

# **EMPLOYMENT PACKET PROCEDURE**

# EMPLOYMENT NOTICE

Name \_\_\_\_\_ S.S.N. \_\_\_\_\_  
Last First Initial

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Local Union No. \_\_\_\_\_ DOB \_\_\_\_\_

If Injured Notify \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2017</b>	
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number	
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>			
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)				<b>5</b>	
<b>6</b> Additional amount, if any, you want withheld from each paycheck				<b>6</b> \$	
<b>7</b> I claim exemption from withholding for 2017, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here					

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature  
(This form is not valid unless you sign it.) ▶

Date ▶

<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	<b>9</b> Office code (optional)	<b>10</b> Employer identification number (EIN)
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# Employee's Wisconsin Withholding Exemption Certificate/New Hire Reporting

WT-4

## Employee's Section (Print clearly)

Employee's legal name (last, first, middle initial)			Social security number	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, check the Single box.
Employee's address (number and street)			Date of birth	
City	State	Zip code	Date of hire	

## FIGURE YOUR TOTAL WITHHOLDING EXEMPTIONS BELOW

Complete Lines 1 through 3 only if your Wisconsin exemptions are different than your federal allowances.

- (a) Exemption for yourself – enter 1 .....

(b) Exemption for your spouse – enter 1 .....

(c) Exemption(s) for dependent(s) – you are entitled to claim an exemption for each dependent .....

(d) Total – add lines (a) through (c) ..... 0
- Additional amount per pay period you want deducted (if your employer agrees) .....
- I claim complete exemption from withholding (see instructions). Enter "Exempt" .....

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming complete exemption from withholding, I certify that I incurred no liability for Wisconsin income tax for last year and that I anticipate that I will incur no liability for Wisconsin income tax for this year.

Signature .....

Date Signed .....

### EMPLOYEE INSTRUCTIONS:

#### • WHO MUST FILE:

Every Employee is required to file a completed Form WT-4 with each of his or her employers unless the Employee claims the same number of withholding exemptions for Wisconsin withholding tax purpose as for federal withholding tax purpose. Form WT-4 (or federal Form W-4 if a Form WT-4 is not filed) will be used by your employer to determine the amount of Wisconsin income tax to be withheld from your paychecks. If you have more than one employer, you should claim a smaller number or no exemptions on each Form WT-4 filed with employers other than your principal employer so that the total amount withheld will be closer to your actual income tax liability.

Your employer may also require you to complete this form to report your hiring to the Department of Workforce Development.

You may file a new Form WT-4 any time you wish to change the amount of withholding from your paychecks, providing the number of exemptions you claim does not exceed the number you are entitled to claim.

#### • UNDER WITHHOLDING:

If sufficient tax is not withheld from your wages, you may incur additional interest charges under the tax laws. In general, 90% of the net tax shown on your income tax return should be withheld.

#### • OVER WITHHOLDING:

If you are using Form WT-4 to claim the maximum number of exemptions to which you are entitled and your withholding exceeds your expected income tax liability, you may use Form WT-4A to minimize the over withholding.

#### • WHEN TO FILE IF YOUR EXEMPTIONS CHANGE:

You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES.

You may file a new certificate at any time if the number of your exemptions INCREASES.

### WT-4 Instructions – Provide your information in the employee section.

#### • LINE 1:

(a)-(c) Number of exemptions – Do not claim more than the correct number of exemptions. If you expect to owe more income tax for the year than will be withheld if you claim every exemption to which you are entitled, you may increase your withholding by claiming a smaller number of exemptions on lines 1(a)-(c) or you may enter into an agreement with your employer to have additional amounts withheld (see instruction for line 2).

(c) Dependents – Those persons who qualify as your dependents for federal income tax purposes may also be claimed as dependents for Wisconsin purposes. The term "dependents" does not include you or your spouse. Indicate the number of dependents that you are claiming in the space provided.

#### • LINE 2:

Additional withholding – If you have claimed "zero" exemptions on line 1, but still expect to have a balance due on your tax return for the year, you may wish to request your employer to withhold an additional amount of tax for each pay period. If your employer agrees to this additional withholding, enter the additional amount you want deducted from each of your paychecks on line 2.

#### • LINE 3:

Exemption from withholding – You may claim exemption from withholding of Wisconsin income tax if you had no liability for income tax for last year, and you expect to incur no liability for income tax for this year. You may not claim exemption if your return shows tax liability before the allowance of any credit for income tax withheld. If you are exempt, your employer will not withhold Wisconsin income tax from your wages.

You must revoke this exemption (1) within 10 days from the time you expect to incur income tax liability for the year or (2) on or before December 1 if you expect to incur Wisconsin income tax liabilities for the next year. If you want to stop or are required to revoke this exemption, you must file a new Form WT-4 with your employer showing the number of withholding exemptions you are entitled to claim. This certificate for exemption from withholding will expire on April 30 of next year unless a new Form WT-4 is filed before that date.

## Employer's Section

Employer's name NORTHERN CLEARING, INC.			Federal Employer ID Number 39-1078041	
Employer's payroll address (number and street) 28190 STATE HIGHWAY 137			City ASHLAND	State WI
Completed by			Title	Zip code 54806
			Phone number ( )	Email

### EMPLOYER INSTRUCTIONS for Department of Revenue:

- If you do not have a Federal Employer Identification Number (FEIN), contact the Internal Revenue Service to obtain a FEIN.
- If the Employee has claimed more than 10 exemptions OR has claimed complete exemption from withholding and earns more than \$200.00 a week or is believed to have claimed more exemptions than he or she is entitled to, mail a copy of this certificate to: Wisconsin Department of Revenue, Audit Bureau, PO Box 8906, Madison WI 53708 or fax (608) 267-0834.
- Keep a copy of this certificate with your records. If you have questions about the Department of Revenue requirements, call (608) 266-8646 or (608) 266-2776.

### EMPLOYER INSTRUCTIONS for New Hire Reporting:

- This report contains the required information for reporting a New Hire to Wisconsin. If you are reporting new hires electronically, you do not need to forward a copy of this report to the Department of Workforce Development. Visit <http://dwd.wisconsin.gov/ulnh> to report new hires.
- If you do not report new hires electronically, mail the original form to the Department of Workforce Development, New Hire Reporting, PO Box 14431, Madison WI 53708-0431 or fax toll free to 1-800-277-8075.
- If you have questions about New Hire requirements, call toll free (888) 300-HIRE (888-300-4473). Visit [dwd.wisconsin.gov/ulnh](http://dwd.wisconsin.gov/ulnh) for more information.



To all Northern Clearing Inc. Employees:

Northern Clearing is offering anyone that is interested the opportunity to have their payroll checks direct deposited, it is not mandatory.

Enclosed is an authorization form that must be completed for direct deposit and sent back to the main office. This is for payroll only. For the checking accounts, I will need a voided check, not a deposit slip. If you are depositing into a savings account, I will need the routing number and account number filled out on the form. You also have the option of split depositing your check into more than one bank account.

In order for this to take effect for your next paycheck, I will need this information on the Monday before the payroll. Only forms signed by the employee will be accepted.

If you have any questions, please give Lois a call at 800-573-6688.





# NORTHERN CLEARING INC.

## DIRECT DEPOSIT AUTHORIZATION FORM

Northern Clearing Inc  
1805 W. Main Street  
Ashland, WI 54806

I hereby authorize (Northern Clearing Inc) hereafter called Company, to initiate credit entries for the amount of my net payroll and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking or Savings account indicated below and the depository named below, hereinafter called depository, to credit the same to such account.

NAME OF YOUR FINANCIAL INSTITUTION:

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

TRANSIT/ABA No. \_\_\_\_\_

(These are the nine numbers located on the bottom left corner of your check)

ACCOUNT NUMBER:

Checking \_\_\_\_\_ OR Savings \_\_\_\_\_

This authority is to remain in full force and effect until Company receives written notification from me to discontinue the pre-authorized deposit.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



## Instructions for Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
**Form I-9**  
OMB No. 1615-0047  
Expires 03/31/2016

**Read all instructions carefully before completing this form.**

**Anti-Discrimination Notice.** It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit [www.justice.gov/crt/about/osc](http://www.justice.gov/crt/about/osc).

### What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

### General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

### Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

**Name:** Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

**Other names used:** Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

**Address:** Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

**Date of Birth:** Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

**U.S. Social Security Number:** Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

**E-mail Address and Telephone Number (Optional):** You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

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All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

**1. A citizen of the United States**

**2. A noncitizen national of the United States:** Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**3. A lawful permanent resident:** A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

**4. An alien authorized to work:** If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

- a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.
- b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).
  - (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).
  - (2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

**Preparer and/or Translator Certification**

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

**Minors and Certain Employees with Disabilities (Special Placement)**

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

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## Section 2. Employer or Authorized Representative Review and Verification

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Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.

2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
  4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
  5. Sign and date the attestation on the date Section 2 is completed.
  6. Record the employer's business name and address.
  7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.



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## Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central ([www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central)) for examples.

## Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) for more information on receipts.

## Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
  - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
  - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
  - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

#### **What Is the Filing Fee?**

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

#### **USCIS Forms and Information**

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central), by e-mailing USCIS at [I-9Central@dhs.gov](mailto:I-9Central@dhs.gov), or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at [www.uscis.gov/forms](http://www.uscis.gov/forms). You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at [www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify), by e-mailing USCIS at [E-Verify@dhs.gov](mailto:E-Verify@dhs.gov) or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

### USCIS Privacy Act Statement

**AUTHORITIES:** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

**PURPOSE:** This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

**DISCLOSURE:** Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

**ROUTINE USES:** This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**





## Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number.

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode  
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page





**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div>3-D Barcode Do Not Write in This Space</div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**Certification**

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name NORTHERN CLEARING INC	
Employer's Business or Organization Address (Street Number and Name) 1805 MAIN ST WEST		City or Town ASHLAND	State WI	Zip Code 54806

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial		B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions:
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)				(1) NOT VALID FOR EMPLOYMENT
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
4. Employment Authorization Document that contains a photograph (Form I-766)		3. School ID card with a photograph		(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		4. Voter's registration card		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
		5. U.S. Military card or draft record		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
		6. Military dependent's ID card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
		7. U.S. Coast Guard Merchant Mariner Card		5. Native American tribal document
		8. Native American tribal document		6. U.S. Citizen ID Card (Form I-197)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		<b>For persons under age 18 who are unable to present a document listed above:</b>		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		9. Driver's license issued by a Canadian government authority		8. Employment authorization document issued by the Department of Homeland Security
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

# New Health Insurance Marketplace Coverage Options and Your Health Coverage

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## General Information

To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Health Insurance Marketplace and employment-based health coverage offered by your employer. The Marketplace is anticipated to be operational beginning in October 2013.

### What is the Health Insurance Marketplace?

The Marketplace offers "one-stop shopping" to find and compare private health insurance options. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify for a tax credit to lower your monthly premium for Marketplace coverage or for a reduction in certain cost-sharing on coverage purchased through the Marketplace, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you may be eligible for depends on your household income. However, if you receive a tax credit that you did not qualify for or you receive too much of a tax credit (for example, if your household income was greater than expected), you will be required to pay back some or all of the tax credit.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage that meets certain standards. If the cost of self-only coverage from your employer is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

### What Benefit Does Employer Sponsored Health Coverage Provide?

If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you will lose the employer contribution to the employer-offered coverage. That is, your employer will pay no portion of the cost of coverage you purchase through the Marketplace. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Ms. Lois Belanger at (715) 682-6646.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



## Authorization to Release DOT Drug and Alcohol Results (PHMSA and FMCSA)

PHMSA-Pipeline and Hazardous Materials Safety Administration

FMCSA-Federal Motor Carrier Safety Administration

DOT regulation 49 CFR part 40 Section 40.25 and or Section 391.23 requires that prospective employers request past alcohol and controlled substance testing records from DOT-regulated employers who have employed the employee during the previous 2 years (PHMSA) or 3 years (FMCSA).

### Section 1: To be completed by **applicant**

- **Applicant must complete an additional form for each previous DOT regulated employer**

We have included a form for your applicant to list all employers. We suggest you have them complete this form first and then the necessary release forms. We believe this will help you make sure you have releases signed for each of the previous employers.

In accordance with 49 CFR Section 40-321 (b), "Specific Written Consent" means a statement signed by the employee that he or she agrees to the release of a particular piece of information to a particular, explicitly identified person or organization at a particular time. "Blanket releases," in which an employee agrees to a release of a category of information (e.g., all test results) or to release information to a category of parties (e.g., other employers who are members of a C/TPA, companies to which the employee may apply for employment), are prohibited under this part.

- **Have applicant complete all areas marked with an X**

If the answer to question 4 (question 3 on FMCSA form) is "Yes", contact C.H.A.S.E., LLC at (800)831-8378 for assistance in determining eligibility.

- **Have applicant list all DOT employers (a separate form must be signed and completed for each previous employer) in the past 2 years (PHMSA) & 3 years (FMCSA) and sign the release.**

### Section 2: To be completed by the **previous employer**

- If C.H.A.S.E., LLC processes your drug and alcohol testing histories, please forward all pages by mail, email or fax as listed below.

### FMCSA/Authorization to Release Safety Performance History

- If C.H.A.S.E., LLC is also processing your driver safety history checks, you will have a separate form for FMCSA (CDL drivers) to be completed for the drug and alcohol testing histories and driver safety history checks for these applicants.

**C.H.A.S.E., LLC 475 Henslee Drive Dickson, TN 37055**

**Phone: (800) 831-8378 Fax: (615) 446-5260 Alt Fax: (615) 560-0180**

**Email: Christy Pharris [cpharris@chasesafety.com](mailto:cpharris@chasesafety.com)** Revised 2/2016





## DOT Drug and Alcohol History Checks

### TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

DOT regulation 49 CFR Part 40 Section 40.25 and/or Section 391.23 requires that prospective employers request past alcohol and controlled substance testing records from DOT-regulated employers who have employed you during the previous 2 years (pipeline) or 3 years (CDL drivers)

Prospective Employee \_\_\_\_\_

SSN \_\_\_\_\_

PLEASE list all DOT-regulated employers who employed you within the past two/three years.

☒ Previous Employer: \_\_\_\_\_

☒ Previous Employer: \_\_\_\_\_

☒ Previous Employer: \_\_\_\_\_

☒ Previous Employer: \_\_\_\_\_

☒ Previous Employer: \_\_\_\_\_

You must now complete an authorization form to release DOT drug and alcohol results for each of the above listed employers.

**PROSPECTIVE EMPLOYER NEEDS TO PROVIDE AN AUTHORIZATION FORM FOR EACH ABOVE LISTED PREVIOUS EMPLOYER**



JOBSITE \_\_\_\_\_ Sent to CHASE ☐  
Total # of pages per applicant \_\_\_\_\_

**Authorization to Release DOT Drug and Alcohol Results**

**SECTION I: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

**Applicant must complete an additional form for each previous DOT regulated employer**

**X** I (print name), \_\_\_\_\_, do hereby authorize the previous DOT regulated employer listed below to release and forward the DOT Drug and Alcohol test information listed below to the above named prospective employer as stipulated in DOT regulations 49 CFR Part 40.25, 391.23 and 382.413.

**X** 1. Is a Commercial Driver's License required for your employment? Yes \_\_\_\_\_ No \_\_\_\_\_

**X** 2. I authorize: 2 years (Pipeline) \_\_\_\_\_ OR 3 years (CDL Driver) \_\_\_\_\_ for drug and alcohol history.

**X** 3. Check here: ☐ if you have NOT performed DOT functions in the past 2 years (Pipeline) or 3 years (CDL Driver).

**X** 4. Have you, within the past 2 years (Pipeline) or 3 years (CDL Driver), tested positive, or refused to test, on any DOT drug or alcohol test administered by any DOT-regulated Employer including employers who did not hire you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes provide Employer's Name: \_\_\_\_\_

If yes, applicant must provide documents verifying successful completion of the DOT return to duty process before being hired to perform safety sensitive functions.

I hereby authorize the following previous employer/company to furnish the DOT information requested in section II below.

**X** Previous Employer: \_\_\_\_\_

**X** Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

**X** Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

**X** \_\_\_\_\_  
Applicant Signature Social Security Number Date

**SECTION II: TO BE COMPLETED BY PREVIOUS EMPLOYER ONLY**

Pursuant to DOT Regulations 49 CFR Part 40 Section 40.25, 391.23 and 382.413, please provide the following information regarding the applicant and return this form by fax or mail to the address/number listed below.

- Check this box if your company and/or the applicant was NOT subject to DOT regulations. ☐
- Under DOT Part 40 testing requirements – during the last 2 years (Pipeline) or last 3 years (CDL Driver) has this person:

	Yes	No
1. Ever tested positive for a controlled substance in a DOT position?	_____	_____
2. Ever had a DOT alcohol test with a Breath Alcohol Concentration 0.04 or higher?	_____	_____
3. Ever refused a required DOT test for drugs/alcohol (including verified adulterated/substituted drug test results)?	_____	_____
4. Had any other violations of DOT agency drug and alcohol regulations?	_____	_____
5. Did a previous employer report a drug and alcohol rule violation to you?	_____	_____
6. If "yes" for any of the above items, did the employee complete the return-to-duty process?	_____	_____
- If "yes" for item 5, you must provide the previous employer's report. If "yes" for item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Any other remarks: \_\_\_\_\_

Completed by Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\*PLEASE RETURN TO C.H.A.S.E., LLC as service agent for Northern Clearing – FAX #: (615) 446-5260\*\***

\*A reproduction of this form shall be deemed as effective and valid as an original.

**\*\*C.H.A.S.E., LLC OFFICE USE ONLY\*\***

First Request: ☐ Fax ☐ Mail ☐ Email Date: \_\_\_\_\_ Second Request: ☐ Fax ☐ Mail ☐ Email Date: \_\_\_\_\_

C.H.A.S.E., LLC/ Background Check Department  
475 Henslee Drive  
Dickson, TN 37055

www.chasesafety.com  
Phone: 800-831-8378  
Fax: 615-446-5260

**Authorization to Release DOT Drug and Alcohol Results and Safety Performance History**
**SECTION I: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**
**\*\*Applicant must complete an additional form for each previous DOT regulated employer\*\***

**X** I (print name), \_\_\_\_\_, do hereby authorize the below listed previous employer to release and forward DOT Drug and Alcohol test information and safety performance history for the past three years (CDL Driver), as requested in section II, to the above named prospective employer as stipulated in DOT regulations 49 CFR Part 40.25, 382.413 and 391.23.

**X** 1. Is a Commercial Driver's License required for your employment? Yes \_\_\_ No \_\_\_

**X** 2. Check here: ☐ if you have NOT performed DOT functions in the past 3 years (CDL Driver).

**X** 3. Have you, within the past 3 years (CDL Driver), tested positive, or refused to test, on any DOT drug or alcohol test administered by any DOT-regulated Employer including employers who did not hire you? Yes \_\_\_ No \_\_\_

If yes provide Employer's Name: \_\_\_\_\_

*If yes, applicant must provide documents verifying successful completion of the DOT return to duty process before being hired to perform safety sensitive functions.*

**X** Previous Employer: \_\_\_\_\_

**X** Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

**X** Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

**X** \_\_\_\_\_  
Applicant Signature
Social Security Number
Date

**SECTION II: TO BE COMPLETED BY PREVIOUS EMPLOYER ONLY**
**Drug and Alcohol Results:**

Pursuant to DOT Regulations 49 CFR Part 40 Section 40.25, 391.23 and 382.413, please provide the following information regarding the applicant and return this form by fax or mail to the address/number listed below

- Check this box if your company and/or the applicant was NOT subject to DOT regulations. ☐
- Under DOT Part 40 testing requirements – during the last 3 years (CDL Driver) has this person:
 

	Yes	No
1. Ever tested positive for a controlled substance in a DOT position?	___	___
2. Ever had a DOT alcohol test with a Breath Alcohol Concentration 0.04 or higher?	___	___
3. Ever refused a required DOT test for drugs/alcohol (including verified adulterated/substituted drug test results)?	___	___
4. Had any other violations of DOT agency drug and alcohol regulations?	___	___
5. Did a previous employer report a drug and alcohol rule violation to you?	___	___
6. If "yes" for any of the above items, did the employee complete the return-to-duty process?	___	___
- *If "yes" for item 5, you must provide the previous employer's report. If "yes" for item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

**Applicant Information:** Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

**Safety Performance History:**

Did applicant drive a commercial vehicle? YES \_\_\_ NO \_\_\_

☐ Check if there is no safety performance history to report, sign below and return.

Was the applicant ever involved in a motor vehicle accident? YES \_\_\_ NO \_\_\_ If yes, please provide the following information.

**Accidents:**

*Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above.*

Date	Location	# of Injuries	# of Fatalities	Hazmat Spill

☐ Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (391.23(d)(2)(ii))

Any other remarks: \_\_\_\_\_

Completed by Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\*PLEASE RETURN TO C/O C.H.A.S.E., LLC as service agent for Northern Clearing – FAX #: (615) 446-5260\*\***

*\*A reproduction of this form shall be deemed as effective and valid as an original.*

**\*\*C.H.A.S.E., LLC OFFICE USE ONLY\*\***

First Request: ☐ Fax ☐ Mail ☐ Email Date: \_\_\_\_\_ Second Request: ☐ Fax ☐ Mail ☐ Email Date: \_\_\_\_\_

# Northern Clearing, Inc.

## ***Safety, Health and Environmental Orientation***

The following rules in addition to any other state, federal, local rules or laws or requirement of other agency or operators have been set and will be followed by all of us in order to minimize these safety risks and achieve the following three goals for the benefit for all:

**Safety** – no one gets hurt

**Environmental Protection** – Total compliance with environmental guidelines

**Customer Satisfaction** – Make sure that the company we are working for wants us to do so again.

---

### **General Safety and Health Provisions**

All personnel are responsible for recognizing unsafe conditions and are authorized to take the necessary steps to prevent injury to themselves or others, up to and including the stopping of unsafe work. I understand I am required to follow safe work practices, company rules and take necessary steps to prevent injury to themselves and others. All rules, procedures, and plans in effect at Northern Clearing Inc. are to be followed. Upon violation of any company rule, the violating employee may be reprimanded either verbally, or written. The violating employee's employment may also be terminated based on the severity of the violation. No show, no call may result in immediate termination of employment. Taking or publishing pictures, videos, or both by employees that adversely, unfavorably, or negatively affect Northern Clearing Inc is prohibited. If you do not understand any aspect of the job task assigned to you, you will seek clarification from your supervisor. I understand that working safely is a condition of my employment.

---

### **Electrical Safety**

Understanding and identifying electrical hazards is the first step in protecting yourself and others. All non-qualified line arborist must maintain at least 20' feet of clearance unless you know the line voltage in which case you must maintain the non qualified minimum approach distances in accordance with 29 CFR 1910.269. Sight inspections for electrical hazards may be required prior to working around electrical hazards. All excavators and boomed equipment operators may utilize a spotter while crossing under power lines. Electricity sources and other electrical hazards must be identified and must be respected at all times. When identified I will communicate the hazards I see with my co-workers and supervisor immediately. No mechanical operation of equipment should encroach within a 10 foot buffer from electrical hazards (power poles, guywires, and pad mounted transformers).

---

### **Safety Training and Education**

Northern Clearing, Inc. is involved in a continual safety training and education program. I understand that my training is a general requirement to the work environment, to control or eliminate recognized hazards, or other exposure to injury. If specific needs arise for additional jobsite training, employees will be trained accordingly. A general safety meeting will be held weekly on all Northern Clearing, Inc.



jobs and JSA's (Job Safety Analysis) will be performed daily addressing the hazards associated with specific job tasks. Employees recognizing an unsafe or hazardous work practice are expected to report this immediately to their supervisor. I will not perform a task in which I have not received proper training for.

---

## **Personal Protective Equipment Training**

Northern Clearing, Inc furnishes all required personal protective equipment with the exception of boots. Three things required on all Northern Clearing, Inc. worksites are ANZI approved safety glasses, safety vests, and hardhats. In addition to these three required items, other PPE may be required depending upon work you are performing. I understand that all sleeveless shirts and shorts are prohibited on all jobs. I also agree that I will tuck in all loose clothing, jewelry, and draw strings.

I have received personal protective equipment training as to when PPE is necessary, what PPE is required to be worn by the employees, how the employee is to don, adjust and properly wear the assigned PPE, proper care and maintenance, and disposal of the PPE. This information as well as worksite/job specific requirements has been explained to me. This is specifically in compliance with 29 CFR 1910.132 (f).

---

## **Fire Protection and Prevention**

Fires can be prevented by keeping a clean, well maintained machine. Operators are expected to inspect your machine daily and remove any excess build up of debris. Fire extinguishers are located on all equipment and motor vehicles. If a fire does break out I understand that my safety is the greatest importance.

---

## **Weather Conditions**

Weather can change with short notice. If lightning is spotted in the vicinity of the jobsite, stop work, seek shelter, and immediately inform your supervisor. Supervision will make the determination on how to proceed. Other adverse weather conditions should be discussed in the morning job safety analysis and communicated with supervision.

---

## **First Aid and Medical Attention**

Foreman, administrator's personnel, and others have been trained in first aid and CPR. First aid kits are located in all company vehicles and equipment. See the "Emergency Response Guide" for directions to emergency services. Know where to take someone for emergency care. This information should be posted in job trailer in the appropriate location or located in all Northern Clearing, Inc. vehicles. **ALL INJURIES REGARDLESS OF SEVERITY SHALL BE REPORTED TO A SUPERVISOR AT THE TIME OF INJURY.** A proper report of injury needs to be in writing using the NCI INCIDENT/INJURY report form.

---

## **Hazard Communication Program**

Our Hazard Communication Program makes information available to all employees about the hazards of the materials they work with. Material Safety Data Sheets are located in the job trailer (if one is on site) or with your safety representative. You are encouraged to read the MSDS sheets to find out about materials you are working with.

---

## Motorized Equipment and Vehicles

Only qualified Northern Clearing employees may operate any machinery or equipment, and is documented on the equipment authorization form. Equipment operators and truck drivers shall make a pre-shift walk around written safety inspection of their equipment and have any unsafe conditions repaired before further use. Keep back up alarms working. I agree to wear my seat belts whenever I am inside a machine or vehicle as they are required to be worn. I understand that no riders are allowed on equipment except in proper seat with a seat belt. Fire extinguishers, spill kits and first aid kits are required on all vehicles and equipment. Operators and drivers can't always see you, always watch out for them. The operator may request a spotter when they will be working or maneuvering into tight quarters at any time. If you request a spotter or someone asks you to spot, maintain communication at all times and give clear signals.

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## Environmental & Housekeeping

**READ!!!** - The following is Northern Clearing, Inc's Environmental Policy

"Northern Clearing Inc. is committed to operate in compliance with all applicable local, state and federal environmental regulations, consider prevention of pollution in all operations and activities and continually improve our operations and activities to protect our environment."

Additionally;

Each crew is responsible for environmental compliance in the areas in which they work. Plan your work in order to comply with all environmental guidelines. All guidelines are designed to do the following:

- Protect Cultural resources, collection of artifacts is illegal
- Protect wetlands, streams and wildlife
- Control erosion and off right-of-way sedimentation and protect topsoil
- Minimize impact to landowners
- Achieve total compliance with all environmental regulations
- Keep spill kits on all equipment (include absorbent pads, plastic bags and gloves)
- Clean up and deliver all contaminated materials due to a spill back to the warehouse and dispose of it in the designated container
- Keep roads clean of mud

All employees are expected to keep your work area clean and clear of hazards. Clean up and discard trash, cigarette butts, water bottles, etc from the ROW each day. Keep ground clean, dry and free from oil, grease and other liquids, and treat all property better than you would treat your own.

Northern Clearing requires that housekeeping extends to equipment and vehicles. Failure to maintain clean equipment may result in disciplinary action up to and include the termination of employment.

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## **New Hire Program**

# **New Hire Safety Training and Operating Procedures**

## **“ STOP ”**

The STOP program is developed and implemented to be in compliance with Standard 1910.266 (6) of the OSHA Logging Standard. This policy compliments the entire Northern Clearing workforce in that it provides a training mechanism to insure that all new employees are fully aware of Northern Clearing safety requirements and can perform their specific tasks safely and in compliance with NCI operating procedures.

A new employee is described as a person who has not worked for Northern Clearing within the previous three years and will be identified by the placement of a red stop sign sticker on his or her hardhat.

Each new employee will be evaluated by supervisors, designated person, and competent person, until the employee clearly demonstrates the ability to safely perform their new duties independently and within the parameters of Northern Clearing operating procedures.

Certification as to the above accomplishments will be completed by a Northern Clearing Safety Specialist. At which time, the stop sticker will be removed from the employees hardhat.

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## **Vehicle Operation Policy**

I understand that I need authorization prior to operating a NCI Vehicle. If authorization is granted I agree to abide by the vehicle operation policy that is included with this packet.

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## **Harassment Policy**

I understand that this policy prohibits any verbal, physical and verbal, physical or visual conduct that belittles or demeans an individual on the basis of race, color, religion, sex, national origin, age, or disability. I am aware that a violation of this policy may result in immediate termination and removal from the project.

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## **Voluntary Dusk Mask**

It has been determined that respirators are not generally required on Northern Clearing projects however; employees have the right to use their own respirator on a voluntary basis.

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## **Drug and Alcohol Program**

I understand that alcohol and drugs are prohibited. The misuse of legitimate drugs or; the use possession, distribution or sale of illicit or un-prescribed drugs is grounds for immediate dismissal. I understand that I am subject to drug and alcohol testing throughout the course of my employment with Northern Clearing Inc. The written DOT and Non-DOT drug and alcohol programs are attached. I understand that failure to submit to a drug test will be treated as a positive test result.

## Logging Standards

Northern Clearing is also in compliance with 29.CFR 1910.266 and we train our employees in Logging Standards. I understand and agree to abide by the guidelines set forth by Northern Clearing and OSHA that was presented to me via power point and video to accompany paragraph as a condition of my employment.

## I have received the following and reviewed

1. NCI Vehicle Operation Policy
2. Policy Against Harassment
3. Northern Clearing Employee Anti-Drug Plan
4. A copy of the program for the voluntary use of Dust masks
5. Appendix G/Employee Anti-Drug and Alcohol misuse prevention plan for compliance with department of transportation pipeline regulation 49CFR parts 199 and 40.
6. Alcohol, drug and Contraband Policy, NON-DOT Addendum to DOT policy.
7. A copy of Northern Clearing Inc's Quality, Environmental & OH&S Policies.

## Safety, Health and Environmental Orientation

### Confirmation of Understanding

1. Who is responsible for recognizing unsafe conditions and authorized to take necessary steps to prevent injury to themselves or others? \_\_\_\_\_
2. When should injuries or illnesses be reported to your supervisor? \_\_\_\_\_
3. Does a proper report of injury or illnesses require a written report? ☐ YES ☐ NO
4. What 3 pieces of personal protective equipment is always required on all NCI jobs?  
1. \_\_\_\_\_, 2. \_\_\_\_\_, 3. \_\_\_\_\_
5. Where are MSDS sheets located? \_\_\_\_\_
6. Where is the only place a person can ride on a piece of equipment or in a pickup truck? \_\_\_\_\_
7. When do you report a unsafe condition or circumstance? \_\_\_\_\_
8. How close can I get to power lines without additional authorization? \_\_\_\_\_
9. Before cutting a tree all other employees must maintain a \_\_\_\_\_ safety buffer.
10. What should you do if you do not understand the job task assigned to you? \_\_\_\_\_

"I have attended a safety and environmental orientation and understand and agree to abide by these and the above-referenced rules. I also understand that abiding by these rules is a condition of my employment."

Print Name

Sign Name

Social Security No.

Date

NCI representative:



## NCI – EQUIPMENT OPERATION AUTHORIZATION

Employee Name: \_\_\_\_\_

Authorizing Person: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Job Number: \_\_\_\_\_

**\*PLEASE READ\***

Directions: This equipment Authorization must be filled out for everybody on payroll every job, and prior to working with the equipment noted below. This form shall be completed by an employee in a supervisory role (i.e. Superintendent, Assistant, Foreman, Office Mgr, Trainer, or Safety Representative) once authorization is given the employee shall be made aware and shall sign off that he understands what he was authorized to operate. Upon completion of this form, the office Manager shall keep these forms on the jobsite and disposed once the job is completed.

EQUIPMENT	CHECK AUTHORIZED	COMMENTS
Registered Motor Vehicle		The requirements for operation is a valid driver's license  State:            DL#:                                  DOB:                 EXP:
Commercial Motor Vehicle 10K		Requirements: Drivers license, fed med card, a drivers file. <i>(The drivers file list can be found on the company web site)</i>  State:            DL#:                                  DOB:                 EXP:
Commercial Motor Vehicle 26K		Requirements: CDL drivers license, fed med card, a drivers file. <i>(The drivers file list can be found on the company web site)</i>  State:            DL#:                                  DOB:                 EXP:
Lowboys		
Hazmat		
Bulldozer		
Excavator		
Hot Saw/Processor		
Forwarder		
Front End Loader		
Track Chipper/Grinder		
Skidder		
ASV		
Wheel Tractor		
Tub Grinder/Chipper		
UTV		
Flail Mower		
Chain Saw		
Knuckle Boom (Log Truck)		
Fork Lift		
Rotary Axe		
List other equipment		

# STOP PROGRAM DOCUMENTATION

Name: \_\_\_\_\_ Laborer: \_\_\_\_\_ Operator: \_\_\_\_\_ Teamster: \_\_\_\_\_  
Last Four Numbers of Social: \_\_\_\_\_ Job Description: \_\_\_\_\_  
Date Employed: \_\_\_\_\_ Job Number: \_\_\_\_\_  
Superintendent: \_\_\_\_\_

## Evaluator/Trainer Input

The above named employee has been provided an opportunity to demonstrate his/her ability to safely perform designated tasks within the parameters of Northern Clearing, Inc. operating procedures.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Circle One:  
Approve Disapprove Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Circle One:  
Approve Disapprove Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Circle One:  
Approve Disapprove Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Circle One:  
Approve Disapprove Comments: \_\_\_\_\_

Based on the above information, personal observations and conversation with the above named employee, I believe \_\_\_\_\_ is able to perform their assigned duties safely and in compliance with Northern Clearing, Inc's. operating procedures and independent of close supervision.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Northern Clearing Safety Representative

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee

# NCI

## VEHICLE OPERATION POLICY

It is the policy of Northern Clearing, Inc. to maintain a fleet of company owned vehicles to facilitate their work requirements. Any motor vehicle owned by Northern Clearing shall be operated under the following circumstances and conditions.

- 1.) Any driver operating a NCI Vehicle must be familiar with Northern Clearing's Vehicle Operation Policy.
- 2.) Any use of Northern Clearing's motor vehicles outside the parameters of work related activity (personal use) is strictly **PROHIBITED**, without specific authorization from either the NCI owner or superintendent.
- 3.) NCI will expect the absolute sobriety standard for the operators of any NCI vehicles. Absolute sobriety, having the definition of, zero consumption of any alcoholic beverage prior to the operation of a motor vehicle or during the operation of a motor vehicle.
- 4.) The transportation of non-Northern Clearing employees shall be **PROHIBITED**, without the expressed permission from the NCI owner or superintendent.
- 5.) The operator of Northern Clearing vehicle has the responsibility to operate NCI vehicles in a safe, professional manner adhering to all federal, state, and local traffic regulations, as well as Northern Clearing, Inc. Fleet Safety Management Program described as an all encompassing more restrictive program dealing with i.e.: Load Securement, Law Enforcement Contact Reporting, Daily Vehicle Inspection, etc.
- 6.) The assigned driver of an NCI vehicle shall be responsible for the cleanliness, maintenance, required equipment, and security of the vehicle. Vehicles not actively being utilized on the job shall be secured at corporate headquarters in Ashland, WI, unless otherwise authorized by the owner or superintendent.
- 7.) In addition to all Northern Clearing, Inc. vehicle operations requirements Northern Clearing, Inc. employees are required to be in total compliance with more restrictive driving policies/procedures imposed by our client.
- 8.) Driving record review/probationary program.(See attached example)

## MVR GRADING SYSTEM-COMPANY OWNED VEHICLES

*There are four classifications of drivers:*

1. Acceptable – (0-3 points) May drive without qualification.
2. Marginal – (4 points) May drive and MVR is reordered every year and any increase in points may results in immediate termination or suspension of driving privileges.
3. Probation – (5 points) May drive and MVR is reordered every six months and any increase in points may results in immediate termination or suspension of driving privileges.
4. Unacceptable – (>5 points) May not drive at all unless approved by a NCI Owner or the EHS Director.

If an accident is shown on the MVR assume that it is an at fault chargeable accident. The classification can be changed only upon receipt of a police report showing the driver in question was not at fault.

At the discretion of the Director of EHS Director or a NCI Owner, additional training may be considered for an additional point reduction.



**Point System:**

<b>Threshold</b>	<b>Major Violation</b>	<b>Points Years: 1-3 From Conviction Date</b>	<b>Points Years: 4 to Threshold</b>	
10 Years	Attempt to Elude Officer	6	4	
10 Years	Vehicle used in Commission of Felony	6	4	
10 Years	Negligent Homicide	6	4	
10 Years	Reckless Driving	5	4	
10 Years	DUI, OWI, Implied Consent, or Similar	6	4	
10 Years	Major Preventable Accident	5	4	
5 Years	Other Accident	3	2	
5 Years	Failure to Stop After Accident	4	2	
5 Years	Racing/ Speeding >20	3	2	
5 Years	Driving on a Suspended License	3	2	
5 Years	Passing Stopped School Bus/Failure to Stop for Bus	3	2	

<b>Threshold</b>	<b>Minor Violation</b>	<b>Points Years: 1-3 From Conviction Date</b>	<b>Points Years: 4 to Threshold</b>	
5 Years	Driving against Traffic	2	1	
5 Years	Diving on Wrong Side of Highway	2	1	
5 Years	Failure to Obey Traffic Signal or Sign	2	1	
5 Years	Failure to keep vehicle under control	2	1	
5 Years	Passing Illegally	2	1	
5 Years	Too Fast for Conditions	2	1	
5 Years	Texting and Driving	2	1	
5 Years	Speeding 11-19	2	1	
5 Years	Speeding 1-10	1	0.5	
5 Years	Failure to Give Signal	1	0.5	
5 Years	Following too Closely	1	0.5	
5 Years	Failure to Yield to ROW	1	0.5	
5 Years	Inattentive Driving	1	0.5	
5 Years	Illegal Turn	1	0.5	
5 Years	Obstructing Traffic	1	0.5	
5 Years	Backing Illegally	1	0.5	
5 Years	Obstructed View or Control	1	0.5	

Total:

Comments:

## POLICY AGAINST HARASSMENT

### GENERAL POLICY

Northern Clearing Inc., is firmly committed to a work environment free from all forms of harassment based upon the protected status of any employee or applicant for employment by anyone, including supervisors, foremen, co-workers, clients or visitors. Such harassment violates both the Company Policy and state and federal discrimination laws. It is neither permitted nor condoned.

This Policy prohibits any verbal, physical or visual conduct that belittles or demeans an individual on the basis of race, color, religion, sex, national origin, age or disability.

### SEXUAL HARASSMENT

This Policy specifically prohibits sexual harassment (including same sex harassment) as well as all other forms of harassment. Sexual harassment includes any unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

1. The conduct has the purpose or effect of interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment; or
2. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; or
3. The individual's submission (or refusal) to such conduct is used or might be used as a basis for employment decisions (for example, promotion, transfer, salary recommendation or termination) affecting the individual.

### COMPLAINT PROCEDURE

#### 1. Notification of Superiors

Any employee or applicant for employment who feels he or she has been harassed, sexually or otherwise, or who knows of or suspects the occurrence of harassment is strongly urged and encouraged to contact either his or her immediate supervisor, assistant superintendent, or superintendent of the

specific incident. If an employee feels uncomfortable approaching any of the above listed individuals the employee should contact any higher level manager or any officer of the Company, including the President.

## 2. Investigating the Incident

All complaints will be handled in a timely and confidential manner. In no event will information concerning a complaint be released to third parties or to anyone in the Company who is not involved with the investigation, and no-one involved in the investigation will be permitted to discuss the subject outside that investigation.

## 3. Disciplinary Action

If the investigation reveals that the complaint is valid, prompt attention and disciplinary action designed to stop the harassment immediately and to prevent a reoccurrence will be taken.

## 4. Records of Investigations

All investigations and complaints will be completely documented and will note the details of each investigation and the nature of any corrective action taken, or the lack of action with an explanation. Records will be kept confidential.

## 5. Non Retaliation

There will be no adverse action or discrimination taken against any individual filing a charge, testifying, assisting or participating in any manner of investigation, proceeding or hearing under this Policy.

Sexual harassment does not refer to behavior or occasional compliments of a socially acceptable nature. It refers to unwelcome behavior, that is personally offensive, that fails to respect the rights of others and, therefore, interferes with work effectiveness. Sexual harassment may take different forms such as a demand for sexual favors, but there are other forms of harassment which include:

- a. **verbal** - sexual innuendoes, suggestive comments, sexual propositions  
or jokes of a sexual nature;
- b. **non-verbal** - sexually suggestive objects or pictures or obscene gestures;  
or
- c. **physical** - unwanted physical conduct of any kind.

The Company recognizes that the question of whether or not a particular incident is a purely personal social relationship without a discriminatory employment effect requires a factual determination of all evidence related to the matter. Given the nature of this type of discrimination, the Company recognizes also that false accusations of sexual harassment, as well as other types of harassment, can have serious effects on innocent individuals. We trust that all personnel will continue to act responsibly to establish and maintain a working environment free of discrimination of any kind.



Northern Clearing, Inc.

PROGRAM FOR THE VOLUNTARY USE OF DUST MASKS

This program is designed to protect employee health even though it has been determined that respirators are not required. Filtering face piece dust masks will be allowed for those employees who wish to use them. This program is designed for compliance with OSHA Standard 29 CFR 1910.134(c)(2)(i) with the exception in 1910.134(c)(2)(ii).

Northern Clearing, Inc. has determined that respirators are not required for the following job, tasks, or departments:

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The use of dusts masks respirators by employees is strictly voluntary.

Northern Clearing, Inc. will provide and employees are to read Appendix D of the OSHA Respirator Standard 29 CFR 1910.134, a copy of which follows:

Appendix D 1910.134 (Non-Mandatory) Information for Employees Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposure to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

# **NORTHERN CLEARING. INC.**

**1805 MAIN ST. WEST  
ASHLAND, WI 54806**

## **EMPLOYEE ANTI-DRUG PLAN**

**FOR COMPLIANCE WITH**

**PHMSA PIPELINE REGULATIONS 49 CFR PARTS 199 AND 40**

**AND**

**FMCSA REGULATIONS 49 CFR PART 382**

**UPDATED 12/1/2008**

**Original Date of Implementation: 4/12/1999**

**Revised Plan Date: 10/1/2005**

# ANTI-DRUG PLAN

## A. INTRODUCTION

### Prohibited Drug Policy

Company has a long-standing commitment to maintain the highest standards for employee safety and health and the use of prohibited drugs and alcohol is contrary to these high standards. This policy is also to bring the company into compliance with federal law.

Scope (§199.1) - This part requires operators of pipeline facilities subject to Part 192, 193, or 195 of this chapter to test covered employees for the presence of prohibited drugs and alcohol.

Applicability (§199.2) - This part applies to pipeline operators only with respect to employees located within the territory of the United States, including those employees located within the limits of the “Outer Continental Shelf” as that term is defined in the Outer Continental Shelf Lands Act (43 U.S.C. 1331). This part does not apply to any person for whom compliance with this part would violate the domestic laws or policies of another country.

This part does not apply to covered functions performed on (1) Master meter systems, as defined in §191.3 of this chapter, or (2) Pipeline systems that transport only petroleum gas or petroleum gas/air mixtures.

Purpose (§199.100) - The purpose of this subpart and the anti-drug plan is to establish programs designed to help prevent accidents and injuries resulting from the use of prohibited drugs by employees who perform covered functions for operators of certain pipeline facilities subject to Part 192, 193, or 195 of this chapter.

The presence in the body of prohibited substances is not condoned.

### ***Implementation of Anti-Drug Plan***

Company has implemented the Pipeline and Hazardous Materials Safety Administration Drug and Alcohol Testing Regulations as set forth in 49 CFR Part 199 and Department of Transportation, Procedures for Transportation Workplace Drug and Alcohol Testing Programs, 49 CFR Part 40. Company shall maintain confidential records of the testing results and chain of custody procedures as required by Part 199 and 40 of the DOT regulations. Company has designated the drug program manager as the recordkeeping agent for all drug test records. Company shall provide all records, whatever deemed necessary, for inspection by any authorized agency and/or operator.

Anti-drug plan (§199.101) – Each operator shall maintain and follow a written anti-drug plan that conforms to the requirements of this part and the DOT procedures. The plan must contain:

- (1) Methods and procedures for compliance with all the requirements of this part, including the employee assistance program;
- (2) The name and address of each laboratory that analyzes the specimens collected for drug testing;
- (3) The name and address of the operator’s Medical Review Officer and Substance Abuse Professional; and
- (4) Procedures for notifying employees of the coverage and provisions of the plan.

Compliance with DOT Regulations §40.1 – DOT Part 40 regulations provide all parties who conduct drug and alcohol tests required by Department of Transportation agency regulations with information on how to conduct these tests and what procedures to use. DOT Part 40 concerns the activities of transportation employers, safety-sensitive transportation employees (including self-employed individuals, contractors and volunteers as covered by DOT agency regulations), and service agents. Nothing in this part is intended to supersede or conflict with the implementation of the Federal Railroad Administration’s post-accident testing program.

**The anti-drug plan herein sets forth the requirements of 49 CFR Parts 199 and 40. Those areas of the plan that appear in bold and underlined print reflect this company’s independent authority to require additional provisions with regard to the drug testing procedures.**

Company shall amend its plans and procedures as necessary to provide a reasonable level of safety when required by the Administrator or the State Agency that has submitted a current certification under the pipeline safety laws with respect to the pipeline facility governed by the company’s plans and procedures.

## Background

The catalyst for the anti-drug plan is Title 49 Code of Federal Regulations (CFR) Part 199 which requires the pipeline operators subject to 49 CFR Parts 192, 193, and 195, and their contractors to test their employees for prohibited drugs under the following work-related conditions:

- a. Pre-Employment
- b. Post-Accident
- c. Random
- d. Reasonable Cause
- e. Return-to-Duty

Title 49 CFR Part 40 specifies procedures which must be followed by the company when conducting drug testing pursuant to regulations issued by agencies of the Department of Transportation (DOT).

DOT Procedures (§199.5) – The anti-drug and alcohol programs required by this part must be conducted according to the requirements of this part and DOT Procedures. Terms and concepts used in this part have the same meaning as in DOT Procedures. Violations of DOT Procedures with respect to anti-drug and alcohol programs required by this part are violations of this part.

***Authoritative Interpretations (§40.5) - The DOT Office of Drug & Alcohol Policy & Compliance (ODAPC) and the DOT Office of General Counsel (OGC) provide written interpretations of the provisions of this part. These written DOT interpretations are the only official and authoritative interpretations concerning the provisions of Part 40. DOT agencies may incorporate ODAPC/OGC interpretations in written guidance they issue concerning drug and alcohol testing matters. Only Part 40 interpretations issued after August 1, 2001, are considered valid.***

Exemption from Regulation Requirement (§40.7) – If the company wants an exemption from any provision of this part, the company must request it in writing from the Office of the Secretary of Transportation, under the provisions and standards of 49 CFR part 5. Requests must be sent for an exemption to Department of Transportation, Deputy Assistant General Counsel for Regulation and Enforcement, 400 7<sup>th</sup> Street, SW., Room 10424, Washington, DC 20590. Under the standards of 49 CFR part 5, the request will be granted only if the request documents special or exceptional circumstances, not likely to be generally applicable and not contemplated in connection with the rulemaking that established this part, that make compliance with a specific provision of this part impracticable. If exemption is granted, company must agree to take steps specified to comply with the intent of the provision from which an exemption is granted. Written responses will be issued to all exemption requests.

## Definitions

**Accident** means an incident reportable under Part 191 involving gas pipeline facilities or LNG facilities or an accident reportable under Part 195 involving hazardous liquid pipeline facilities.

§ 191.3 – An accident on a gas pipeline or LNG facility is defined as an "incident," as follows:

- (1) An event that involves a release of gas from a pipeline or of liquefied natural gas or gas from an LNG facility and:
  - (a) A death, or personal injury necessitating inpatient hospitalization; or
  - (b) Estimated property damage, including cost of gas lost, to the operator or others, or both, of \$50,000 or more (\$5,000 or more for intrastate operators/contractors in Kansas and New Mexico).
- (2) An event that results in an emergency shutdown of an LNG facility.
- (3) An event that is significant, in the judgment of the operator, even though it did not meet the criteria of paragraphs (1) or (2).

§ 195.50 – An accident report is required for each failure in a pipeline system in which there is a release of the hazardous liquid or carbon dioxide transported resulting in any of the following:



- (1) Explosion or fire not intentionally set by the operator.
- (2) Release of 5 gallons (19 liters) or more of hazardous liquid or carbon dioxide, except that no report is required for a release of less than 5 barrels (0.8 cubic meters) resulting from a pipeline maintenance activity if this release is:
  - (a) Not otherwise reportable under this section;
  - (b) Not one described in §195.52(a)(4);
  - (c) Confined to company property or pipeline right-of-way; and
  - (d) Cleaned up promptly;
- (3) Death of any person.
- (4) Personal injury necessitating hospitalization;
- (5) Estimated property damage, including cost of clean-up and recovery, value of lost product, and damage to the property of the operator or others, or both, exceeding \$50,000.

**Administrator** means the Administrator of the Pipeline and Hazardous Materials Safety Administration or his or her delegate.

**Adulterated specimen** – a urine specimen containing a substance that is not a normal constituent or containing an endogenous substance at a concentration that is not a normal physiological concentration..

**Affiliate** – Persons are affiliates of one another if, directly or indirectly, one controls or has the power to control the other, or a third party controls or has the power to control both. Indicators of control include, but are not limited to, interlocking management or ownership; shared interest among family members; shared facilities or equipment or common use of employees. Following the issuance of a public interest exclusion, an organization having the same or similar management, ownership, or principal employees as the service agent concerning whom a public interest exclusion is in effect is regarded as an affiliate. This definition is used in connection with the public interest exclusion procedures of 49 CFR Part 40, Subpart R.

**Aliquot** – A fractional part of a specimen used for testing. It is taken as a sample representing the whole specimen.

**Blind specimen or blind performance test specimen** – A specimen submitted to a laboratory for quality control testing purposes, with a fictitious identifier, so that the laboratory cannot distinguish it from an employee specimen.

**Cancelled test** – A drug or alcohol test that has a problem identified that cannot be or has not been corrected, or which this part otherwise requires to be cancelled. A cancelled test is neither a positive nor a negative test.

**Chain of custody** – The procedure used to document the handling of the urine specimen from the time the employee gives the specimen to the collector until the specimen is destroyed. This procedure uses the Federal Drug Testing Custody and Control Form (CCF).

**Collection container** – A container into which the employee urinates to provide the specimen for a drug test.

**Collection site** – A place selected by the employer where employees present themselves for the purpose of providing a urine specimen for a drug test.

**Collector** – A person who instructs and assists employees at a collection site, who receives and makes an initial inspection of the specimen provided by those employees, and who initiates and completes the CCF.

**Confirmation (or confirmatory) drug test** – A second analytical procedure to identify the presence of a specific drug or metabolite which is independent of the initial test and which uses a different technique and chemical principle from that of the initial test in order to ensure reliability and accuracy. (Gas chromatography/mass spectrometry (GC/MS) is the only authorized confirmation method for cocaine, marijuana, opiates, amphetamines, and phencyclidine)

**Confirmation (or confirmatory) validity test** – A second test performed on a different aliquot of the original urine specimen to further support a validity test result.

**Confirmed drug test** – A confirmation test result received by an MRO from a laboratory.

**Consortium/third-party administrator (C/TPA)** – A service agent that provides or coordinates the provision of a variety of drug and alcohol testing services to employers. C/TPAs typically perform administrative tasks concerning the operation of the employers’ drug and alcohol testing programs. This term includes, but is not limited to, groups of employers who join together to administer, as a single entity, the DOT drug and alcohol testing programs of its members. C/TPAs are not “employers” for purposes of this part.

**Continuing education** – Training for medical review officers (MROs) and substance abuse professionals (SAPs) who have completed qualification training and are performing MRO or SAP functions, designed to keep MROs and SAPs current on changes and developments in the DOT drug and alcohol testing program.

**Covered employee, employee, or individual to be tested** means a person who performs a covered function, including persons employed by operators, contractors engaged by operators, and persons employed by such contractors.

**Covered function (safety-sensitive function)** means an operations, maintenance, or emergency-response function regulated by part 192, 193, or 195 of this chapter that is performed on a pipeline or LNG facility.

**Designated employer representative (DER)** – An employee authorized by the employer to take immediate action(s) to remove employees from safety-sensitive duties or cause employees to be removed from these covered duties, and to make required decisions in the testing and evaluation processes. The DER also receives test results and other communications for the employer, consistent with the requirements of this part. Service agents cannot act as DERs.

**Dilute specimen** – A specimen with creatinine and specific gravity values that are lower than expected for human urine.

**DOT, the Department, DOT agency** - These terms encompass all DOT agencies, including, but not limited to, the United States Coast Guard (USCG), the Federal Aviation Administration (FAA), the Federal Railroad Administration (FRA), the Federal Motor Carrier Safety Administration (FMCSA), the Federal Transit Administration (FTA), the National Highway Traffic Safety Administration (NHTSA), the Pipeline and Hazardous Materials Safety Administration (PHMSA), and the Office of the Secretary (OST). These terms include any designee of DOT agency.

**DOT Procedures** means the Procedures for Transportation Workplace Drug and Alcohol Testing Programs published by the Office of the Secretary of Transportation in part 40 of Title 49.

**Drugs** – The drugs for which tests are required under this part and DOT agency regulations are marijuana, cocaine, amphetamines, phencyclidine (PCP), and opiates.

**Employee** – Any person who is designated in a DOT agency regulation as subject to drug testing and/or alcohol testing. The term includes individuals currently performing safety-sensitive functions designated in DOT agency regulations and applicants for employment subject to pre-employment testing. For purposes of drug testing under this part, the term employee has the same meaning as the term “donor” as found on CCF and related guidance materials produced by the Department of Health and Human Services.

**Employer** – A person or entity employing one or more employees (including an individual who is self-employed) subject to DOT agency regulations requiring compliance with this part. The term includes an employer’s officers, representatives, and management personnel. Service agents are not employers for the purposes of this part.

**Error Correction Training** – Training provided to BATs, collectors, and screening test technicians (STTs) following an error that resulted in the cancellation of a drug or alcohol test. Error correction training must be provided in person or by a means that provides real-time observation and interaction between the instructor and trainee.

**Fail a drug test or test positive** means that the confirmation test result shows positive evidence of the presence under DOT Procedures of a prohibited drug in an employee’s system.

**HHS** – The Department of Health and Human Services or any designee of the Secretary, Department of Health and Human Services.

**Initial Drug Test** – (Also known as a Screening drug test).An immunoassay test to eliminate “negative” urine specimens from further consideration and to identify the presumptively positive specimens that require confirmation or further testing.

**Initial Validity Test** – The first test used to determine if a specimen is adulterated, diluted, or substituted.

**Invalid Drug Test Result** – The result reported by a laboratory for a urine specimen that contains an unidentified adulterant, contains an unidentified interfering substance, has an abnormal physical characteristic, or has an endogenous substance at an abnormal concentration that prevents the laboratory from completing testing or obtaining a valid drug test result.

**Laboratory** – Any U.S. laboratory certified by HHS under the National Laboratory Certification Program as meeting the minimum standards of Subpart C of the HHS Mandatory Guidelines for Federal Workplace Drug Testing Programs; or, in the case of foreign laboratories, a laboratory approved for participation by DOT under this part.

**Limit of Detection (LOD)** – The lowest concentration at which an analyte can be reliably shown to be present under defined conditions.

**Medical Review Officer (MRO)** – A person who is a licensed physician and who is responsible for receiving and reviewing laboratory results generated by an employer’s drug testing program and evaluating medical explanations for certain drug test results.

**Non-Negative Specimen** – A urine specimen that is reported as adulterated, substituted, positive (for drug(s) or drug metabolite(s)), and/or invalid.

**Office of Drug and Alcohol Policy and Compliance (ODAPC)** – The office in the Office of the Secretary, DOT, that is responsible for coordinating drug and alcohol testing program matters within the Department and providing information concerning the implementation of Part 40.

**Operator** means a person who owns or operates pipeline facilities subject to part 192, 193, or 195 of this chapter.

**Oxidizing Adulterant** – A substance that acts alone or in combination with other substances to oxidize drugs or drug metabolites to prevent the detection of the drug or drug metabolites, or affects the reagents in either the initial or confirmatory drug test.

**Pass a drug test** means that initial testing or confirmation testing under DOT Procedures does not show evidence of the presence of a prohibited drug in the person’s system.

**Performs a covered function** includes actually performing, ready to perform, or immediately available to perform a covered function.

**Pipeline** means all parts of the physical facilities through which product moves in transportation. This includes pipe, valves, and other appurtenances attached to pipe, compressor units, metering stations, delivery stations, holders, and fabricated assemblies.

**Pipeline facilities** includes new and existing pipeline, rights-of-way, and any equipment, facility, or building used in the transportation of products.

**Positive rate for random drug testing** means the number of verified positive results for random drug tests conducted under this part plus the number of refusals of random drug tests required by this part, divided by the total number of random drug tests results (i.e., positives, negatives, and refusals) under this part.

**Primary Specimen** – In drug testing, the urine specimen bottle that is opened and tested by a first laboratory to determine whether the employee has a drug or drug metabolite in his or her system; and for the purpose of validity testing. The primary specimen is distinguished from the split specimen, defined later.

**Prohibited drug** means any of the following substances specified in Schedule I or Schedule II of the Controlled Substances Act (21 U.S.C. 812): marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP).

**Qualification Training** – The training required in order for a collector, BAT, MRO, SAP, or STT to be qualified to perform their functions in the DOT drug and alcohol testing program. Qualification training may be provided by any appropriate means (e.g., classroom instruction, internet application, CD-ROM, video).

**Refresher Training** – The training required periodically for qualified collectors, BATs, and STTs to review basic requirements and provide instruction concerning changes in technology (e.g., new testing methods that may be authorized) and amendments, interpretations, guidance, and issues concerning this part and DOT agency drug and alcohol testing regulations. Refresher training can be provided by any appropriate means (e.g., classroom instruction, internet application, CD-ROM, video).

**Refuse to submit, refuse, or refuse to take** means behavior consistent with DOT Procedures concerning refusal to take a drug test or refusal to take an alcohol test.

**SAMHSA** means Substance Abuse and Mental Health Services Administration, formerly National Institute on Drug Abuse (NIDA), ADAMHA, HHS, established by the DHHS to regulate laboratories performing analytical drug tests on human body fluids

**Secretary** – The Secretary of Transportation or the Secretary's designee.

**Service Agent** – Any person or entity, other than an employee of the employer, who provides services specified under this part to employers and/or employees in connection with DOT drug and alcohol testing requirements. This includes, but is not limited to, collectors, BATs and STTs, laboratories, MROs, substance abuse professionals, and C/TPAs. To act as service agents, persons and organizations must meet the qualifications set forth in applicable sections of this part. Service agents are not employers for purposes of this part.

**Screening Drug Test** – See *Initial drug test* definition above.

**Shipping Container** – A container that is used for transporting and protecting urine specimen bottles and associated documents from the collection site to the laboratory.

**Specimen Bottle** – The bottle that, after being sealed and labeled according to the procedures in Part 40, is used to hold the urine specimen during transportation to the laboratory.

**Split Specimen** – In drug testing, a part of the urine specimen that is sent to a first laboratory and retained unopened, and which is transported to a second laboratory in the event that the employee requests that it be tested following a verified positive test of the primary specimen or a verified adulterated or substituted test result.

**Stand-down** – The practice of temporarily removing an employee from the performance of safety-sensitive functions based only on a report from a laboratory to the MRO of a confirmed positive test for a drug or drug metabolite, an adulterated test, or a substituted test, before the MRO has completed verification of the test result.

**Substance Abuse Professional (SAP)** – A person who evaluates employees who have violated a DOT drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare.

**Substituted Specimen** – A **urine** specimen with creatinine and specific gravity values that are so diminished **or so divergent** that they are not consistent with **normal** human urine.



**Verified Test** – A drug test result or validity testing result from an HHS-certified laboratory that has undergone review and final determination by the MRO.

#### Company Responsibilities - §40.11

Company is responsible for meeting all applicable requirements and procedures of Part 40. Company is also responsible for all actions of company officials, representatives, and agents (including service agents) in carrying out the requirements of the DOT agency regulations.

All agreements and arrangements, written or unwritten, between and among employers and service agents concerning the implementation of DOT drug and alcohol testing requirements are deemed, as a matter of law, to require compliance with all applicable provisions of Part 40 and DOT agency drug and alcohol testing requirements. Compliance with Part 40 provisions is a material term of all such agreements and arrangements.

1. Drug/Alcohol Program Manager (DAPM): Appendix A contains the name, address, and phone number of the responsible individual(s). The DAPM or other company designated individual shall be the designated employer representative (DER) and shall be responsible for the preparation of a drug testing anti-drug plan which complies with requirements of the Department of Transportation regulations as set forth in 49 CFR Parts 199 and 40. The DAPM shall be responsible for providing oversight and evaluation on the plan; providing guidance and counseling; reviewing of all discipline applied under this plan for consistency and conformance to human resources policies and procedures; scheduling random drug testing and return-to-duty testing; maintaining a locked file system on drug test results; and overseeing the employee assistance program (EAP). The DAPM will ensure a face-to-face evaluation by an approved SAP for employees who either have received a positive drug test or have refused a drug test as required by DOT.
2. Supervisor(s): Company individuals responsible for observing the performance and behavior of employees; observation/documentation of events suggestive of reasonable cause; responsible for requests of second supervisor for substantiation and concurrence for reasonable cause testing, if applicable.
3. Employees: Each employee has the responsibility to be knowledgeable of the requirements of the company's anti-drug plan and to fully comply with the provisions of the plan.

#### ***Preemption of State and Local Laws - §199.9***

- (a) Except as provided in paragraph (b) below, this part preempts any state or local law, rule, regulation, or order to the extent that:
  - (1) Compliance with both the state or local requirement and this part is not possible;
  - (2) Compliance with the state or local requirement is an obstacle to the accomplishment and execution of any requirement in this part; or
  - (3) The state or local requirement is a pipeline safety standard applicable to interstate pipeline facilities.
- (b) This part shall not be construed to preempt provisions of state criminal law that impose sanctions for reckless conduct leading to actual loss of life, injury, or damage to property, whether the provisions apply specifically to transportation employees or employers or to the general public.

#### ***DOT Testing Versus Non-DOT Testing - §40.13***

DOT tests must be completely separate from non-DOT tests in all respects. DOT tests must take priority and must be conducted and completed before a non-DOT test is begun. Any excess urine left over from a DOT test must be discarded, and a separate void must be collected for the subsequent non-DOT test.

Except as provided below, Company will not perform any tests on DOT urine or breath specimens other than those specifically authorized by Part 40 or DOT agency regulations. For example, Company may not test a DOT urine specimen for additional drugs, and a laboratory is prohibited from making a DOT urine specimen available for a DNA test or other types of specimen identity testing. The single exception is when a DOT drug test collection is conducted as part of a physical examination required by DOT agency regulations. It is permissible to

conduct required medical tests related to this physical examination (e.g., for glucose) on any urine remaining in the collection container after the drug test urine specimens have been sealed into the specimen bottles.

No one is permitted to change or disregard the results of DOT tests based on the results of non-DOT tests. For example, Company must not disregard a verified positive DOT drug test result because the employee presents a negative test result from a blood or urine specimen collected by the employee's physician or a DNA test result purporting to question the identity of the DOT specimen.

Company must not use the CCF or the ATF in non-DOT drug and alcohol testing programs, including the use of the DOT forms with references to DOT programs and agencies crossed out. Company will use only the DOT CCF and ATF forms for all DOT-mandated drug and alcohol tests.

### ***Use of Service Agent - §40.15***

Company may use a service agent to perform the tasks needed to comply with Parts 199 and 40 and DOT agency drug and alcohol testing regulations, consistent with the requirements of Subpart Q and other applicable provisions.

Company is responsible for ensuring that the service agents used meet the qualifications set forth in this part (e.g., §40.121 for MROs). Company may require service agents to show documentation that they meet the requirements. See Roles and Responsibilities of Service Agents in Appendix C, Section J, of this plan.

Company is responsible for compliance with all applicable requirements of Part 40 and other DOT drug and alcohol testing regulations, even when using a service agent. Company can be subject to sanctions if a violation of DOT drug and alcohol testing regulations occurs because of services provided by a service agent. Company's good faith use of a service agent is not a defense in an enforcement action initiated by a DOT agency in which the company's alleged noncompliance with this part or a DOT agency drug and alcohol regulation may have resulted from the service agent's conduct.

Company cannot permit a service agent to act as its DER.

### ***Obtaining Information from Service Agents - §40.17***

Company is responsible for obtaining required information from its service agents, whether or not Company chooses to use a C/TPA as an intermediary in transmitting information. For example, suppose an applicant for a safety-sensitive job takes a pre-employment drug test, but there is a significant delay in receipt of the test result from an MRO or C/TPA. Company cannot assume that "no news is good news" and permit the applicant to perform safety-sensitive duties before receiving the test result. This is a violation of the Department's regulations.

### ***Consent/Release Forms - §40.27***

An employee cannot be required to sign a consent, release, waiver of liability, or indemnification agreement with respect to any part of the drug or alcohol testing process covered by this part (including, but not limited to, collections, laboratory testing, MRO and SAP services).

### ***Additional Information on Employer Responsibilities - §40.29***

Other information on the responsibilities of employers can be found in the following sections:

- §40.3 Definition
- §40.35 Information about DERs that employers must provide collectors
- §40.45 Modifying CCFs, Use of foreign-language CCFs

# DOT

## APPENDIX G

### DRUG AND ALCOHOL INFORMATION

#### NOTICE TO ALL EMPLOYEES AND APPLICANTS

(TO BE DISTRIBUTED TO EMPLOYEES)

NORTHERN CLEARING, INC. (Company), is a company with an active and serious interest in the workplace health and safety of its employees. Employees of the Company may regularly or occasionally perform work in positions that are safety sensitive and that are subject to the drug and alcohol misuse regulations of the U.S. Department of Transportation as found in the Federal Register 49 CFR Parts 40, 199, and 382. Positions subject to such regulations include certain work upon pipelines and most work of commercial motor vehicle operators.

All alcohol testing performed by the Company shall be for the purpose of compliance with the federal regulations and requirements of 49 CFR Parts 199 and 40.

Notification regarding positions considered to be covered by these regulations for each project undertaken by the Company shall be provided by the Company Director of Safety, the Company Plan Administrator, the Job Superintendent and/or the Office Manager to appropriate employee representatives and to specific employees as required. Specific job positions which may be covered by these regulations are listed in Appendix A of the Employee Anti-Drug and Alcohol Misuse Prevention Plan.

These regulations prohibit covered employees from performing safety-sensitive functions:

(1) When urine drug test results are verified positive;

(2) When alcohol test results indicate a breath alcohol concentration of 0.04 or greater;

- (3) Within 4 hours after using alcohol;
- (4) While using drugs and/or alcohol on the job;
- (5) During the 8 hours following an accident if the employee involvement has not been discounted as a contributing factor in the accident, or until the employee is tested for alcohol with negative results;
- (6) If the employee refuses to submit to required drug and/or alcohol tests;
- (7) If the employee is believed to be under the influence or impaired by drugs and/or alcohol on the job; and
- (8) Following a breath alcohol test result of greater than 0.02 but less than 0.04:
  - (a) Within 8 hours or until retested and found to have an alcohol concentration of less than 0.02 for covered pipeline employees,
  - (b) Within 24 hours for covered commercial motor vehicle drivers and employees.

All applicants and employees will be provided with a copy of the detailed drug and alcohol testing policy upon request. Specific questions regarding the drug and alcohol misuse prevention plan of the Company should be directed to the Director of Safety of the Company, the Job Superintendent, or the Job Office Manager.

All pipeline employees of the Company who are to perform a covered safety-sensitive operations, maintenance, or emergency response function are subject to both drug and alcohol provisions upon and after January 1, 1995.

Commercial motor vehicle operator applicants and employees of the Company who are required to possess a commercial driver's license to perform their duties are presently subject to the drug abuse regulations of the Federal Highway Administration for all work involving interstate driving, and they are subject to those regulations for intrastate driving in most states.

All driver applicants and employees of the Company are subject to both the drug and alcohol misuse prevention regulations of 49 CFR Parts 40 and 382 upon and following January 1, 1995.

An employee is considered to be performing a covered function (safety-sensitive) during any period in which he or she is actually performing a covered function, within 4 hours prior to performing a covered function, within the time period after an employee has been notified to report for duty to respond to an emergency, or within 8 hours following an accident in which his or her performance of a covered function has not been discounted as a contributing factor to the accident. An employee is further considered to be performing a covered function (safety-sensitive) during any period in which he or she is actually performing covered functions; just before the employee is to perform; or just after the employee has ceased performing covered functions.

Circumstances under which an applicant or employee may be subject to drug and/or alcohol testing include pre-employment (drug-only), random, reasonable cause, post-accident, and return-to-duty situations, except that covered pipeline employees are not subject to random alcohol testing unless they are also covered driver employees.

Breath alcohol testing when required shall only be performed using analytical devices (EBTs) approved by the National Highway Traffic Safety Administration (NHTSA) and appearing on the Conforming Products List (CPL) for screen and/or confirmation alcohol testing purposes. A designated alcohol testing site shall have all necessary and qualified personnel, materials and equipment and shall provide for adequate privacy during testing and the completion of records and results.

Breath Alcohol Technicians (BATs) who operate an approved EBT and Screening Test Technicians (STTs) utilizing non-evidential devices for the purpose of breath alcohol testing shall have been trained to proficiency according to federal guidelines and qualified in the operation of the specific EBT and/or non-evidential device utilized. Training shall be current with the level of technology in certain circumstances, breath alcohol test results obtained by a law enforcement officer who is certified by a state or local government to use the specific EBT that was used for an employee alcohol test may be accepted by the Company.

In all instances where alcohol testing is conducted by a qualified BAT and/or STT trained in the proper operational techniques for the specific device to be utilized, the following procedures shall be followed:

- (1) Following positive employee identification, an initial screening test is to be performed. If the screen test result is less than 0.02, the alcohol test result is reported as less than 0.02 and the alcohol test is concluded. During the screening test, Steps 1 and 3 of the Standard Breath Alcohol Testing Form are completed by the BAT or STT, and Step 2 is completed by the employee. Failure of the employee to complete Step 2 is considered a refusal to be tested on the part of that individual.

The BAT/STT shall explain the testing process to the employee and provide reasonable assistance to ensure that the individual understands the procedure. For the protection of the employee, the BAT/STT shall record the displayed result, the test number, the testing device, the serial number of the testing device, the time of the test, and the quantified test result in Step 3 of the Breath Alcohol Testing Form. The BAT/STT shall also show the employee the displayed result on the EBT.

- (2) Each EBT used in screening or confirmation testing shall have a quality assurance plan (QAP) developed by the manufacturer of the device. The BAT shall follow the QAP. The employer shall document that the QAP is followed, that defective instruments are immediately taken out of service, and that EBTs are stored in a secure space when not in use.

If the alcohol test result printed by an EBT does not match the result displayed by the EBT, the test shall be invalid, no further testing authorized, and the BAT shall report the result as less than 0.02. Other circumstances which invalidate a breath alcohol test conducted by an EBT include:

- (a) Failure of an EBT to print a confirmation test result;
- (b) Failure of an EBT to pass its next external calibration check;
- (c) A discrepancy in either the sequential test number or the alcohol concentration on the printed result;
- (d) Failure of the BAT to sign the breath alcohol testing form;
- (e) Failure of the BAT to perform an air blank prior to the confirmation test, or failure of the EBT to produce a result of 0.00 during the air blank test;
- (f) Failure of the BAT to observe the minimum 15-minute deprivation or waiting period prior to conducting the confirmation test;



- (g) Failure of the BAT to note in the form remarks section that the employee has failed or refused to sign Step 4 following the recording or printing on or attachment to the form of the test results.

Circumstances which invalidate a breath alcohol test conducted by a non-evidential saliva screening device include:

- (a) The result is read before two minutes or after 15 minutes from the time the swab is inserted into the device.
  - (b) The device does not activate.
  - (c) The device is used for a test after the expiration date printed on its package.
  - (d) The STT fails to note in the remarks section of the form that the screening test was conducted using a saliva device.
  - (e) The STT has failed to note in the remarks section of the form that the employee has failed or refused to sign the form following the recording on the form of the test result.
- (3) If a screening breath alcohol test result is 0.02 or greater, a confirmation test shall be performed using an approved EBT and a BAT qualified to operate the specified EBT to be used for the confirmation test. A waiting period of not less than 15 minutes following completion of the screening test shall pass during which the employee shall not eat, drink, or put anything into the mouth or regurgitate. The BAT shall explain to the employee that the reason for this is to prevent any accumulation of mouth alcohol leading to an artificially high reading and that it is for the employee's benefit.

A new mouthpiece shall be used. An air blank shall be performed and shall read 0.00 upon the first or second air blank test, or the instrument shall not be used and another instrument will be procured. The confirmation test shall be conducted as described in the federal regulations and the BAT shall obtain, check, and record the results and all required information including EBT serial number, test number, test date and time. The EBT shall print the results in triplicate with one copy being provided to the employee. The BAT shall complete Step 3 of the test result form, and the applicant or employee shall complete Step 4. In instances where the screening and confirmation test results differ, the confirmation test result is the final result. Test results are invalid when the result printed and displayed by the EBT are not identical.

The EBT shall transmit all results to the designated employer representative in a confidential manner immediately following completion of the test.

Failure to provide an adequate breath specimen for alcohol testing, in the absence of a valid medical explanation after the employee has been informed of the requirement to be tested, or any conduct on the part of the employee which clearly and/or effectively obstructs the testing process, or refusal to sign Step 2 of the test form, is considered a refusal to be tested and shall immediately disqualify the employment from performance of covered (safety-sensitive) functions, if not all functions, at the discretion of the Company.

Any employee subject to alcohol testing who is found to have a breath alcohol concentration of 0.02 or greater but less than 0.04 shall not be permitted to perform or continue to perform safety-sensitive functions until the start of the employee's next regularly scheduled duty period, but not less than 24 hours for drivers. The minimum disqualification period for pipeline employees is 8 hours following administration of the test, except that in certain circumstances the Company may choose to re-qualify a qualified pipeline employee upon a subsequent breath alcohol test performed less than 8 hours following the initial test and which produces a result below 0.02 breath alcohol concentration.

Any applicant who refuses or tests greater than 0.02 on a required alcohol test of the Company will not be hired. Any employee who refuses or tests 0.04 or greater on a required alcohol test will be immediately disqualified from the performance of safety-sensitive covered pipeline and/or driver functions.

Any covered employee who refuses a required breath alcohol test or tests 0.04 or greater on a required breath alcohol test shall be advised by the designated representative of the Company of the resources available to the employee for evaluation of problems associated with the misuse of alcohol. Such information shall include names, addresses, and telephone numbers of acceptable and reasonably convenient substance abuse professionals and counseling and treatment programs.

Each affected, covered employee seeking to become re-qualified to perform covered work for the Company shall be evaluated by a substance abuse professional (SAP) that is acceptable to the Company. The recommendations of the SAP shall be followed and complied with to the satisfaction of the SAP and the Company through its designated representative. The Company has designated its Medical Review Officer (MRO), who is also a SAP, as being responsible and available to assist all affected employees in locating an acceptable, convenient primary SAP and/or treatment or counseling

facility. The Company MRO/SAP shall further be responsible for the determination that an affected employee has met any requirements of a primary SAP relating to counseling, treatment and/or aftercare. The Company MRO/SAP shall provide a written return-to-duty opinion to the Company that summarizes the employee's status relating to drug and/or alcohol misuse, and that establishes return-to-duty and follow-up random drug and/or alcohol testing requirements. The MRO/SAP shall further be responsible for seeing that required return-to-duty testing is effected and documented according to applicable federal regulations, Company policy, and the National Pipeline Agreement where applicable. The MRO/SAP of the Company is Dr. Phillip W. Hayes, M.D., 301 East College Street, Dickson, Tennessee 37055, (800) 831-8378.

Providing that all counseling, treatment, and aftercare recommendations, if any, are followed and complied with, the evaluated employee will be considered for return-to-duty status. If return-to-duty is deemed appropriate by the Company, the employee will be subject to return-to-duty alcohol and/or drug testing where recommended by the SAP. The employee shall be subject to unannounced random alcohol and/or drug tests shall be conducted during the first 12 months following return-to-duty.

Failure of any drug test or testing 0.02 or greater on any alcohol test during return-to-duty or follow-up random testing shall result in termination of employment. The cost of substance abuse evaluation and treatment is the responsibility of the employee unless otherwise indicated by the Company in writing. The Company also reserves the right to deny return-to-duty employment to affected employees at its own discretion and under its own independent authority. The overall company policy is to maintain an alcohol and drug-free workplace for all employees.

Employee alcohol and drug test records will be kept in a confidential and secure manner by a person or entity designated by the Company. Unless otherwise specified, the Company MRO and/or the Company Director of Safety/Company Plan Administrator shall maintain such records. Personal alcohol and/or test result records may be obtained by any applicant or employee upon written request to the company MRO whose name, address and telephone number are listed herein. Such results may be released to specified third parties upon the written request of any employee/applicant to the MRO.

Requested release of drug or alcohol test records shall be accomplished promptly and shall not be contingent upon payment for records other than those records specifically requested. Employee/applicant test result records shall also be released by the Company to the following entities only upon specific request:

- (1) To the Secretary of the U.S. Department of Transportation upon request of DOT, FHWA, or RSPA.
- (2) To the National Transportation Safety Board when requested as part of an accident investigation.
- (3) To the employee or to a decision maker in a lawsuit, grievance, or other proceeding initiated by or on behalf of the employee and arising out of a determination that the employee engaged in prohibited conduct.

### Why You Should Get Involved

Although Company has no history of substance abuse problems, we recognize that alcoholism and alcohol misuse are problems throughout America. The use/abuse of illegal drugs and the misuse of alcohol, hereinafter jointly referred to as substance abuse, is widely accepted as a workplace hazard and as a major cause of subtle or profound disruption in the financial, social, domestic, and workplace affairs of both the abuser and those around him or her. The compulsive continuation and acceleration of substance abuse despite related disruption and adversity in any of the critical and necessary affairs of a person's life is generally accepted as an indication of chemical dependency or addiction. There are only three possible end points of chemical addiction: incarceration, hospitalization/treatment, or death.

There are 3 good reasons why you should be concerned if any of your co-workers is using drugs or alcohol on the job:

1. Your health and safety may be at risk.
2. Alcohol misuse costs you money.
3. Alcohol creates a negative work environment.

The substance abuser usually becomes unable to safely, efficiently, and reliably perform his or her duties in the workplace. Not only is absenteeism a problem, but when they are at work these employees may have reduced capabilities and productivity. The abuser may seriously affect the mental and physical well-being and safety of co-workers. No matter what your position is in our Company, there is something you can do to ensure that drug and alcohol use on the job never becomes a problem. Acceptance of any substance misuse puts you, this company, and the public, at risk.

Substance abuse is typically denied by the affected individual. While substance abuse is a serious and sensitive subject, friends and associates (including co-workers) of an affected individual are advised to avoid misguided sympathy and to discreetly discuss such matters with the individual, his or her family members, and/or proper company personnel. Misguided sympathy usually enables substance abuse to continue and the condition of the person to deteriorate. Though difficult for the concerned co-worker, friend or family member, conscientious and careful attention to such a problem may well be the best hope for rescue of the affected individual. Considerate, firm action by a co-worker is often a factor in making successful intervention and guidance often leads to appropriate restorative action, and also to the ultimate return of the individual to physical, mental and functional health, and to his or her prior workplace standing.

The Company, through its designated safety personnel and/or its Medical Review Officer, will make reasonable attempts to guide an employee impaired by substance abuse toward a practical and qualified source of assistance. The workplace substance abuse prevention program of the Company is intended to be effective, firm, and preventive. The program is not intended as primarily punitive.

#### Signs and Symptoms of Alcohol Misuse

- Family or social problems caused by drinking
- Job or financial difficulties related to drinking
- Loss of a consistent ability to control drinking
- “Blackouts” or the inability to remember what happened while drinking
- Distressing physical and/or psychological reactions if you try to stop drinking
- A need to drink increasing amounts of alcohol to get the desired effect
- Marked changes in behavior or personality when drinking
- Getting drunk frequently
- Injuring yourself or someone else while intoxicated
- Breaking the law while intoxicated
- Starting the day with a drink

#### Available Methods of Evaluating and Resolving Substance Abuse Problems

- Outpatient programs in community mental health centers, full service agencies, private physicians’ and therapists’ offices, occupational settings, and specialized alcoholism treatment facilities

- Inpatient services designed for those with more serious alcohol problems – found in hospitals, residential care facilities, community halfway houses, and some alcoholism clinics

Your local phone directory lists helpful referral organizations such as:

- Local council on alcoholism
- Alcoholics Anonymous
- Community alcoholism or mental health clinic
- Social services or human resources department County medical society



# **Northern Clearing, Inc.**

ALCOHOL, DRUG AND CONTRABAND POLICY

## **NON-DOT**

ADDENDUM to DOT POLICY

EFFECTIVE DATE: 6/1/2009

For the purpose of this policy “company” shall refer to **Northern Clearing, Inc.**

# NON-DOT

## ALCOHOL, DRUG AND CONTRABAND POLICY

### 1. **Purpose:**

**NORTHERN CLEARING, INC.** is committed to a safe, healthy, and productive workplace for all employees. **NORTHERN CLEARING, INC.** recognizes that alcohol, drug, or other substance abuse by employees will impair their ability to perform properly and will have serious adverse effects on the safety, efficiency and productivity of other employees and the Corporation as a whole. The misuse of legitimate drugs, or the use, possession, distribution or sale of illicit or unprescribed controlled drugs on company business or premises, is strictly prohibited and is grounds for termination. Possession, use, distribution or sale of alcoholic beverages on company premises is not allowed without prior written approval of appropriate company senior management. Being unfit for work because of use of drugs or alcohol is strictly prohibited and is grounds for termination of employment. While this policy refers specifically to alcohol and drugs, it is intended to apply to inhalants and all other forms of substance abuse.

### 2. **Definitions:**

- A. Company Personnel** - any of our company's employees, agents, or subcontractors' employees working in/on the property of the company or in/on the property of Client Company.
- B. Company and/or Client Company Property** - All real or tangible personal property, including facilities, buildings, vehicles, products and equipment either owned or controlled by the Company or Client Company.
- C. Prohibited Substances** - (1) illicit or unprescribed drugs, controlled substances and mood or mind altering substances, (2) prescribed drugs used in a manner or date inconsistent with the prescription, and (3) alcoholic beverages.
- D. Reasonable Suspicion** - A belief based on objective and articulable facts sufficient to lead a supervisor to suspect the use of Prohibited Substances.
- E. Under the Influence** - (1) the presence of a prohibited substance, or metabolites of a prohibited substance in body fluids above the cut-off level established by this policy or the Client Company policy, and/or (2) the presence of a prohibited substance that affects an individual in any detectable manner. The symptoms of influence may be, but are not limited to, slurred speech or difficulty in maintaining balance.
- F. Client Company** - Any company for which **Northern Clearing, Inc.** has contracted to perform work.
- G. Company – Northern Clearing, Inc.**

### **3. Prohibitions:**

Unless specifically authorized in writing by the Company and/or Client Company, the **NORTHERN CLEARING, INC.** Policy shall prohibit company Personnel from the following:

- A. Using, possessing, selling, manufacturing, distributing, concealing, or transporting on company or Client Company property any of the following items:
  - i. Any Prohibited Substance;
  - ii. Illicit drug equipment or paraphernalia.
- B. While on company or Client Company property, possessing or using prescription drugs or over-the-counter medication that may cause impairment except when **EACH** of the following conditions have been met:
  - i. Prescription drugs have been prescribed by a licensed physician for the person in possession of the drugs.
  - ii. The prescription was filled by a licensed pharmacist for the person possessing the drugs and is current in date.
  - iii. The individual notifies his supervisor if he/she will be in possession of, or using, impairment-causing prescription drugs or over-the-counter medication and appropriate steps are taken to accommodate the possibility of impairment, including but not limited to removal from work for the period of possible impairment.
- C. Being under the influence of prohibited substances while performing any work for company or Client Company.
- D. Switching, adulterating or diluting any urine, blood, or other sample used for testing, or tampering with any test sample in any manner.
- E. Performing work for company or Client Company if that person has tested positive, or refused testing in any employment-related test or has violated the substance abuse and contraband policy of **Northern Clearing, Inc.** or Client Company in any way.

Personnel seeking return-to-duty with **Northern Clearing, Inc.** following any violation of the substance abuse policy of **Northern Clearing, Inc.**, and thus access to the property of any Client Company, may be considered if **EACH** of the following conditions are met:

- i) the individual has been evaluated by a Substance Abuse Professional (SAP) meeting the SAP qualifications of the

- DOT; and has successfully completed the requirements of the SAP; and has been recommended in writing for return-to-duty by the SAP; and,
- ii) the individual has been approved for return-to-duty by the corporate Director of Safety and Compliance of **Northern Clearing, Inc.**; and,
  - iii) the Client Company-specified period of time has passed since the individual's previous violation of the Drug, Alcohol and Contraband Policy of the company or Client Company, as required by the Client Company and/or as required by recognized labor agreements, whichever is longer; and,
  - iv) any additional requirements of the Client Company are met.

Where return-to-duty eligibility requirements of any Client Company are more stringent than those of **Northern Clearing, Inc.**, the policy of the Client Company shall be followed. A Client Company may occasionally prohibit return to duty of an individual upon any work performed by a contractor for that specific Client Company following any violation of the Substance Abuse and Contraband Policy of the Client Company. Such prohibition may be on a permanent basis.

If an individual is determined to be eligible for return-to-duty with **Northern Clearing, Inc.**, that individual must have a negative return-to-duty drug and/or alcohol test and shall be subject to follow-up random drug and/or alcohol testing consistent with the recommendations of the involved SAP and designated company officials before that person is returned to duty.

#### **4. Searches and Inspections:**

Where not otherwise prohibited by Federal, State or other applicable Public Law, or recognized labor agreement, and on company or Client Company property, the company and/or the Client Company may, at any time, have supervisors and/or authorized search and inspection specialists, including scent-trained animals, conduct unannounced searches and inspections of our company and/or company personnel and their property. That property may include, but is not limited to, the following: wallets, purses, lockers, baggage, offices, desks, tool boxes, clothing, and vehicles.

#### **5. Testing:**

##### **A. General:**

All applicants and employees of **Northern Clearing, Inc.** who perform any work related to petrochemical or natural gas facilities and pipelines, and all commercial drivers, are considered to perform safety sensitive work. All such employees whose work is defined as "covered work" by federal regulations of 49 CFR Parts 40, 199 or 382 will be subject to the DOT drug and alcohol testing program of the company. All other similar employees are subject to substance abuse testing by **Northern**

**Clearing, Inc.** under the Non-DOT drug and alcohol program of the company in the following circumstances: [described below]

- 1)Pre-Employment
- 2)Pre-Access
- 3)Periodic (including Annual)
- 4)Random (including Follow-Up)
- 5)Post-Incident
- 6)Reasonable Suspicion
- 7)Select Workforce Testing (“wall-to-wall”)

Where required by a Client Company, an employee of the company may be subject to additional drug and/or alcohol testing.

## **B. Requirements:**

1. Pre-Employment Testing:
  - a. Company personnel being hired by **Northern Clearing, Inc.** exclusively to perform non-DOT work will be subject to the company pre-employment Non- DOT urine drug test and must have a negative result to be hired.
2. Pre-Access Testing:
  - a. Company personnel requiring pre-access testing prior to qualifying to perform work for a Client Company shall have a negative result on a comprehensive pre-access drug and/or alcohol test prior to first performing work on the Client Company property. The negative pre-access drug and/or alcohol test result must have been obtained within sixty (60) calendar days, or in a period of time specified by the Client Company policy, preceding the company personnel’s first access to Client Company property. The Client Company may choose to accept previous drug and/or alcohol test results performed on individual company personnel who are currently active in the company DOT random testing pool, and whose most recent negative DOT drug and/or alcohol test result was obtained within the time frame required by the Client Company policy. Upon request by the Client Company, the company shall certify in writing, and preferably by letter to the Client Company and/or its designated agents(s), the required negative drug and/or alcohol test results for all company personnel requiring site access.

The requirements of a Client Company regarding pre-access, random, periodic and other types of testing described herein may vary with the designated safety level of the work to be performed by the company, and may vary with the specific Client Company for whom work is to be performed. The company drug and alcohol testing procedure is intended to comply with Client Company policy on a job by job basis.

- b. Our company will provide no information to Client Company identifying individuals who have positive pre-access tests.
- c. Our company shall send pre-access laboratory test results and pre-access alcohol test results to the Client Company when required for audit purposes.

3. Periodic Testing:

- a. A drug and/or alcohol test administered by the company specifically for the purpose of maintaining the qualified status of personnel for work on Client Company property shall be designated as a Non-DOT periodic test. Annual drug and/or alcohol testing where required by Client Company is a form of periodic testing

4. Random Testing:

- a. Personnel requiring random testing will be subject to unannounced and continuous random selection and testing for Prohibited Substances while performing work for the company or Client Company where Client Company policy requires. Random drug and/or alcohol testing performed to meet company or Client Company policy shall, unless otherwise specified by DOT policy, be conducted for the substances indicated in Attachment A.
- b. The number of tests randomly conducted during each calendar year must be at least the current DOT required percentage or, where testing is not required by DOT, at least twenty-five percent (25%) of the number of qualified personnel in the random selection pool. Random testing shall be spread reasonably throughout the calendar year.
- c. Follow-up random testing upon return-to-duty must comply with the requirements of the involved SAP and/or the company or Client Company.
- d. Upon notification of a drug test event, a company employee must report to the collection site within 60 minutes, plus travel time. Failure to report to the collection site within the specified time, refusal to test, or adulterating or substituting a specimen is considered a violation of company and Client Company policy, and shall have the same employment consequences as do a positive drug or alcohol test result.



5) Post-Accident Testing:

If our company or Client Company determines from the best information available immediately after a work-related incident that performance of one or more of our personnel contributed to the incident or accident, or cannot be completely discounted as a contributing factor to the incident, our company shall remove that (those) individual(s) from the company or Client Company property and surrender his/her (their) site credentials to Client Company where applicable. As soon as possible but no later than 32 hours after an accident, Company shall drug test each employee whose performance either contributed to the accident or cannot be completely discounted as a contributing factor to the accident. Company may decide not to test under this paragraph but such a decision must be based on the best information available immediately after the accident that the employee's performance could not have contributed to the accident or that, because of the time between that performance and the accident, it is not likely that a drug test would reveal whether the performance was affected by drug use.

a. For purposes of this part "incident" means an **accident** as defined by DOT(CFR 40, parts 191, 195 and 182) including the following :

1) An event that involves a release of gas from a pipeline or of liquefied natural gas or gas from an LNG facility and:

(a) A death, or personal injury necessitating inpatient hospitalization; or

(b) Estimated property damage, including cost of gas lost, to the operator or others, or both, of \$50,000 or more (\$5,000 or more for intrastate operators/contractors in Kansas and New Mexico).

2) An event that results in an emergency shutdown of a gas pipeline or LNG facility.

3) An event that is significant, in the judgment of the operator.

b. An individual so removed will be allowed to return to work on company or Client Company property only after our company conducts alcohol and drug testing on the individual as soon as possible following the individual's removal from the site, and our company certifies in writing the test identification number, the individual's social security number, the test date and time, and a negative test result for both tests. On that written certification our company will include a consent signed by the individual permitting disclosure to Client Company of the test result(s) where applicable.

6. Reasonable Suspicion Testing:

- a. Upon reasonable suspicion of our company or Client Company that company personnel is under the influence of a prohibited substance while on company or Client Company property, our company shall remove the individual from company or Client Company property and surrender his/her site credentials to Client Company where applicable.
- b. An individual removed from company or Client Company property for reasonable suspicion will be allowed to return to work on company or Client Company property only after our company conducts alcohol and drug testing on the individual as soon as possible following the individual's removal from the site, and our company certifies in writing the test identification number, the individual's social security number, the test date and time, and a negative test result for both tests. On that written certification our company will include a consent signed by the individual permitting disclosure to Client Company of the test result where applicable.

7. Select Workforce Testing ("Wall-to-Wall"):

Company personnel on certain Client Company premises are subject to unannounced en masse drug & alcohol testing. Such tests are scheduled at the sole discretion of the specific Client Companies. This includes the determination of the scope for such testing in addition to the timing of such testing. The scope of such testing will be determined by the Client Company in terms of a group of company personnel to be tested. Such a group will include all members of the named group on site at the determined time or time period, and shall not be determined in terms of named individuals. Such groups may include, but are not limited to, all company personnel on site, or by shift, by crew, by location, by craft, by company or by another similar category, including a random selection based on site access records.

**C. Laboratory and Levels:**

For testing purposes substances and threshold levels will comply, at a minimum, with the Department of Transportation (DOT) alcohol and drug testing regulations. Collection, chain-of-custody and other related procedures will be consistent with sound industry practice. Alcohol will be included in any test panel where required regardless of any lesser DOT requirement. See Attachment A for substances and thresholds for company and/or Client Company Non-DOT testing.

This Substance Abuse Policy requires the use of Department of Health and Human Services (DHHS) certified laboratories. All alcohol testing shall be conducted on devices approved by the National Highway Traffic Safety Administration (NHTSA). All non-DOT collection and testing procedures shall mirror as closely as possible DOT 49 CFR Part 40.

**5. Non-Compliance:**

Any personnel found in violation of this policy and/or Client Company policy, or who refuses to cooperate with the searches and tests required in this policy and/or Client Company policy, shall be promptly removed by our company from company or Client Company property and prohibited from performing work for the company or Client Company. Our company will immediately notify Client Company that the individual has become disqualified from performing work under the company and/or Client Company's Drug, Alcohol and Contraband Policy requirements. Where required by the Client Company, our company will immediately review with Client Company the nature of the work previously performed by the individual. At Client Company's request, our company shall, at its sole cost and risk, inspect all work in which the individual may have participated and submit a written report to Client Company that documents the inspection, any findings, and the actions taken to assure all deficiencies have been corrected.

**6. Substance Abuse Awareness:**

Company personnel performing work will have each been fully informed of the requirements of this policy. Upon qualifying to work for company or Client Company, and prior to commencement of any work on company or Client Company property, each company personnel will have signed a written certification that he/she has been so informed and agrees to be bound by those requirements.

**7. Supervisor Training:**

Company shall provide training regarding this policy when performing work for a Client Company under this policy, as required. Training on the recognition of performance indicators of probable drug use and on its effects and consequences to personal health, safety and the workplace shall be included. It is required that company supervisory personnel who are to determine when testing based on reasonable suspicion is indicated, receive at least one 60-minute training session on the specific, contemporaneous, physical, behavioral and performance indicators of probable drug and alcohol use. Records of individuals trained (including name, date) must be maintained by the company and available to the Client Company and its authorized audit agent(s).

**8. Audit:**

- A. Company shall keep records required by this Addendum available for inspection by Client Company during the period that the company is performing work for the Client Company and for a period of (3) years after company ceases to perform work for that Client Company.
- B. Client Company shall have the right, at its discretion, to perform unannounced audits of the company's alcohol and drug program to verify that company's policy and its enforcement comply with these guidelines.
- C. At the Client Company's request, company will provide separate lists of company personnel (including name and social security number) who were eligible for Client Company's work on a date specified by Client Company. Upon further request, company will provide Client Company with the following information on each alcohol and drug test conducted for each company personnel identified by Client Company from those lists:
  - 1) date of and type of test (e.g. random, pre-access) and
  - 2) laboratory chain-of-custody identification number and/or test number.
- D. Company will obtain an agreement from any consortium, laboratory, and/or Medical Review Officer (MRO) providing drug/alcohol testing services for company that upon submission by Client Company of a list, or lists, of social security numbers, chain-of-custody ID numbers and test dates:
  - 1) the consortium/laboratory will verify that the tests were conducted as represented, and
  - 2) The consortium/laboratory and/or Contractor MRO will provide a sworn statement that each of the tests identified by the Client Company were confirmed as negative or that it/they cannot so swear.

**9. Applicable Laws:**

Our company shall comply with all applicable federal, state, and local drug and alcohol related laws and regulations (e.g., DOT regulations, Department of Defense (DOD) Drug-Free Workforce Policy, Drug-Free Workplace Act of 1988, etc..).

## ATTACHMENT A

### ALCOHOL, DRUG AND CONTRABAND TESTING INFORMATION

<b>COLLECTION FACILITY</b>	<b>NAME:</b>	Continental Health & Safety Express(C.H.A.S.E., LLC)
	<b>ADDRESS:</b>	475 Henslee Drive Dickson, TN 37055
	<b>PHONE NUMBER:</b>	(800) 831-8378
	<b>CONTACT PERSON:</b>	Marilyn Hayes

<b>TESTING LABORATORY</b>	<b>NAME:</b>	Advanced Toxicology Laboratory
	<b>ADDRESS:</b>	3560 Air Center Cove Memphis, TN 38118
	<b>PHONE NUMBER:</b>	(888) 290-1150
	<b>NATIONALLY CERTIFIED?</b>	YES
<b>MRO (Medical Review Officer)</b>	<b>MRO NAME</b>	Dr. Phillip W. Hayes Dr. Murray W. Smith
	<b>MRO PHONE:</b>	(800) 831-8378

SUBSTANCE		SCREEN LEVEL	CONFIRMATION LEVEL
	COCAINE	300 ng/ml	150 ng/ml
	PHENCYLCIDINE (PCP)	25 ng/ml	25 ng/ml
	MARIJUANA (THC)	50 ng/ml	15 ng/ml
	OPIATES	2000 ng/ml	2000 ng/ml
	AMPHETAMINES/METHAMPHETAMINES	1000 ng/ml	500 ng/ml
	BARBITURATES	300 ng/ml	200 ng/ml
	BENZODIAZEPINES	300 ng/ml	200 ng/ml
	METHADONE	300 ng/ml	200 ng/ml
	PROPOXYPHENE	300 ng/ml	200 ng/ml

<b>ALCOHOL TESTING METHOD USED:</b> <i>(Must be preformed by breath, or saliva with a breath or blood confirmation)</i>	<b>SCREEN LEVEL</b>	<b>CONFIRMATION LEVEL</b>
SALIVA	>0.02%	
BREATH	0.02%	0.04%

# The Following is Northern Clearing, Inc.'s Quality, Environmental & OH&S Policies

The stated quality, Environmental, and OS&S policy Statement is as follows:

**“ Northern Clearing strives to achieve and maintain 100 percent customer satisfaction along with being our industry’s leader in quality, safety, and environmental compliance. Northern Clearing is committed to comply with all regulatory requirements, environmental regulations, and continually improve all necessary operations, equipment, technology, and standards in an effort targeted at improving customer satisfaction, protecting our environment, preventing pollution, and having a safe work environment. Northern Clearing will provide adequate training to ensure the workforce understands the objectives, can recognize, communicate, and mitigate hazards to prevent injuries and ill health to employees and the general public.”**

Revised 12/18/2015