

JAG
EMPLOYEE SUBSTANCE ABUSE POLICY, AUTHORIZATION, CONSENT AND MEDICAL INFORMATION RELEASE FORM

JAG (the Company) is committed to maintaining a drug and alcohol free workplace that is both safe and productive for all of its employees. To meet these objectives JAG has established the following policy:

JAG promotes a drug and alcohol free workplace. The use or possession of alcohol, illegal drugs, or controlled substances on the job constitutes a potential danger to the welfare and safety of other employees and exposes the Company to the risks of property loss, damage, or injury to other persons.

“Alcohol” means ethyl alcohol (ethanol). Reference to the use of alcohol includes use of a beverage, mixture or preparation containing ethyl alcohol.

“Drug” means alcohol, including distilled spirits, wine, malt beverages and intoxicating liquors as well as amphetamines, cannabinoids, cocaine, phencyclidine (PCP), a hallucinogen, methaqualone, an opiate, a barbiturate, a benzodiazepine, a synthetic narcotic, a designer drug, or a metabolite of any drug listed in this paragraph.

Please note that any substances that are considered illegal by the state or federal government, but that are not mentioned in the above paragraphs, are strictly prohibited.

Provided below is a list of rules in regards to the use of alcohol and drugs in the workplace.

Please note that the following rules apply to all employees on the job, including meal and rest breaks.

1. It is a violation of Company Policy for any employee to operate a vehicle while under the influence of alcohol or controlled drugs.
2. The use, distribution, sale, or purchase of illegal or controlled substances wherever company work is being performed, or while present on company property or grounds owned, or leased by or under the control or jurisdiction of the Company, is strictly prohibited
3. Any employee, who is using prescription or over-the-counter drugs that impair the employee’s ability to safely perform their job or affect the safety or well being of others, must notify a supervisor of such use before starting or resuming work. Examples of this are medications such as Vicodin, Percocet, Tylenol #3 (Codeine) and Darvocet that may contain warnings on the label such as “may cause drowsiness” or “should not drive, operate machinery while taking this drug”.
4. Nothing in this policy precludes the appropriate use of legally prescribed medications.

Violation of these rules and standards are strictly prohibited, will not be tolerated and may result in termination.

Compliance with this policy is a condition of employment. In order to maintain compliance, substance abuse screenings will be conducted in the following situations:

Post-Offer: All applicants will be tested prior to entering the work force.

For Cause: Upon reasonable cause, including evidence that an employee has been observed using, buying, selling or trading drugs; has tampered with a drug test; has exhibited abnormal conduct or erratic behavior at work or a significant deterioration in work performance; or, in any way, is believed to be under the influence of alcohol, illegal drugs, or controlled substances.

Post-Injury: Any employee involved in an accident/injury while performing services for JAG or a client that results in property damage or bodily injury requiring medical treatment will be required to submit to substance abuse screening.

Employees who test positive or who refuse to submit to substance abuse screening will be subject to termination. Notwithstanding any provision herein, this policy will be enforced at all times in accordance with applicable state law.

I hereby authorize and give my permission to have JAG and/or their designated physician/medical clinic test my urine, blood, or breath for the presence of illegal drugs, controlled substances, or alcohol in accordance with the above stated policy.

In addition, I hereby authorize JAG Professional Services, Inc. to request and obtain all medical records regarding my industrial accident/injury or occupational illness. This includes, but is not limited to, all doctor’s reports, follow-up reports, nurse’s notes, test results, medical bills, etc.

A facsimile or photocopy of this authorization is considered as effective and valid as the original. This release shall remain in effect until specifically rescinded by me

Employee’s Name (print): _____

Employee’s Signature: _____ Date: _____

Please Note: It is important that all employees read, understand, and follow the policies and statements herein. JAG reserves the right to modify, supplement, rescind, or revise any policy or procedure, except for the policy of at-will employment and any policy protected by law. However, any such changes must be made in writing and approved by the President of JAG. If you have questions regarding these policies, contact JAG at (310) 765-4968.