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APPENDIX 1
VILLAGE OF PINECREST

OVER-THE-COUNTER AND PRESCRIPTION DRUGS WHICH COULD 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, Contrex is 20% (40 proof), Contac Severe Cold Formula Night Strength is 25% (50 proof) and Listerine is 26.9% (54 proof).

AMPHETAMINES
Obetrol, Biphetamine, Desoxyn, Dexedrine, Didrex, Ionamine, Fastin

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, Guiatuss AC, Novahistine DH, Novahistine Expectorant, Dilaudid (Hydromorphone), M-S Contin and Roxanol (morphine sulfate), Percodan, Vicodin, Tussi-organidin, etc.

BARBITURATES
Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Fioricet, Esgic, Butisol, Mebaral, Butabarbital, Butalbital, Phenrinin, Triad, etc.

BENZODIAZEPINES
Ativan, Azene, Clonopin, Dalmame, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restoril, Centrax.

METHADONE
Dolophine, Metadose

PROPOXYPHENE
Darvocet, Darvon N, Dolene, etc.

LIST PRESCRIPTION DRUGS TAKEN WITHIN THE PAST 30 DAYS. THIS IS FOR YOUR USE ONLY AT THIS TIME BUT MAY BE PROVIDED TO THE MRO IN THE EVENT OF A POSITIVE TEST RESULT TO ASSIST THE MRO IN THE TESTING PROCEDURE.

...
# APPENDIX 2

## VILLAGE OF PINECREST

### LIST OF DRUGS BY TRADE OR COMMON NAMES

<table>
<thead>
<tr>
<th>DRUGS</th>
<th>TRADE OR COMMON NAMES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Narcotics</strong></td>
<td></td>
</tr>
<tr>
<td>Opium</td>
<td>Dover's Powder, Paregoric, Parepectolin, Laudanum</td>
</tr>
<tr>
<td>Morphine</td>
<td>Morphine, Pectoral Syrup, Roxanol, Duramorph</td>
</tr>
<tr>
<td>Codeine</td>
<td>Tylenol with Codeine, Empirin Compound with Codeine, Robitussin A-C, Fiorinal with Codeine</td>
</tr>
<tr>
<td>Heroin</td>
<td>Diacetethylmorphine, Horse, Smack</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>Dilaudid</td>
</tr>
<tr>
<td>Meperidine (Pethidine)</td>
<td>Mepergan</td>
</tr>
<tr>
<td>Methadone</td>
<td>Dolophine, Methadone, Methadose, Amidone</td>
</tr>
<tr>
<td>Other Narcotics</td>
<td>LAAM, Leritine, Numorphan, Percodan, Tussionex, Fentanyl, Darvon, Talwin, Lomotil</td>
</tr>
<tr>
<td><strong>Depressants</strong></td>
<td></td>
</tr>
<tr>
<td>Chloral Hydrate</td>
<td>Noctec, Somnos</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Barbs</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restoril, Rohypnol, Roofies, Tranks, Xanax</td>
</tr>
<tr>
<td>Methaqualone</td>
<td>Quaalude, Ludes</td>
</tr>
<tr>
<td>Glutethimide</td>
<td>Doriden</td>
</tr>
<tr>
<td>Other Depressants</td>
<td>Equanil, Mil, Noludar, Placidyl, Valmid, Alcohol</td>
</tr>
<tr>
<td><strong>Stimulants</strong></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td>Coke, Flake, Snow, Crack, Rocks</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>Biphetamine, Delcobese, Desoxyn, Dexedrine, Mediatric, Black Beauties, Crosses, Hearts</td>
</tr>
<tr>
<td>Phenmetrazine</td>
<td>Preludin</td>
</tr>
<tr>
<td>Methylphenidate</td>
<td>Ritalin</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>Desoxyn, Crank, Crystal, Glass, Ice, Speed</td>
</tr>
<tr>
<td>Other Stimulants</td>
<td>Adipex, Bacarate, Cylert, Didrex, Ionamin, Plegine, Pre-Sate, Sanorex, Tenuate, Tepanil, Voranil</td>
</tr>
<tr>
<td><strong>Hallucinogens</strong></td>
<td></td>
</tr>
<tr>
<td>LSD</td>
<td>Acid, Microdot</td>
</tr>
<tr>
<td>Mescaline and Peyote</td>
<td>Mesc, Buttons, Cactus, Peyote</td>
</tr>
<tr>
<td>Amphetamine Variants</td>
<td>2,5-DMA, PMA, STP, MDA, MDMA, TMA, DOM, DOB, Adam, Ecstasy, STP, XTC</td>
</tr>
<tr>
<td>Phencyclidine</td>
<td>PDP, Angel Dust, Hog</td>
</tr>
<tr>
<td>Phencyclidine Analogs</td>
<td>PCE, PCPy, TCP</td>
</tr>
<tr>
<td>Other Hallucinogens</td>
<td>Bufotenine, Ibogaine, DMT, DET, Psilocyn</td>
</tr>
<tr>
<td><strong>Cannabis</strong></td>
<td></td>
</tr>
<tr>
<td>Marijuana</td>
<td>Pot, Acapulco Gold, Grass, Reefer, Sinsemilla, Thai Sticks, Blunt, Herb, Smoke, Weed</td>
</tr>
<tr>
<td>Tetrahydrocannabinol</td>
<td>THC, Marinol</td>
</tr>
<tr>
<td>Hashish</td>
<td>Hash</td>
</tr>
<tr>
<td>Hashish Oil</td>
<td>Hash Oil</td>
</tr>
</tbody>
</table>

DFWP Policy 02/29/2016
VILLAGE OF PINECREST

FORM FOR EMPLOYEES TO CONFIDENTIALLY REPORT THE USE OF PRESCRIPTION OR NON-PRESCRIPTION MEDICATION THAT MAY AFFECT THEIR ABILITY TO SAFELY PERFORM THEIR JOB

NAME: .............................................................................................................................................................
SIGNATURE: ..................................................................................................................................................
DATE: .............................................................................................................................................................
PRESCRIPTION MEDICATION: .........................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
NON-PRESCRIPTION MEDICATION: ..............................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................

RECEIVED BY:
NAME:_____________________________________
POSITION:___________________________________
DATE:______________________________________
APPENDIX 4

VILLAGE OF PINECREST

DRUG AND ALCOHOL TEST DIRECTION FORM

I direct[ed] [Name of Employee] to take a drug and alcohol test pursuant to the Village of Pinecrest's Drug and Alcohol Free Workplace Policy. This drug and alcohol test [is|was] required because of the following reason(s) (e.g., grounds for reasonable suspicion, accident, etc.):

[Blank lines]

The above stated reason(s) was|were also witnessed by:

[Blank lines]

Name(s) of Supervisor(s). Two Supervisors are required if reasonable suspicion is based upon observed irregular behavior. For accident or occupational injury, only one Supervisor is necessary.

Name

Position

Date

Signature

(If applicable)

Second Supervisor's Name

Position

Date

Signature
PLEASE READ CAREFULLY

I acknowledge that I have received and read a copy of the Village of Pinecrest’s (“Village”) “Drug and Alcohol Free Workplace Policy.” I further acknowledge that I have been advised that drug testing is required for the position for which I am applying.

I voluntarily consent to submit to a drug test of my urine and/or blood and/or hair prior to starting employment. I hereby authorize and give full permission to have the Village's contracted medical provider, their staff, and/or their associates send a specimen of my urine and/or blood and/or hair to a laboratory for screening tests for the presence of drugs. I authorize these results, positive or negative, to be given to a Medical Review Officer selected by the Village and the Village’s Human Resources Office.

I understand that either my refusal to submit to the drug test or my failure to qualify according to the minimum standards established by the Village for this drug test may disqualify me from further consideration for employment at this time.

I will hold the Village and all concerned parties harmless and waive any legal rights for any alleged harm to me or for interfering with my ability to be hired as a result of the test reports, or my non-submission to the tests. This includes possible clerical or laboratory error.

I have read in full and understand the above statements and conditions of employment.

__________________________________________
NAME (Please Print)

__________________________________________
APPLICANT’S SIGNATURE       DATE

__________________________________________
WITNESSED BY                  DATE
APPENDIX 6
VILLAGE OF PINECREST

CERTIFICATE OF AGREEMENT AND RELEASE FOR DRUG TESTING

I hereby certify that I have received and read the Village of Pinecrest’s “Drug and Alcohol Free Workplace Policy.”

I hereby consent to submit to drug and alcohol testing of my urine and/or blood and/or hair at any time requested by the Village pursuant to the Village’s Drug and Alcohol Free Workplace Policy. I hereby authorize and give full permission to have the Village's contracted medical provider, their staff, and/or their associates send a specimen of my urine and/or blood and/or hair to a laboratory for screening tests for the presence of drugs and/or alcohol. I authorize the release of the results of such tests, positive or negative, to a Medical Review Officer selected by the Village and to the Human Resources Office.

I understand that failure to comply with a request to submit to a drug and/or alcohol test by an authorized Village representative, or that a positive confirmed result from a drug and/or alcohol test may lead to termination of my employment.

Notwithstanding any rights I may have in my collective bargaining agreement, I will hold the Village and all concerned parties harmless and waive any legal rights for any alleged harm to me (including discipline and termination of employment) or for interfering with my employment with the Village as a result of the test reports, or my non-submission to the tests. This includes possible clerical or laboratory error.

______________________________
NAME (Please Print)

__________________________    _________________________
APPLICANT’S SIGNATURE          DATE

______________________________    _________________________
WITNESSED BY                    DATE
NOTIFICATION TO WORKERS’ COMPENSATION CARRIER OR SELF-INSURER
RE: NOTICE OF DENIAL OF MEDICAL INDEMNITY BENEFITS BECAUSE OF AN INJURED
EMPLOYEE’S POSITIVE DRUG TEST.

A notification similar to this one should be sent to the Village's workers' compensation carrier upon receipt of written confirmed positive drug test results, if the Village decides to deny medical and indemnity benefits.

Date:

Dear Worker's Compensation Carrier:

The employee listed below, who may have suffered an on-the-job injury on ___________ [date of accident], has tested positive for drugs pursuant to the Village's Drug and Alcohol Free Workplace Policy.

_____________________________________  [Employee’s name]
_____________________________________  [Employee’s social security no.]

The specimen/sample collected from the employee at the time of the accident was tested twice by the laboratory. In addition, the test results were verified by the Village's Medical Review Officer in order to ensure the accuracy of the test.

Pursuant to Florida Statutes § 440.102(5)(p), carriers [or self insurers] are required to give "reasonable notice" to all affected health care providers that payment for treatment, care and attendance provided to the above-named employee after a future date certain may be denied.

We hereby request that you immediately provide reasonable notice to all affected health care providers that the payment for treatment, care and attendance provided to the above-employee will be denied. We also request that you deny payment for any other medical or indemnity benefits to the above named employee, after you have provided the above described reasonable notice.

Please call if you need more information. Thank you for your cooperation in this matter.

Respectfully submitted,

[Appropriate Village Official]
SUMMARY OF DRUG AND ALCOHOL FREE WORKPLACE POLICY

EMPLOYEES ARE HEREBY NOTIFIED THAT IT IS A CONDITION OF EMPLOYMENT FOR EACH EMPLOYEE TO REFRAIN FROM REPORTING TO WORK OR WORKING WITH THE PRESENCE OF DRUGS OR ALCOHOL IN HIS OR HER BODY. IF AN EMPLOYEE TESTS CONFIRMED POSITIVE OR REFUSES TO SUBMIT TO A TEST FOR DRUGS OR ALCOHOL, THE EMPLOYEE IS SUBJECT TO DISCIPLINARY ACTION, INCLUDING TERMINATION, AND MAY FORFEIT ELIGIBILITY FOR MEDICAL AND INDEMNITY BENEFITS.

1. WHAT IS THE DRUG AND ALCOHOL FREE WORKPLACE PLACE POLICY?
   a. In accordance with Florida's Drug Free Workplace law, Section 440.101, et seq., Florida Statutes, the Village of Pinecrest ("Village") prohibits the illegal use, possession, sale, manufacture, or distribution, of drugs, alcohol, or other controlled substances on its property. For purposes of this policy, alcohol is considered to be a drug.
   b. It is also against Village policy for employees to report to work or to work under the influence of drugs. This includes prescription drugs, which induce an unsafe mental or physical state. Any employee who is taking any prescription drug, which might impair safety, performance, or any motor functions should advise his or her supervisor before commencing work under such medication.
   c. For the purpose of this policy, an individual is presumed to be under the influence of drugs if a confirmed drug test is positive.
   d. The use, sale, purchase, possession, distribution, or dispensing of drugs on duty or on Village property is cause for discharge.
   e. The Village may suspend employees without pay under this policy pending the results of a drug test or investigation.
   f. The Village has contracted with a Medical Review Officer (MRO) who is a licensed physician with knowledge of substance abuse disorders, laboratory-testing procedures, chain of custody collection procedures, the medical use of prescription drugs and the pharmacology and toxicology of illicit drugs. The purpose of the MRO is to ensure to the maximum extent possible that all test results are accurate. Applicants or employees can discuss any technical questions regarding testing with the MRO prior to or after the test.

2. WHO IS TESTED?

The Village tests all applicants and employees as described below:

   a. Applicants:
      (1) Applicants who are considered final candidates for a mandatory testing or special-risk position will be tested for the presence of drugs as part of the application process.
(2) Such applicants will be asked to sign a Pre-employment Drug Testing Agreement, consenting to the drug test. If an applicant refuses, he or she will not be considered for employment and the employment application process will be terminated.

(3) If an applicant’s test is confirmed positive, the applicant will not be considered for employment at that time and will be informed that he or she has failed to meet employment standards.

b. Employees:

(1) Random Drug Testing: A drug test chosen to be conducted based on a computer generated random sampling of employees within each group subject to random drug testing. All employees within a group subject to random drug testing shall have an equal chance of being selected each time a selection is made. Federal law or a collective bargaining agreement may set forth additional restrictions or rules on random drug testing.

(2) Reasonable-Suspicion Testing: Employees will be tested when there is a reasonable suspicion that an employee is or has used, possessed, sold, solicited, or transferred drugs while on the Village’s premises or while operating its vehicles, machines, equipment or when there is evidence that an employee has tampered with a drug test during his employment.

(3) Post On-the-Job Accident or Injury Testing: Employees who sustain an on-the-job injury which requires medical treatment, or who have caused, contributed to or have been involved in an accident or injury while at work will be tested at the time medical treatment is administered, or as soon as possible. Employees involved in an accident must not use alcohol for eight (8) hours following an accident or until a post-accident test is conducted, whichever comes first.

(4) Routine Fitness-for-Duty Testing: Employees will be drug tested as part of any routinely scheduled employee fitness-for-duty medical examination.

(5) Follow-up and Return to Duty Testing: Employees who have failed a test and who are permitted by the Village to return to work after completing treatment for alcohol or drug abuse will be tested prior to returning to work and will be subject to unannounced follow-up tests for a period of two (2) years.

(6) Additional Testing: Additional testing may also be conducted as required by applicable state or federal laws, rules, or regulations or as deemed necessary by the Village.

3. WHAT IF AN APPLICANT OR EMPLOYEE REFUSES TO BE TESTED?

a. A job applicant who refuses to submit to the pre-employment drug test will be ineligible for hire.

b. Any employee who refuses to submit to a drug test may be terminated from employment or otherwise disciplined. An employee involved in a workers’ compensation accident/incident who refuses to submit to a drug test, or who has a confirmed positive test result, in addition to any disciplinary action, may forfeit his or her eligibility for workers’ compensation medical and indemnity benefits.

c. A refusal to complete and sign a Drug Testing Chain of Custody Form or the failure to appear at the collection site within the specified time frame will be considered a refusal to submit to a drug test and will be subject to discipline, up to and including termination.

4. WHAT IF SOMEONE TESTS POSITIVE?
a. Tests will be conducted only by laboratories licensed and approved by the proper state and/or federal agencies. Test specimens will be collected, tested, and stored pursuant to the requirements of Florida law. No physician-patient relationship is created between an employee or job applicant and the Village or any person performing or evaluating a drug test.

b. The Village's MRO will initially receive and verify that test results were properly analyzed and handled by the laboratory testing. The MRO will then contact the job applicant or employee to give the person an opportunity to explain or challenge a positive test result to determine whether prescription or other legitimately taken drugs could have caused the positive test result. If the MRO decides that the applicant or employee's explanation is unsatisfactory, the MRO will report a positive test to the Village. The Village will notify the job applicant or employee of confirmed positive test results within five (5) working days after receipt of the result from the MRO.

c. A job applicant or employee who receives a positive confirmed drug test result may contest or explain the result to the MRO or the Village within five (5) days after written notification of the positive test result. If the explanation or challenge is unsatisfactory, a written explanation will be given to the applicant or employee. If the applicant or employee's challenge is unsatisfactory to the MRO or the Village, the applicant or employee may have the right to contest the test results pursuant to rules adopted by the Florida Division of Workers' Compensation or in a court of competent jurisdiction.

d. Employees who are covered under a collective bargaining agreement between the Village and any certified labor organization may have the right to file a grievance regarding discipline imposed by the Village as a result of a violation of this policy if said grievance is permitted to be filed pursuant to the collective bargaining agreement.

e. The testing laboratory will preserve specimens of confirmed positive test results for at least two hundred ten (210) days after the result was mailed to the MRO. A job applicant or employee has the responsibility of notifying the drug-testing laboratory of any administrative or civil action brought pursuant to Chapter 440, Florida Statutes. If timely notified, the testing laboratory will maintain the sample until the case or administrative appeal is settled.

f. Any applicant or employee who elects to have a portion of his or her specimen retested at another licensed testing laboratory (at his or her expense) must notify the testing laboratory and make a request to the Village within one hundred eighty (180) days after written notification of a positive test result.

g. A list of names, addresses, and telephone numbers of employee assistance programs and local drug rehabilitation programs are on file with the Village. This information will be provided to any person upon request. Information about local assistance programs and/or rehabilitation programs may also be obtained at:

5. WHAT IF AN APPLICANT OR EMPLOYEE HAS QUESTIONS ABOUT LEGITIMATE PRESCRIPTION DRUGS OR OTHER TECHNICAL INFORMATION ABOUT THE TESTS?

a. Job applicants and employees have the right to confidentially consult the MRO for technical information regarding prescription and non-prescription medication and may contest or explain the test result to the MRO both before and after being tested.

b. Prior to testing, the job applicant or employee will be given a list of the most common medications by brand name or common name and chemical name which may alter or affect a drug test. This information is also provided on the Drug Testing Chain-of-Custody Form.
c. A Drug Use Information form, which is a confidential report, may be filled out by job applicants and employees before or after being drug tested. This form permits individuals to provide to the MRO a list of all prescription and non-prescription drugs they are currently using or have used in the last month, as well as any other information they consider relevant to the test.

d. All information, interviews, reports, statements, memoranda and drug test results, written or otherwise, received by the Village as part of this drug-testing program are confidential communications. Unless authorized by state laws, rules or regulations, the Village will not release such information without a written consent form signed voluntarily by the person tested. The Village or its legal counsel may disclose such information in the event that a challenge or other form of civil, disciplinary or administrative litigation is commenced by a job applicant or employee.

6. WHAT TYPE OF DRUGS ARE TESTED?

The following is a list of drugs (described by brand name, common name and/or chemical name) for which the Village may test. Also listed and identified are those most common medications, which may alter or affect a drug test:

- Alcohol (booze, drink, distilled spirits, wine, malt beverages, beer, intoxicating liquors, alcoholic beverages, etc.)
- Amphetamines (Benhetamine, Desoxyn, Dexedrine)
- Cannabinoids (marijuana, hashish, hash, hash oil, pot, joint, roach, spleaf, grass, weed, reefer)
- Cocaine (coke, blow, nose candy, snow, flake, crack)
- Phencyclidine (PCP, angel dust, hog)
- Methaqualone
- Opiates (opium, Dover's powder, paregoric, parepectolin)
- Barbiturates (Phenobarbital Tuinal, Amytal)
- Benzodiazepines (Ativan, Azene, Klonopin, Dalman e, Diazepam, Halcion, Librium, Poxipam, Restoril, Serax, Tranxene, Valium, Vertron, Xanax)
- Methadone (Dolophine, Methadose)
- Propoxyphene (Darvocet, Darvon N, Dolene)
- Metabolites of any substances listed above.

7. WHAT ELSE SHOULD I KNOW ABOUT THE POLICY?

a. Details of this policy may be obtained during regular business hours from the Human Resources Office.

b. The contents of this policy constitute statements of the Village's current policy and may be changed and updated by the Village at any time. Nothing in this policy is intended to create a contract between the Village and any employee. Nothing in these guidelines binds the Village to a specific or definite period of employment or to any specific policies, procedures, actions, rules, or terms and conditions of employment.

c. As a condition of employment and continued employment, all employees are required to abide by this policy.
APPENDIX 9

VILLAGE OF PINECREST

EMPLOYEE ACKNOWLEDGMENT OF RECEIPT OF
SUMMARY OF DRUG AND ALCOHOL FREE WORKPLACE POLICY

I, ______________________, (Employee's Name) hereby acknowledge that I received a copy of the Village of Pinecrest's Summary of Drug and Alcohol Free Workplace Policy, consisting of this page and the four (4) preceding typewritten pages on the date indicated below. I understand that on the effective date of the policy, it will be a condition of my employment to refrain from reporting to work or working with the presence of drugs or alcohol in my body.

__________________________
(Employee’s Signature)

__________________________
DATE:
APPENDIX 10-A

VILLAGE OF PINECREST

EMPLOYEE RANDOM DRUG TESTING NOTICE

You, _____________________, have been randomly selected to undergo a random drug test. This random drug test is authorized under Section 440.102(4) (b), Florida Statutes, the Village's Drug and Alcohol Free Workplace Policy, federal law and/or a collective bargaining agreement between your representative and the Village.

The Village selects employees for random drug testing by a scientifically valid method such as a computer generated random number table. Each employee within a group subject to random drug testing shall have an equal chance of being selected each time selections are made. Additional rules and/or restrictions may be set forth in federal law or the applicable collective bargaining agreement.

If you refuse to complete and sign a Drug Testing Chain of Custody Form, you will be considered to have refused to submit to random drug testing. This refusal is subject to disciplinary action up to and including dismissal.

If you do not appear at the collection site within the specific time frame, you will be considered to have refused to submit to drug testing. You will be subject to disciplinary action up to and including dismissal for failure to report to the collection site unless you provide sufficient justification for failure to appear, subject to approval by the Village Manager.

An employee who receives a positive confirmed drug test result may contest or explain the result to the MRO or the Village within five (5) days after written notification of the positive test result. If the explanation or challenge is unsatisfactory, a written explanation will be given to the employee. If the employee’s challenge is unsatisfactory to the MRO or the Village, the employee may have the right to contest the test results pursuant to rules adopted by the Florida Division of Workers’ Compensation or in a court of competent jurisdiction.

All information, interviews, reports, statements, memoranda, and drug test results (written or otherwise) received by the Village through a drug testing program are confidential communications and will not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceedings, unless brought pursuant to this policy or otherwise allowed by law.

The names, addresses, and telephone numbers of employee assistance programs and local alcohol and drug rehabilitation programs are available from the Human Resources Office.

Any questions regarding this drug testing policy statement should be directed to Human Resources.

I hereby certify that I understand the conditions of random drug testing.

______________________________  _______________________
Print Name                                      Date

______________________________
Signature

cc: Employee; File
APPENDIX 10-B

VILLAGE OF PINECREST

EMPLOYEE RANDOM DRUG TESTING APPOINTMENT FORM

You have been selected for random Drug & Alcohol Testing in accordance with the Village’s Drug and Alcohol Free Workplace Policy. You must report to Physicians Health Center (The Collection Site) ON THE DATE AND BY THE TIME INDICATED BELOW.

Employee: ___________________________ Test Date: ___________________________

S. S. #: xxx-xx- _______________ Time: ___________________________

Position: ___________________________

Location: Physicians Health Center
Occupational Health Specialists
7887 N. Kendall Drive, Suite 102
Miami, Florida 33156
(305) 279-7722
APPENDIX 11

VILLAGE OF PINECREST

CONTACT INFORMATION

Village Contact Information:
Human Resources Manager
12645 Pinecrest Parkway
Pinecrest, Florida 33156
(305) 234-2121

Name and Contact Information of the Village’s Medical Review Officer:
Dr. Chapnick; Dr. Diaz; Dr. Mirabal
Physicians Health Center
4483 N.W. 36th Street
Miami, FL 33166
(305) 888-7555

Name and Contact Information for the Collection Facility used by the Village:
Physicians Health Center
7887 N. Kendall Drive, Suite 102
Miami, Florida 33156
(305) 279-7722

Name and Contact Information for the Laboratory used by Physicians Health Center:
Quest Diagnostics
1777 Montreal Circle
Tucker, GA 30084
APPENDIX 12

VILLAGE OF PINECREST

The following classifications are subject to random testing pursuant to the Village’s Drug and Alcohol Free Workplace Policy due to mandatory testing or special-risk position. Additional classifications may be added from time to time based upon the safety sensitive nature of the position(s).

- Building Inspector
- Chief Building Inspector
- Chief Electrical Inspector
- Chief Mechanical Inspector
- Chief Plumbing Inspector
- Code Compliance Officer
- Community Service Aide
- Deputy Chief *
- Dispatcher
- Dispatcher Supervisor
- Educational Program Coordinator
- Foreman
- Groundskeeper
- Horticulturist
- Maintenance Worker I
- Maintenance Worker II
- Operations Assistant
- Operations Manager
- Park Service Aide
- Park Superintendent
- Police Cadet (Trainee)
- Police Chief *
- Police Lieutenant *
- Police Major *
- Police Officer *
- Police Sergeant *
- Production and Facility Manager
- Recreation Aide
- School Crossing Guard
- Seniors Activities Coordinator
- Traffic Infraction Enforcement Officer
- Victim Services Coordinator

*Special Risk Position: Law Enforcement Officer (all ranks)