rate equal to 30 percent of the total number of employees in a Non-TDP for each 12 month period.
 - iii. The TDPs subject to random drug testing are as follows:
 - (a) Positions identified by SOCCo that entail duties where failure of an employee to execute his or her position adequately could significantly harm the environment, public health or safety, or national security. Random drug testing shall be performed for this group of personnel at a rate equal to 100 percent of the total number of employees identified and they may be subject to additional drug tests as described in this policy.
 - iv. The TDP list will be provided to HR from Security or Transportation Logistic Coordinator or their designees. The listing will be reviewed for accuracy and maintained by HR before the list is sent to the Site Health Services Medical Facility.
 - v. On a periodic basis, HR will transmit to the Site Health Medical Services personnel an up-to-date list of employees, who are in TDPs.
 - vi. Random selections will be conducted by the Site Health Services Medical personnel, utilizing a computer-based system.
 - vii. **IF** a randomly selected employee is on Leave of Absence (LOA), **THEN** the random selection computer program will select another employee.
 - viii. The notification of randomly selected employees will be transmitted to the supervisor of each employee and/or the employee that testing is required and where they should report for the drug test. **IF** the selected employee is not at work the day the random testing is to be conducted, **THEN** the employee will be notified immediately upon return to work of their random selection. The employee will then follow the requirements of this policy to report for drug testing. This requirement does not apply if the employee is on LOA or other type of leave (e.g., short-term disability, long-term disability, military leave, administrative leave).
 - ix. The selected employee must report to the designated testing facility for the drug screen within two hours of notification.

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- x. **IF** the selected employee fails to report within the two-hour time period, or refuses to submit to the drug screening, **THEN** the Site Health Medical Services personnel will notify HR and the employee’s Supervisor. Failure to report to the designated testing facility within two hours or refusal to submit to the drug screen may result in disciplinary action up to and including termination of employment.
- xi. The employee must present a photo Identification (ID) (e.g., Driver’s License, photo badge used for DOE site access) prior to collection of the urine specimen.
- xii. A diluted drug test will require a retest and the employee will be notified by the Site Health Services Medical personnel to return to provide another sample. The employee will have two hours after notification of the required re-test to report to the testing designated area.

11. Actions for Non-Negative Test Results

- a. Site Health Services Medical Facility personnel will notify the ESH&Q Director or their designee and HR when there is a non-negative test result specimen being sent to the approved laboratory for confirmation testing.
- b. Employees with non-negative test results may be placed on Administrative Leave or have limited duties on site pending final test results.
- c. The following actions will be taken when employee is placed on Administrative Leave:
 - i. Reference policies DND-HR-POL-00027, *Employee Discipline*, and DND-HR-POL-00015, *Termination of Employment*, for placing the employee on Administrative Leave and exiting the employee from the site.
 - ii. HR will take the employee’s badge and give it to the site ISS Security personnel. ISS Security will disable the employee’s site access.

IF the notification to the employee takes place after normal work hours, **THEN** the PSS is contacted to work with HR, LR for represented employees, and site ISS Security personnel to remove the employee from the site.

- d. Once the confirmatory test results are received from a certified testing facility, the employee will be contacted by Site Medical Services to discuss the drug test results with the MRO. Based on discussions between the MRO and the employee, the MRO will determine whether the employee has medical justification for presence of the positive substance(s).
 - i. The MRO, or their designee, may contact Pro Force to have an SPO on stand-by in or near the Site Health Services Medical Facility, but not in the same room, during MRO discussions with an employee.
 - ii. An employee who has been notified of a positive urine test result by the MRO will also be informed by HR that the employee may request a re-test (of the same specimen, split-sample, Sample B) at the same or another certified laboratory. The employee who has been notified of a positive drug test may be removed from their position pending receipt of re-test and final determination by the MRO.

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- iii. An employee that has been advised of a positive drug test must request a re-test no later than the workday immediately following the initial positive test result. **IF** the employee chooses a re-test, **THEN** he/she is responsible for paying the cost of transportation and testing.
 - iv. Individuals may be provided the opportunity to discuss their re- test results with the MRO. The MRO makes the final determination of whether the employee has medical justification for presence of the positive substance(s) in the re-test, if any.
- e. Site Health Services Medical Facility personnel will notify the ESH&Q Director or their designee and HR of the confirmatory test results, who in turn will notify SOCCo Security, the employee’s Manager and Supervisor, and LR for represented employees.
- f. **IF** the results are negative, **THEN** the employee will be returned to work.
- g. **IF** the results are positive, **THEN** Sections 11, *Actions for Positive Testing*, and 12, *SOCCo Employee Assistance Program (EAP)*; of this policy will be followed. Management consisting of HR, LR, and Legal will meet to determine if the employee will be referred to the EAP or if employment will be terminated.

12. Actions for Positive Test Results

- a. HR will complete DND-HR-POL-00026-F05, *Positive Drug Test Results Checklist*, (Attachment E), if a positive test result is received. DND-HR-POL-00026-F05, *Positive Drug Test Results Checklist*, (Attachment E), is maintained in the HR file and not in personnel files.
- b. **IF** an employee receives a positive test result on a drug screening, or a positive alcohol screening, or is convicted of any drug related offense, **THEN** the employee will be removed from their position and subject to disciplinary action in accordance with policy DND-HR-POL-00027, *Employee Discipline*.
 - i. A positive blood alcohol DOT test limit for drivers is 0.020.
 - ii. A positive blood alcohol non-federal/SOCCo alcohol level is 0.040.
- c. The ESH&Q Director or their designee shall immediately notify HR/LR and SOCCo Security. SOCCo Security will notify the ISS Manager who notifies DOE Security Officials.
- d. An employee who has a positive screening test result and is not terminated will be required to do the following:

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- i. Cease immediately any drug and/or alcohol abuse.
- ii. Be evaluated by an EAP Counselor.
- iii. Successfully complete a drug abuse rehabilitation program or alcohol treatment program, as appropriate.
- iv. For a period of up to 12 months, submit to periodic unannounced witnessed drug testing following completion of drug rehabilitation or to BAT test following completion of alcohol treatment, whichever is appropriate.
- e. **IF** the SOCCo employee is suspended, **THEN** they will not be paid for the period of suspension and the employee must make arrangements for payment of their SOCCo benefits, if the benefits are to continue.
- f. SOCCo shall determine whether an SOCCo employee referred for drug/alcohol counseling and treatment should be temporarily reassigned to another position for safety reasons. Reassignment time limits may vary based on release from treatment plan.
- g. A positive test for the use of alcohol, illegal drugs, or the use of drugs illegally after counseling and treatment, regardless of completion status, will result in termination.
- h. An employee who fails to maintain an acceptable level of job performance or violates any other plant rules, regulations, policies, or procedures may be terminated regardless of participation in the EAP.

NOTE

The DOE may suspend access to the site to employees who had a positive drug test result. In that event, the employee will not be returned to work unless approved by DOE.

- i. An employee who is in a TDP and has a positive test for the illegal use of drugs or positive alcohol test if not terminated, will be denied access to classified information for a period that is mutually agreed to by SOCCo and the responsible DOE official. Such employees may be assigned to a vacant non-TDP if available and the employee meets qualification requirements.

NOTE

Reassignment to a non-TDP will not alleviate the employee's obligation to continue appropriate post-positive testing in accordance with paragraph (k) below, other portions of this Policy and/or other employment agreements as applicable.

- j. Violations of this policy will be evaluated on a case-by-case basis. In all cases the violation will be discussed with the employee before disciplinary action is undertaken.
- k. Prior to returning to work after substance abuse treatment, including alcohol abuse, the employee will be subject to a return to duty drug/alcohol test, as well as the 12-month unannounced testing stated in Section 16, *Testing Procedures and Requirements*. The return-to-duty drug/alcohol test must be negative if the employee is to return to work. In addition, the MRO must determine that the employee is otherwise fit to return to work.

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13. SOCCo Employee Assistance Program (EAP)

NOTE

Referral services are provided through the EAP. The EAP is staffed with counselors who can assist employees with drug and/or alcohol abuse problems, as well as prevention assessment tips. The EAP can be reached by calling ESI's Total Care EAP at 1.800.252.4555.

- a. To assist employees in obtaining early voluntary treatment (not associated with random or for cause drug/alcohol testing), SOCCo has contracted with a service provider to provide an EAP. An employee who voluntarily wishes to seek help from a certified drug/alcohol rehabilitation program is encouraged to contact HR or EAP directly.
- b. SOCCo has no obligation to pay costs of any individual's drug/alcohol counseling or treatment beyond those services provided by the EAP, except as provided under SOCCo Benefits programs.
- c. The decision to seek diagnosis and accept treatment for drug abuse is primarily the individual employee's responsibility.
- d. **IF** the employee voluntarily self-reports a substance abuse problem to the Site Health Services Medical Facility personnel or to their Manager or Supervisor, **THEN** Site Health Services Medical Facility personnel or their Manager/Supervisor shall inform HR and HR will refer the employee to the EAP.
- e. Employees who voluntarily seek and accept treatment under the EAP for drug and/or alcohol abuse, must notify the Site Health Services Medical Facility for a fit for duty evaluation. These employees will not be considered to be in violation of this policy during the time they are undergoing treatment unless the employee violates other work rules, exits, or is exited from treatment prior to completion. The provisions of this paragraph do not apply, however, to employees who SOCCo believes to have sold, transferred, or manufactured drugs.
- f. An employee who has a positive test for the use of controlled substances or for controlled substance without proper authorization will be required to enter the EAP for drug counseling if they are to be considered for continuation of their employment with SOCCo. The EAP Counselor will determine the appropriate drug treatment program. Further, any employee found to be under the influence of alcohol during work hours or on DOE premises at any time may also voluntarily enter the EAP. Entering the EAP does not preclude other disciplinary action for violations of work rules, including the rule prohibiting employees from being under the influence while at work. SOCCo employee disciplinary actions will be implemented according to policy DND-HR-POL-00027, *Employee Discipline*.

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- g. For formal EAP referrals, HR will notify the EAP of the formal referral and the reason. The EAP will subsequently notify HR the employee is complying with the drug rehabilitation efforts or has failed to comply. Under no circumstances will the content of any EAP Counselor discussions with the employee be made known to SOCCo personnel. The EAP will provide confirmation of compliance only. **IF** the employee fails to comply with the drug treatment or drug counseling program laid out by the EAP, **THEN** the EAP will notify HR who will meet with relevant Management to determine the appropriate actions.

NOTE

Voluntary or involuntary treatment under the EAP may affect an employee's Security clearance. Employees should check with the ISS to ensure compliance with any DOE reporting requirements

- h. SOCCo's *Workplace Substance Abuse Program*, does not create an employment contract between the employer and employee. Furthermore, SOCCo has the sole right to modify the policy and program at any time.

14. Training

- a. SOCCo will provide periodic education and training programs that will cover, but is not limited to, the following topics:
 - i. Health aspects of substance abuse
 - ii. Safety, security, and other workplace-related problems caused by substance abuse
 - iii. Provisions of 10 CFR 707, *Workplace Substance Abuse Programs at DOE Sites*
 - iv. Policy, *Workplace Substance Abuse Program*
 - v. Availability of the EAP which will emphasize preventive services, education, short-term counseling, coordination, and referral to outside agencies, and follow-up
- b. In addition to the training listed above in Step B14 of this policy (DND-HR-POL-00026, *Workplace Substance Abuse Program*), SOCCo managers and supervisors will receive training to assist in the following:
 - i. Recognition of deteriorating job performance or judgment, or observation of unusual conduct that may be the result of possible substance abuse.
 - ii. Responsibility to intervene when there is deterioration in performance, or observed unusual conduct, and to offer alternative courses of action that can help the employee return to satisfactory performance, judgment, or conduct, including seeking help from the EAP.
 - iii. Appropriate handling and referral of employees with potential substance abuse problems.
 - iv. SOCCo policies and practices for providing maximum consideration to the privacy interests of employees and applicants.

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- v. Procedures for pre-employment, reasonable suspicion, occurrence, and for cause drug testing.
- vi. All training will be documented.

15. Chemical Screening

- a. DOT regulations designate specific positions subject to random drug testing. Information concerning the positions covered and the procedure requiring compliance with the DOT random testing requirements can be obtained through an HR representative.
- b. In addition to DOT chemical screening requirements, when required by DOE orders and/or regulations and to the extent permitted under law, employees will be subject to periodic impromptu testing.

16. Testing Procedures and Requirements

- a. All drug testing will be done by urinalysis. Specimen collection is performed by the Site Health Services Medical Facility (or Adena Pike Medical Center after hours).
- b. Site Health Services Medical Facility will collect samples using protocols compliant with federal and/or state regulations and professional standards of occupational medicine practitioners. At minimum, Site Health Services Medical Facility personnel will test for the use of the following drugs or classes of drugs: marijuana; cocaine; opiates; phencyclidine; and amphetamines. Effective July 7, 2025, the authorized drug testing panels for both urine and oral fluids will include fentanyl and non-fentanyl. However, when conducting reasonable suspicion or occurrence testing, SOCCo may request testing for any drug listed in Schedule I or II of the *United States Code (USC) Controlled Substance Act*.
- c. **IF** the temperature of the urine specimen is outside the range of 90.5-99.8 degrees Fahrenheit, **THEN** Site Health Services Medical Facility personnel will collect another specimen immediately under Site Health Services Medical Facility personnel's direct observation.
- d. Once the MRO determines the test results are positive or negative, the Site Health Services Medical Facility will notify the ESH&Q Director or their designee of the test results. Results received from the MRO will be maintained in a separate, secure file at the Site Health Services Medical Facility as required by law. (Drug screen results are NOT part of the employee's medical record.)
- e. Requirements relating to the testing for the use of illegal drugs or using drugs illegally are not intended to prohibit SOCCo from pursuing other existing disciplinary procedures and/or from requiring medical evaluation of any employee exhibiting abnormal conduct or erratic behavior.

17. Records

- a. Test results shall be provided to the Medical Review Officer for recordkeeping. Disclosure of such records may be made on a need to know only basis or otherwise with the written consent of the individual.
- b. Drug Test results and Records of such test and results shall be maintained with confidentiality, to the extent required by applicable statutes and regulations (including, but not limited to, 42 U.S.C. 290dd-3, 42 U.S.C. 290ee-3, and 42 CFR part 2). **IF** such

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records are sought by the DOE to resolve a question, **THEN** concern relating to the Personnel Assurance Program certification or DOE Clearance under 10 CFR part 710, applicable procedures in statutes or regulations for disclosure of such information will be followed. Moreover, drug test results may be forwarded to the DOE to enable DOE oversight of SOCCo's Workplace Substance Abuse Program.

- c. Unless otherwise approved by DOE, the Site Health Services Medical Facility uses a Substance Abuse and Mental Health Services Administration (SAMHSA) certified laboratory to maintain and retain test records per all federal standards. The Site Health Services Medical Facility shall maintain as part of its medical records copies of specimen chain of custody forms.
- d. The specimen chain of custody form will contain the following information:
 - i. Date of collection
 - ii. Tested person's name
 - iii. Tested employee/applicant's social security number or other identification number unique to the individual
 - iv. Specimen number
 - v. Type of test (random, applicant, occurrence, reasonable suspicion, follow-up, or other)
 - vi. Temperature range of specimen
 - vii. Remarks regarding unusual behavior or conditions
 - viii. Collector's signature

And

- ix. Certification signature of specimen provider certifying that specimen identified is in fact the specimen the individual provided.

18. The Program pertaining to CLRs, Vendor Services, and Construction Services Contractors with their Subcontractors, and Affiliates

The SOCCo Acquisitions Manager will ensure the requirements for a DOE or SOCCo compliant *Workplace Substance Abuse Program* is stated in all subcontracts.

- a. CLRs, Vendor Services and Construction Services Contractors and their Subcontractors, and Affiliates will comply with SOCCo's *Workplace Substance Abuse Program*; or they may submit their Workplace Substance Abuse Policy to SOCCo for evaluation and possible use, providing that the policy has been reviewed by the SOCCo Director, ESH&Q or his/her designee and has been determined adequate in accordance with 10 CFR 707 and SOCCo policy.
- b. CLRs, Vendor Services, and Construction Services Contractors and their Subcontractors, and Affiliates that do not have a written or adequate workplace substance abuse policy will be required to operate under SOCCo's *Workplace Substance Abuse Program* and drug testing policies and procedures.

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C. DEFINITION(S)/ACRONYM(S)

1. **Candidates for Hire** – Persons who apply to SOCCo for employment or re-employment as a salaried or hourly employee and who have been extended a formal offer of employment.
2. **Chemical Screening** – Tests by urinalysis for those substances listed in the Part V of the DHHSs, *Substance Abuse and Mental Health Services Administration*.
3. **Contract Labor Resource (CLR)** – Personnel who work for companies contracted by SOCCo to provide manpower to support the SOCCo D&D project at PORTS. CLR's may include Consultants and Temporary Agency employees.
4. **Controlled Substances** – Drugs listed on Schedules I through V of the Controlled Substances Act, 21 U.S.C. 811, 812.
5. **Illegal Drug** – A controlled substance that is possessed, used, or transferred without legal authority.
6. **Medical Review Officer (MRO)** – A DOE approved licensed physician responsible for receiving laboratory results generated by an employer's drug testing program, who has knowledge of illegal drug use and other substance abuse disorders, and has appropriate medical training to interpret and evaluate an employee's test results, together with the medical history and any other relevant bio- medical information
7. **Motorized Mobile Equipment** – Motorized mobile equipment means any machine that uses or is activated by a motor, engine, or other power source; is designed to transport one or more persons; and is designed to move from location to location under its own power. This includes, but is not limited to, passenger vehicles, powered industrial trucks, construction equipment, golf carts, and utility vehicles.
8. **Non-negative Drug Test** – A drug test result obtained from on-site testing that is not a negative result and has not been confirmed by a certified testing facility.
9. **Occurrence** – Any one of the following events:
 - a. Occurrence as defined in 10 CFR 707 to include:
 - i. Injury or fatality to any person involving actions of a Department of Energy contractor employee
 - ii. Involvement of nuclear explosives under Department of Energy jurisdiction which results in an explosion, fire, the spread of radioactive material, personal injury or death, or significant damage to property
 - iii. Accidental release of pollutants which results or could result in a significant effect on the public or environment
 - iv. Accidental release of radioactive material above regulatory limits
 - b. Any accident involving motorized mobile equipment
10. **Positive Drug Test** – A finding based on a non-negative screening drug test result, confirmed by the gas chromatograph/mass spectrometry method and determined by the MRO to be positive.
11. **Program Manager** - SME of the Workplace Substance Abuse Program

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12. **Random Testing** – The unscheduled, unannounced urine drug testing of randomly selected individuals by a computer-based system designed to ensure that selections are made in a non-discriminatory manner.
13. **Reasonable Suspicion** – A suspicion based on an articulable belief that an employee is under the influence of alcohol or illegal drugs. This may be based on observable phenomena such as the direct observation of (1) the use or possession of alcohol or illegal controlled substances or (2) the physical symptoms of being under the influence of drugs or alcohol. Other factors upon which drug testing for reasonable suspicion may be based are:
 - a. A pattern of abnormal or erratic behavior
 - b. Arrest or conviction for a drug related offense, or the identification of the employee as the focus of a criminal investigation into illegal drug possession, use, or transfer
 - c. Information that is either provided by a reliable and credible source or is independently corroborated
 - d. Evidence that an employee has tampered with a drug test (also considered a refusal to test)
14. **Re-Test** – Employee requested submission of remaining urine sample to an off-site certified laboratory.
15. **Salaried Employees** – Employees whose status is either exempt or nonexempt and whose pay is quoted hourly, weekly, biweekly, semi-monthly or monthly. Such positions must be approved in advance by Management Level 1 and Business Services Director.
16. **Suspension Period** – Any amount of time an employee who is reasonably suspected of violations under this policy may be removed from the workplace without pay, to conduct an investigation.
17. **Testing Designated Positions (TDPs)** – Positions defined in 10 CFR 707, *Workplace Substance Abuse Programs at DOE Sites*, in which an employee or contractor would, if impaired, pose a special risk to others, to national security, or to the environment.. SOCCo has clarified specific positions that are considered to be TDPs. No employee shall be assigned to a TDP unless they have submitted to the drug screening process immediately prior to the assignment and the results are negative.
18. **Union Employees** – Those employees who are covered under a CBA.
19. **BAT** – Breath Alcohol Test
20. **CBA** – Collective Bargaining Agreement
21. **CDL** – Commercial Driver License
22. **CO** – Contracting Officer
23. **DHHS** – Department of Health and Human Services
24. **DOE** – Department of Energy
25. **DOT** – Department of Transportation
26. **DUI** – Driving Under the Influence
27. **EAP** – Employee Assistance Program
28. **ESH&Q** – Environment, Safety, Health & Quality

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29. **HR**– Human Resources
30. **ISS** – Infrastructure Support Services
31. **ID** – Identification
32. **LR** – Labor Relations
33. **LOA** – Leave of Absence
34. **OMVI** – Operating a Motor Vehicle Impaired
35. **PNAD** – Personal Nuclear Accident Dosimeter
36. **PSS** – Plant Shift Superintendent
37. **SME** – Subject Matter Expert
38. **SOCCo** – Southern Ohio Cleanup Company LLC

D. REFERENCE(S)

1. 10 CFR 707, *Workplace Substance Abuse Program at DOE Sites*
2. 10 CFR Part 710, *Criteria & Procedures for Determining Eligibility of Special Nuclear Material*

DHHS publication number (ADM) 88-1526 criteria provided in the *Medical Review Officer Manual*
3. DOE Order 350.1 chg.7, *Contractor Human Resource Management Program*
4. DOE Order 472.2, *Personnel Security*
5. DND-HR-POL-00003, *Code of Business Conduct and Ethics Policy for Southern Ohio Cleanup Company LLC Piketon, OH*
6. DND-HR-POL-00015, *Termination of Employment*
7. DND-HR-POL-00027, *Employee Discipline*
8. DND-IH-PRO-00086, *Controlled Substance (Drug) Testing*
9. DND-SEC-PRO-00040, *Drug Testing Program for Security Police Officers*
10. DND-WM-POL-00002, *Driver Controlled Substances and Alcohol Use and Testing Policy*
11. NWD-PORTS-22-8021, *Safeguards and Security Personnel Security Program Plan*

E. APPENDIXES/ATTACHMENTS

1. Appendix A, *Source References*
2. Attachment A – DND-HR-POL-00026-F01, *Southern Ohio Cleanup Company LLC Workplace Substance Abuse Program Agreement*
3. Attachment B – DND-HR-POL-00026-F02, *Employee Agreement Concerning Illegal Drugs For Testing*

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4. Attachment C – DND-HR-POL-00027-F03, *Employee Drug/Alcohol Testing and Personal Search Consent Agreement*
5. Attachment D – DND-HR-POL-00026-F04, *Controlled Form Pre-Employment Drug Testing Consent Form Statement of Understanding*
6. Attachment E – DND-HR-POL-00026-F05, *Positive Drug Test Result Checklist*
7. Attachment F – DND-HR-POL-00026-F06, *Reasonable Suspicion Checklist*

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APPENDIX A
SOURCE REFERENCES

1. 10 CFR 707, *Workplace Substance Abuse Program at DOE Sites*
2. 10 CFR Part 710, *Criteria & Procedures for Determining Eligibility of Special Nuclear Material*
3. DHHS publication number (ADM) 88-1526 criteria provided in the Medical Review Officer Manual
4. DOE Order 350.1 chg. 7, *Contractor Human Resource Management Program*
5. DOE Order 472.2, *Personnel Security*

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**APPENDIX B
CONTACT INFORMATION**

Greg Wilkett
Site Project Director
PO Box 548
Piketon, OH 45661
Contact Number: 740-897-3718
Fax number: 740-897-2280

Program Manager:
Human Resources Manager, Sarah Allen
SOCCo LLC
PO Box 548
Piketon, OH 45661
Contact number: 740-897-2735
Fax number: 740-897-3331

Medical Review Officer (MRO):
Dr. Peace Jessa
Occupational Doctor, Adena
PO Box 548
Piketon, OH 45661
Contact number: 740-897-5958
Fax number: 740-897-3784

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**ATTACHMENT A
SOCCo LLC WORKPLACE SUBSTANCE ABUSE PROGRAM AGREEMENT**



**SOCCo LLC
WORKPLACE SUBSTANCE ABUSE PROGRAM AGREEMENT**

By signing below, I certify that I have:

- Read and understand the *Workplace Substance Abuse Program* and agree to abide by its full terms and conditions;
- Agreed to continue to maintain a drug and alcohol free workplace; and
- Been provided with a copy of the *Workplace Substance Abuse Program*.

Employee's Name (please print)

Employee's Signature

Date

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**ATTACHMENT B
EMPLOYEE AGREEMENT CONCERNING ILLEGAL DRUGS FOR TESTING
DESIGNATED POSITIONS (TDPs)**



**EMPLOYEE AGREEMENT CONCERNING ILLEGAL DRUGS FOR TESTING
DESIGNATED POSITIONS (TDPs)**

Print Name: _____

Southern Ohio Cleanup Company LLC (SOCCo) is subject to federal regulation 10 CFR 707, *Workplace Substance Abuse Programs at Department of Energy Sites*, and has implemented a *Workplace Substance Abuse Program* at the Portsmouth site. This program requires that prior to any individual working in a “testing designated position” (TDP) they must pass a company-administered drug test. When occupying TDPs, employees are subject to ongoing, unannounced random drug testing, as well as testing on the basis of reasonable suspicion, and testing as the result of an occurrence as defined by the regulation.

The *Workplace Substance Abuse Program* also requires all employees occupying TDPs provide written notice to the HR Director and ESH&Q Director (or their designees) of (1) their drug related arrest or conviction, or (2) their receipt of a positive drug test result as soon as possible, but no later than five calendar days after such arrest, conviction, or receipt of a positive drug test result.

This is to inform you that your position is a TDP and is subject to the requirements of 10 CFR 707 and applicable Department of Energy (DOE) Orders.

I have read the information above and understand I am employed in a *Workplace Substance Abuse Program* TDP, subject to the requirements of 10 CFR 707, including those set forth above. Furthermore, as a condition of occupying a TDP, I agree that I will not buy, sell, accept as a gift, experiment with, use, possess, transfer, or otherwise be involved with illegal drugs or the illegal use of drugs at any time.

Applicant: (Print Name/Signature) Date Signed _____

Witness: (Print Name/Signature) Date Signed _____

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**ATTACHMENT C
EMPLOYEE DRUG/ALCOHOL TESTING AND
PERSONAL SEARCH CONSENT AGREEMENT**



**EMPLOYEE DRUG/ALCOHOL TESTING AND
PERSONAL SEARCH CONSENT AGREEMENT**

Print Name: _____

I understand the following items:

- 1.) Southern Ohio Cleanup Company, LLC (SOCCo) is required to test its employees for illegal drug use.
- 2.) SOCCo has a strict policy prohibiting the illegal use of drugs and the use of alcohol while on company premises or while on company business.
- 3.) If designated, trained officials and managers employed by SOCCo have a reasonable suspicion I am under the influence of illegal drugs and/or alcohol while performing my duties, I will be required to submit to a drug test, Breath Alcohol Test (BAT), and/or search.
- 4.) If I am involved in an occurrence or significant work related accident or injury, I will be required to submit to a drug test and possibly a BAT and/or search.
- 5.) SOCCo employees who are employed in testing designated positions (TDPs) are required to submit to random drug testing because the illegal use of drugs by employees in these positions could significantly harm the environment, public health, safety, or national security.

I acknowledge the policies related to drug testing, alcohol testing, and searches are explained in the *Workplace Substance Abuse Program*, a policy I have received, read, and understood.

I hereby agree to allow an authorized SOCCo representative or a designated third party to perform the following items:

- 1.) Collect urine samples from me for the sole purpose of detecting whether or not there is the presence of illegal drugs, or controlled legal substances without proper authorization, in my body.
- 2.) Perform BAT testing for the purpose of detecting whether or not I am under the influence of alcohol while performing my job duties.
- 3.) Perform a personal search for the purpose of detecting whether or not there are illegal drugs and/or alcohol in my possession.

Further, I give my consent to the company's release and use of my urine samples, test results, and search findings in the administration and enforcement of SOCCo's Policies and its' *Workplace Substance Abuse Program* and in any dispute arising out of the company's findings and any subsequent disciplinary actions.

I understand if the results of the drug testing of my urine are positive, the BAT test indicate the use of alcohol while performing my job duties, or if the personal search uncovers alcohol or illegal drugs, or controlled legal substances without proper authorization, I will be subject to disciplinary action up to and including termination, even for a first offense. I also understand if I refuse to consent to this drug/alcohol testing and/or personal search, I will be subject to disciplinary action up to and including termination even for a first refusal, and if my employment is terminated, I will not be considered for re-employment.

I hereby consent to the administration of the drug detection urine test, alcohol detection BAT test, personal search for detecting illegal drugs and/or alcohol in my possession, and to the terms and conditions of this consent agreement.

Applicant: (Print Name/Signature) Date Signed _____

Witness: (Print Name/Signature) Date Signed _____

I hereby refuse the drug detection urine test.

Applicant: (Print Name/Signature) Date Signed _____

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**ATTACHMENT D
CONTROLLED FORM PRE-EMPLOYMENT DRUG TESTING CONSENT FORM
STATEMENT OF UNDERSTANDING**



**CONTROLLED FORM
PRE-EMPLOYMENT DRUG TESTING CONSENT FORM
STATEMENT OF UNDERSTANDING**

Print Name: _____

I hereby agree to allow Southern Ohio Cleanup Company LLC (SOCCo) to collect urine samples from me for the sole purpose of detecting whether or not there is the illegal presence of drugs in my body. Further, I give my consent to the company's release and use of my urine samples and test results in the administration and enforcement of SOCCo's *Workplace Substance Abuse Program* and in any dispute that arises out of the Company's refusal to employ me. I understand SOCCo has a strict policy prohibiting employees from using drugs illegally.

I understand if the results of the drug testing of my urine are positive, I will be removed from further consideration for employment. I also understand if I refuse to consent to this drug testing, I will be removed from consideration for employment at this time.

I hereby consent to the administration of the drug detection urine test and to the terms and conditions of this consent agreement.

Applicant:

Print Name/Signature

Date Signed

Witness:

Print Name/Signature

Date Signed

I hereby refuse the drug detection urine test.

Applicant:

Print Name/Signature

Date Signed

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ATTACHMENT E
Positive Drug Test Results Checklist
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Positive Drug Test Results Checklist

Employee's Name: _____

Employee ID# (if applicable): _____

Date: _____

Date Completed/Initial:	
	If the employee is a Security Police Officer (SPO), see the <i>Drug Testing Program for Security Police Officers Checklist</i> , DND-SEC-PRO-00040-F03.
	If the employee is a recognized commercial driver license (CDL) driver, see the <i>Driver Controlled Substances and Alcohol Use and Testing Checklist</i> , DND-WM-POL-00002-F02.
	Verify these documents can be found in the Human Resource (HR) personnel files, as applicable:
	Employee has read and signed the <i>Fluor-BWXT Portsmouth LLC Workplace Substance Abuse Program Agreement</i> , DND-HR-POL-00026-F01. (See B.2.a.)
	Employee has read and signed the <i>Employee Drug/Alcohol Testing and Personal Search Consent Agreement</i> , DND-HR-POL-0026-F03. (See B.2.b.)
	If the employee is in a Testing Designated Position (TDP), the employee has read and signed the <i>Employee Agreement Concerning Illegal Drugs for Testing Designated Positions (TDPs)</i> , DND-HR-POL-00026-F02. (See B.2.c.)
	Per Policy:
	Employee is involved in an occurrence or significant work-related accident, is reasonably suspected of being impaired in the performance of their job duties, or randomly chosen, they will be required to submit to a drug screen. (See B.9.d.i, B.9.d.iii, B.9.d.iv, B.9.e, or B.10.f)
	If the employee does not show up to the designated drug testing facility within two hours of oral notification (speaking to the person over the phone or in person), Site Health Medical Services personnel notifies the Designated Employer Representative and employee's supervisor. (See B.9.f.viii)
	Actions to take after a positive drug test:
	Employee receives positive drug results or refuses a drug test. The employee is removed from his or her position. (Step B.11.b and B.5.b)
	Employee receives a positive drug result, ESH&Q Director or designee will notify the HR Director or designee and the SOCCo Security Manager, who will notify Infrastructure Support Services (ISS) Manager. ISS Manager will officially notify DOE security officials. (B.11.c.)
	HR will inform the employee they may request a re-test at the same or another certified laboratory and no final determination will be made until the second set of test results is returned. (See B.10.d.ii)
	Actions to take after a positive drug test (continued):

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**ATTACHMENT E
Positive Drug Test Results Checklist**



Positive Drug Test Results Checklist

Employee's Name: _____

Employee ID# (if applicable): _____

Date: _____

Date Completed/Initial:	
	If employee requests a re-test, employee must request no later than the workday immediately following the initial positive test result. If employee chooses a re-test, they must pay the cost of transportation and testing. (See B.10.d.iii.)
	Employees who test positive are required to enter the Employee Assistance Program (EAP). Employee is required to participate in this drug treatment program if they wish to remain employed. (See B.11.d.ii; B.12.f.)
	EAP will evaluate the employee and determine the appropriate treatment/counseling program. (See B.12.f.)
	EAP notifies HR if the SOCCo employee is complying with the drug rehabilitation efforts or has failed to comply. If employee fails to comply, the employee could be terminated. (See B.12.g.)
	Prior to returning to work, the employee must have a negative drug/alcohol test that must be negative if employee is to return to work. (See B.11.k.)
	SOCCo will determine if the employee should be temporarily reassigned to another position for safety reasons. (See B.11.f.)
	Upon successful completion of the EAP program, the employee will submit to periodic unannounced witnessed drug testing for a period up to 12 months. (B.12.d.iv.)
	To be covered with the SOCCo employee:
	Employee understands they will not be paid for the period of suspension and will need to pay for company benefits. (See B.12.e.)
	When an employee has a positive drug/alcohol test or refuses to cooperate with drug/alcohol testing, this may result in termination of employment in accordance with policy DND-HR-POL-00027, <i>Employee Discipline</i> . (See B.12.b. and 8.f.ix.)
	Employee understands they will be subject to periodic unannounced witnessed chemical screenings up to 12 months and must comply with all conditions of the drug counseling and treatment program. (See B.11.d.iv. and B.11.k.)
	Employee understands if they fail to maintain an acceptable level of job performance or violates any other plant rules, regulations, policies, or procedures; they may be terminated regardless of participation in the EAP. (See B.12.h.)

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ATTACHMENT F
Reasonable Suspicion Checklist
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Reasonable Suspicion Checklist

Prior to sending an employee for drug or alcohol testing due to a reasonable suspicion, when possible, the checklist should be completed by two members of management who have had a first-hand observation or conversation with the employee. In some situations, a second member of management may not be available to witness the behavior. In this situation, another witness to the incident/behaviors should sign the checklist. If the employee is in a safety sensitive area, remove him/her from work immediately.

When completing the following document, list all observations you noticed. Be as specific as possible including names of employees/witnesses, note when and where you noticed these behaviors occurring, what the employee was doing at the time and any witnesses to these events. Include any observations or changes in appearance, smell, speech, movement or actions of the employee. Signs of impairment are listed below.

Documenting Observations

Both observers should clearly document their own individual observations, including any abnormal behaviors. Be as specific as possible in your description, but do not attempt to diagnose the situation. For example, an observation may include:

- Odors/Breath (smell of alcohol, body odor/urine, chewing gum/mints, use of breath spray)
- Movements (unsteady, fidgety, dizzy, difficulty walking)
- Eyes (dilated, constricted, watery, involuntary eye movements)
- Face (flushed, sweating, confused or blank look)
- Speech (slurred, slow, distracted mid-thought, inability to verbalize thoughts)
- Emotions (argumentative, agitated, irritable, drowsy)
- Actions (yawning, twitching)
- Inactions (sleeping, unconscious, no reaction to questions, confusion, lack of response)
- Appearance/Clothing
- Behavioral (Attendance problems, decline in performance/productivity, Withdrawn)
- Psychological (Unexplained changes in personality or attitude, sudden mood changes, unexplained fear or paranoia)

Utilize the following checklist to assist you in documenting what you are observing and to provide for consistency in management practice in how we communicate these types of workplace concerns and decisions to have employees tested for drugs and/or otherwise medically evaluated.

In some cases, reasonable suspicion may arise based on credible sources of information and not on the employee's workplace behavior. In those instances, the credible evidence must be documented prior to the drug test. This list is not intended to be all-inclusive nor should the presence of one factor necessarily indicate a violation of the *Workplace Substance Abuse Program*. Certain illnesses can also lead to symptoms and/or behaviors like those listed.

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ATTACHMENT F
Reasonable Suspicion Checklist
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Reasonable Suspicion Checklist

Name of Employee: _____ Employee ID: _____ Date: _____

Location of incident: _____ Time: _____

Briefly Describe Observations: _____

Check all that apply:

Odors/Breath	<input type="checkbox"/> Alcoholic odor <input type="checkbox"/> Faint alcohol odor <input type="checkbox"/> No alcohol odor <input type="checkbox"/> Marijuana odor <input type="checkbox"/> Urine <input type="checkbox"/> Body odor <input type="checkbox"/> Gum/Mints/Breath spray <input type="checkbox"/> other
Movements	<input type="checkbox"/> Stumbling <input type="checkbox"/> Staggering <input type="checkbox"/> Falling <input type="checkbox"/> Unable to stand <input type="checkbox"/> Swaying <input type="checkbox"/> Unsteady <input type="checkbox"/> Holding on <input type="checkbox"/> Rigid <input type="checkbox"/> Sagging at the knees <input type="checkbox"/> Feet wide apart <input type="checkbox"/> Difficulty walking <input type="checkbox"/> Fidgety <input type="checkbox"/> Dizzy <input type="checkbox"/> Shakes/Tremors <input type="checkbox"/> other
Eyes	<input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery <input type="checkbox"/> Dilated <input type="checkbox"/> Glassy <input type="checkbox"/> Droopy <input type="checkbox"/> Closed <input type="checkbox"/> Wearing sunglasses <input type="checkbox"/> Constricted <input type="checkbox"/> Involuntary eye movements <input type="checkbox"/> other
Face	<input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Sweaty <input type="checkbox"/> Confused/blank look <input type="checkbox"/> other
Speech	<input type="checkbox"/> Shouting <input type="checkbox"/> Whispering <input type="checkbox"/> Slow <input type="checkbox"/> Rambling <input type="checkbox"/> Slurred <input type="checkbox"/> Slobbering <input type="checkbox"/> Incoherent <input type="checkbox"/> Distracted <input type="checkbox"/> Mid-thought <input type="checkbox"/> Inability to verbalize thoughts <input type="checkbox"/> other
Emotions	<input type="checkbox"/> Argumentative <input type="checkbox"/> Agitated <input type="checkbox"/> Irritable <input type="checkbox"/> Drowsy
Actions	<input type="checkbox"/> Resisting communications <input type="checkbox"/> Insulting <input type="checkbox"/> Hostile <input type="checkbox"/> Drowsy <input type="checkbox"/> Fighting/insubordinate <input type="checkbox"/> Profanity <input type="checkbox"/> Threatening <input type="checkbox"/> Erratic <input type="checkbox"/> Hyperreactive <input type="checkbox"/> Crying <input type="checkbox"/> Indifferent <input type="checkbox"/> Yawning <input type="checkbox"/> Twitching <input type="checkbox"/> other
Inactions	<input type="checkbox"/> Sleeping <input type="checkbox"/> Unconscious <input type="checkbox"/> No reaction to questions <input type="checkbox"/> Confusion <input type="checkbox"/> Lack of response <input type="checkbox"/> other
Appearance/Clothing	<input type="checkbox"/> Disheveled <input type="checkbox"/> Messy <input type="checkbox"/> Dirty <input type="checkbox"/> Partially dressed <input type="checkbox"/> Having odor <input type="checkbox"/> Stains on clothing
Behavioral	<input type="checkbox"/> Attendance problems <input type="checkbox"/> Decline in performance/productivity <input type="checkbox"/> Withdrawn <input type="checkbox"/> other
Psychological	<input type="checkbox"/> Unexplained changes in personality or attitude <input type="checkbox"/> Sudden mood changes <input type="checkbox"/> Unexplained fear or paranoia <input type="checkbox"/> other

To the best of my knowledge, this report represents the actions, appearances and/or conduct observed by me and upon which I base my decision to suggest employee be tested and/or further evaluated in accordance with Southern Ohio Cleanup Company LLC, Workplace Substance Abuse Program.

Observer/Supervisor Name (print): _____ Job Title: _____

Observer/Supervisor Signature: _____

Witness Name (print): _____ Job Title: _____

Witness Signature: _____

Once observations are documented, immediately notify PSS and HR, if available, and make decision to send employee for medical evaluation and reasonable suspicion testing to rule out the possibility that he/she is under the influence of drugs or alcohol. If employee is represented, contact LR. Maintain confidentiality to the fullest extent possible.

Medical Use Only:

Did employee submit to reasonable suspicion testing? ___ Yes ___ No

Was a drug test completed? ___ Yes ___ No

Was a Breath Alcohol Test completed? ___ Yes ___ No

Medical Personnel/credentials (signature): _____ Date: _____