

EXHIBIT-4021 (a)

PRE-EMPLOYMENT DRUG TESTING
FOR COACHES AND ADVISORS

1. Individuals who have been selected for the first time for a coaching or advising position may be required to undergo testing of their urine for the presence of illegal drugs. Illegal drugs are defined as any controlled substance, or the metabolite of any substance, whose use is prohibited by AS 11.71 unless authorized for medical purposes.
2. Applicants for coaching and advising positions shall be informed of the District's drug testing requirements and requested to sign the District's form consenting to testing. An applicant's failure to sign the consent form shall eliminate the applicant from further consideration for the position.
3. The test will be administered at the District's expense by a facility of the District's choice. The facility shall employ reliable testing methods and shall use procedures that are appropriate to ensure the accuracy and confidentiality of the test results including, but not limited to, the following measures:
 - a. Samples shall be provided in private, consistent with the need to monitor the provision of samples to prevent tampering. Visual observation of testing subjects shall not be required.
 - b. The facility will use appropriate collection and storage methods to prevent contamination and to document the chain of custody for a sample. Test administrators shall be trained in appropriate procedures for administering the test, recognizing adulteration of samples and evaluating test results.
 - c. Applicants shall be provided an opportunity to disclose medications that could result in a positive test, and to rebut or explain positive test results.
 - d. The facility shall use the same or an alternative method to confirm initial test results that are positive, when requested to do so by the applicant. A portion of each sample shall be preserved for this purpose.
 - e. An applicant may request re-testing of a sample that tests positive. If the sample re-tests negative, the District shall bear the costs of the re-test. If the sample re-tests positive, the applicant shall bear the costs of the test.
 - f. The testing facility shall provide the applicant with an opportunity to discuss positive test results and to provide verification of prescriptions or other relevant medical information. Test results that the facility concludes are caused by a substance prescribed for the applicant, or by the legal ingestion of a substance, shall be reported as negative.

EXHIBIT-4021 (b)

PRE-EMPLOYMENT DRUG TESTING
FOR COACHES AND ADVISORS

- g. Applicants shall not be tested for the presence of any substance other than an illegal drug, nor shall they be tested for the existence of any physical condition other than drug intoxication and/or the presence of illegal drugs in their systems. Test results and other personally identifiable medical information received by the facility shall be confidential and shall be provided only to the Superintendent, and only to the extent necessary to inform the Superintendent of positive test results and to provide the applicant with an opportunity to explain or challenge those results.
- h. An individual who tests positive for the presence of illegal drugs shall not be employed as a coach or counselor unless the Superintendent determines that the individual has shown good cause why the test results should not be considered.

Consent to Testing

I acknowledge that I have read and understand the forgoing regulations relating to drug testing and that I consent to the testing of my urine for the presence of illegal drugs and to the provision of the results of that testing to the Superintendent of Wrangell Public Schools for the purpose of determining my eligibility to serve as a coach or advisor in the District.

Signature of Applicant

Date

EXHIBIT-4021 (c)

BEACON STAFF ACKNOWLEDGEMENT FORM



I acknowledge, by signing this form, that my full compliance with the Drug and Alcohol Plan is a condition of my initial and continued employment with the Company. I understand and agree that I may be discharged or otherwise disciplined for any drug and/or alcohol violation, committed by me, as cited in the Plan.

I also acknowledge, by signing this form, that a copy of the Plan has been made available to me and that I have read and understand the requirements of the drug and alcohol program. I have also been provided with informational material on the dangers and problems of drug abuse and alcohol misuse.

Signed, this the __ day of _____, 20 __

Employee Name (Please Print)

Employee Signature

Company Representative Name (Please Print)

Company Representative Signature

Wrangell Public Schools

ACCREDITED BY NORTHWEST ASSOCIATION OF SECONDARY AND HIGHER SCHOOLS

EXHIBIT-4021 (d)

BEACON SERVICE REFERRAL FORM

Wrangell Public Schools
350 Bennett Street
Wrangell, AK 99929
Phone: (907) 874-2347 fax: 907-874-3137

SERVICE REFERRAL FORM**EMPLOYEE IS REQUIRED TO PROVIDE A PHOTO ID AT THE TIME OF THE APPOINTMENT**

Appointment in Anchorage? ☐ YES ☐ NO City: _____ State: _____ Zip: _____

Appointment Date: _____ Time: _____ Location: _____

Employee Information

Last: _____ First: _____ Middle Initial: _____
Birth Date: _____ SSN/ID: _____
Phone: _____ Email: _____ ☐ Male ☐ Female
Job Number: _____ Job Description: _____

Physicals		Hearing Conservation
☐ Pre-Hire	☐ DOT/CDL	☐ Audiogram – Baseline
☐ HAZWOPER	☐ Return to Work	☐ Audiogram – Annual
☐ Asbestos	☐ Merchant Mariner	☐ Audiogram – 14 Hour Noise Free Retest
☐ POHQ (Medical Questionnaire)	☐ Other _____	☐ Audiogram – ENT/Audiology Referral
Respiratory Protection		Mask Type / Comments
☐ Respirator Medical Clearance w/ PFT		
☐ Respirator Fit Test – SCBA		
☐ Respirator Fit Test – Full Face APR		
☐ Respirator Fit Test – Half Face APR		
☐ Respirator Fit Test – Other		
Miscellaneous Services		Comments
☐ OSHA Lead – Lead and ZPP Blood Test		
☐ Fit for Duty Testing (36 th Ave)		
☐ Functional Capacity Exam (FCE)		
☐ Workers' Comp Evaluation		
☐ Lab Work (please specify tests)		
☐ Other		
Referred By: _____ DER: Kimberly Powell Phone Number: (907) 874-2347 Fax Number: 907-874-3137 Notification Time/Date: _____ Test Time/Date: _____		
Drug & Alcohol Testing		
Reason for Testing (Select One): ☐ Pre-Employment ☐ Post Accident ☐ Random ☐ Reasonable Cause ☐ Return-to-Duty ☐ Follow-Up ☐ Other: _____		
☐ Breath Alcohol Test (Select One): ☐ Non-DOT ☐ DOT		
Drug Test Lab Accounts		
☐ B9026547	NON-DOT	DFW50IT NTN - STAFF
☐ B9026315	NON-DOT	DFW50IT - STUDENT
☐ B9026314	NON-DOT	DFW50IT - STAFF
☐ Direct observation required		

Please complete and send form to: Email: referrals@beaconohss.com FAX: 907.787.2200

Adopted as an Administrative Regulation in Consultation with Legal Counsel: August 17, 2009
 Reviewed & Renumbered as an Exhibit: June 10, 2011
 Reviewed: August 13, 2012
 Revised in Consultation with Legal Counsel: November 21, 2019
 Revised: September 16, 2024