

SUBSTANCE FREE WORKPLACE POLICY

CONFIDENTIAL CONSENT FORM FOR
BREATH ALCOHOL TEST

I, _____, do hereby consent to submit to a breath alcohol test for use by the Company in determining my alcohol use levels. My failure to consent to a breath alcohol test can result in my termination.

I understand that the test will be conducted by an entity external to the Company. For employees in regulated positions, I further understand that this alcohol testing is required by 49 CFR, Subpart C of Part 199.

I do hereby authorize and consent for the test results to be released to my local manager/supervisor and to the Human Resources Department. I further understand, authorize and consent that the representative of Human Resources will make the test results available to management. I further understand that the results of this test will be used at the discretion of management.

I understand that if I am applying for a commercial motor vehicle driving position and my test results are positive, I will be reported to the Commercial Driver Alcohol and Drug Testing Database as required.

I am willing that a Photostatic copy of this authorization be as valid and effective as the original at any time hereafter irrespective of the date hereof.

Signed: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP: _____