

EMPLOYEE STANDARDS OF CONDUCT  
SEARCHES AND ALCOHOL/DRUG TESTING

DHE  
(EXHIBIT)

The following forms will be used by the District:

Exhibit A: Informed Consent Form — 1 page

Exhibit B: Supervisor's Documentation — 3 pages

Exhibit C: Post-Accident Testing — 1 page



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EXHIBIT A

INFORMED CONSENT FOR DRUG AND/OR ALCOHOL TESTING

I, \_\_\_\_\_, (*print name*) consent to this request for a urine or blood specimen or the use of other alcohol screening devices to perform a comprehensive test for drugs or alcohol pursuant to District policy DHE(LOCAL) and (REGULATION). I authorize the release of the results of these tests to the authorized District officials and any authorized third parties. I understand that this analysis will be conducted under the direction of a laboratory approved by the District.

I understand refusal to consent to a drug or alcohol test will subject me to disciplinary action up to and including employment termination, or if I am an applicant, will result in termination of the hiring process.

I understand the initial drug screening will be by the enzyme immunoassay techniques (EMIT) test. If this test yields a positive result, a second test by a gas chromatography/mass spectrometry (GCMS) test will be made immediately using a portion of the same test sample I provided for the first test. If the second test confirms the positive test result, I will be notified in writing within five working days. I understand that the alcohol screening test will be the Evidential Breath Testing (EBT) device. The letter of notification will identify the particular substance found.

I understand the urine or blood specimen collected pursuant to the administrative regulation will be used only to test for those drugs or alcohol included in the administrative regulation and may not be used to conduct any other analysis or test unless otherwise authorized by law.

I understand that prescription medication prescribed to me by a physician will be taken into consideration. I also understand that CBD and use of CBD products is not a legitimate medical reason for a positive test result. Failure to disclose any currently utilized substances including, but not limited to CBD products, as part of this reasonable suspicion process may result in disciplinary action up to and including employment termination.

I acknowledge I have been notified of the District policy DHE(LOCAL) and (REGULATION). Further, I understand that if the drug or alcohol test is confirmed to be positive, as a staff member, I am subject to disciplinary action up to and including employment termination, and I will not be assigned to operate or maintain a school bus or police vehicle. As an applicant, I understand that if the drug or alcohol test is confirmed to be positive, I will not be hired.

- I do not consent to a drug or alcohol test.
- I do consent to a drug or alcohol test.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Supervisor's Name (Printed)

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (Printed)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



EXHIBIT B

**CONFIDENTIAL**

SUPERVISOR'S DOCUMENTATION FOR DRUG AND/OR ALCOHOL TESTING

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Staff Member Name (Print)

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Employee ID Number

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Staff Member Job Classification

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Supervisor's Name (Print)

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Last Four Digits of Social Security Number

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Supervisor Job Classification

1. Nature of work-related incident that caused this recommendation:

Absence from Worksite

Accident

Discovery of Drug Paraphernalia

Fight or Conflict

Loss of Work Ability

Police Report

Unsafe Actions

Other (Describe)

2. Fully describe below the event(s): a) leading up to the incident/situation, b) the work-related incident/situation itself, and, c) the results of the incident/situation. Remember, only include things that you observed, not what you think or suspect. Include job-related actions, not personal, off-duty actions. Be specific, not vague. Fill out spaces below and attach additional sheets, if necessary. Use dates, times, places, and names.

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3. List names of individuals who witnessed the incident.

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4. Information concerning your observations of the staff member's physical actions.

a. Walking/Standing

Falling       Staggering       Steady       Stumbling

Other (describe) \_\_\_\_\_

b. Speech

Apparent Normal       Incoherent       Shouting

Silent       Slurred       Rambling

Other (describe) \_\_\_\_\_

c. Actions

Apparent Normal       Crying       Fighting

Hostile       Polite       Profanity

Overly Aggressive       Sleepy

Other (describe) \_\_\_\_\_

d. Eyes

Apparent Normal       Constricted Pupils (small)

Bloodshot (red)       Glassy Dilated Pupils (large)

Other (describe) \_\_\_\_\_

e. Smell

Smell of alcoholic beverage or drugs on the person's breath

Smell of alcoholic beverage or drugs on the person's body

f. Accident

Traffic accident — circumstances surrounding event

Other accident — circumstances surrounding event

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5. Describe interaction you had with the staff member (questions, answers, instructions, etc.)

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6. Physical evidence (pills, bottles, broken equipment, etc.). List items, give locations and disposition. Be specific.

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7. Add any additional information.

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Signature of Reporting Supervisor

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Date

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Signature of Witnessing Supervisor

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Date

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Signature of Executive Director for Human Resources

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Date





EXHIBIT C

POSTACCIDENT TESTING

This table depicts the circumstances under which an employer is required to perform a post-accident alcohol or controlled substances test, in accordance with 49 CFR 382.303(a).

Types of accidents involved	Citation issued to the CMV driver	Test must be performed by the employer
Human fatality	YES	YES
	NO	YES
Bodily injury with immediate medical treatment away from the scene	YES	YES
	NO	NO
Disabling damage to any motor vehicle requiring tow away	YES	YES
	NO	NO