

KATHLEEN A. MORETTI  
Director of Personnel



VINCENT A. CIANCI, JR.  
Mayor

**Department of Personnel**  
*"Building Pride in Providence"*

January 24, 2002

Mr. Michael Clement  
City Clerk  
City of Providence  
25 Dorrance Street  
Providence, Rhode Island 02903

Dear Mr. Clement:

Please find enclosed The Department of Personnel's Annual Report for fiscal year 2001. The major areas of responsibility for the department include but are not limited to the following:

- ◆ Labor Relations
- ◆ Employee Relations
- ◆ Affirmative Action and Equal Employment Opportunity
- ◆ Worker's Compensation
- ◆ Safety and Health
- ◆ Residency

The department interfaces with every area in City government and provides policy and procedural direction in all areas that impact human resources. The enclosed is an overview of the most complex activities with which the department was involved.

Sincerely,

A handwritten signature in cursive script that reads "Kathleen A. Moretti".

Kathleen A. Moretti  
Director of Personnel

IN CITY COUNCIL  
FEB 7 2002

READ  
WHEREUPON IT IS ORDERED THAT  
THE SAME BE RECEIVED.

A handwritten signature in cursive script that reads "Michael L. Clement".

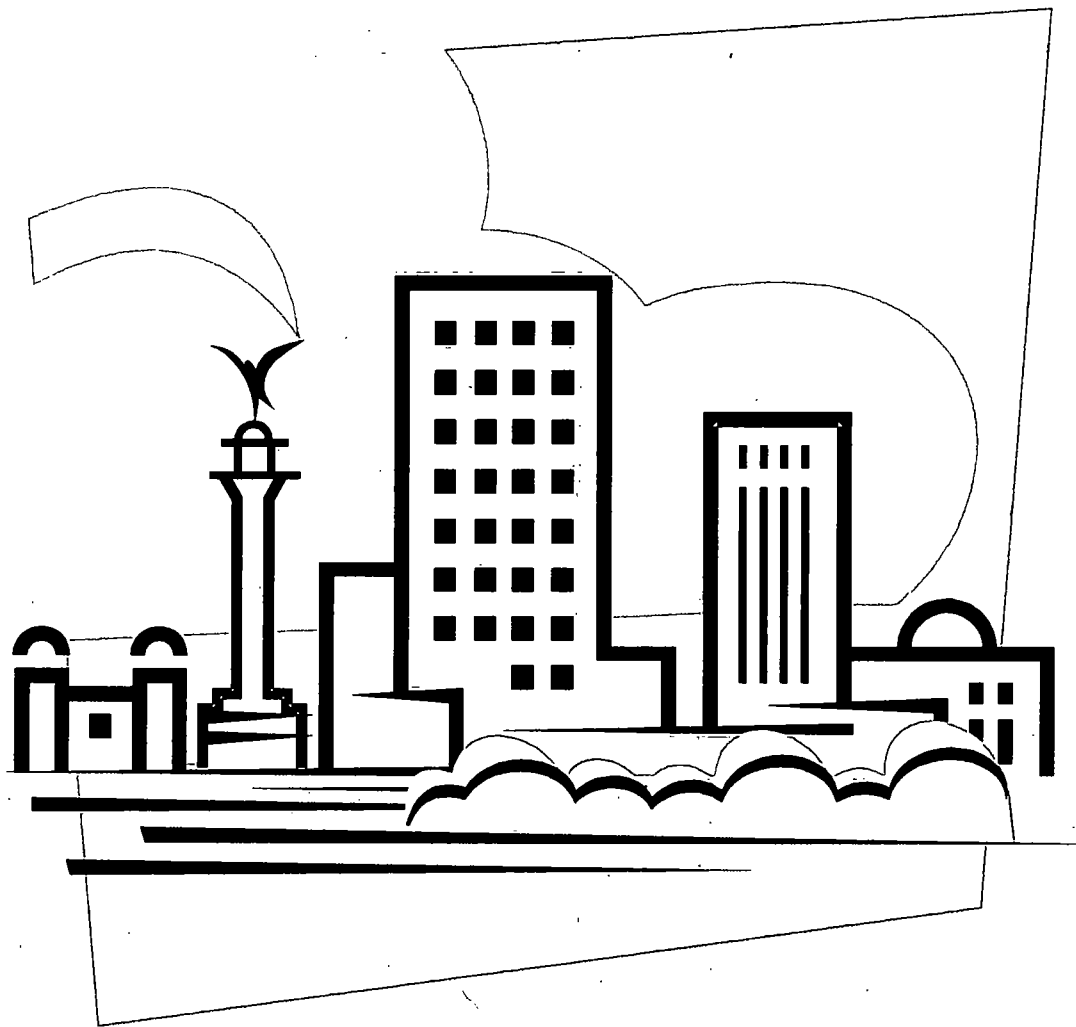
BY AN EQUAL OPPORTUNITY EMPLOYER

City Hall - 25 Dorrance Street, Providence Rhode Island 02903  
Telephone (401) 421-7740, Fax (401) 273-9510; TDD (401) 751-0203

# CITY OF PROVIDENCE

## Department of Personnel

### *Annual Report* *Fiscal Year 2001*



The Personnel Department of the City of Providence is responsible for all aspects of personnel activity for the City of Providence. This includes, but is not limited to the implementation and administration of matters involved in the collective bargaining agreements between the City and the unions; Workers' Compensation; Affirmative Action; Health and Safety; ensuring that the City's residency requirement is adhered to; administering those aspects of the Retirement Ordinance assigned to the department and the formulation and implementation of policies that are employment related.

The Department has day to day contact with all City Departments on policy and discipline issues and deals with all levels of City government. The Department also has interaction with individuals and agencies outside of City government such as the Department of Labor, Department of Unemployment Insurance, the Rhode Island Commission on Human Rights, the Rhode Island Department of Workers' Compensation and the Occupational Health & Safety Administration.

The Personnel Department for the fiscal year ending June 30, 2001, was funded for nine (9) permanent positions and one (1) temporary employee.

Following is a summary of the most complex activities with which the Personnel Department was involved with during the 07/01/00 – 06/30/01 fiscal year.

### **WORKERS' COMPENSATION**

During the fiscal year 2001, the Workers' Compensation area was staffed by one (1) full time person. In May, 2001, we added one (1) temporary employee who worked for both the Equal Employment and Workers' Compensation areas.

The responsibility of the Workers' Compensation area is to account for all work related injuries. This includes the administration of all first reports of injuries, establishment of both medical and legal files for each case, the scheduling of independent medical examinations, administration of workers' compensation payroll, consultation, interaction with the attorney assigned to handle the workers' compensation caseload, OSHA reporting, negotiating to place injured employees on suitable alternative employment and testifying at workers' compensation court.

By law, the City of Providence is required to pay an annual assessment fee to the State of Rhode Island, Department of Labor & Training Workers' Compensation Fund. The City receives a classification of operations, i.e., a list of occupations. Attached to those occupations is a class code with a rate per \$100. The Claims Examiner is responsible for obtaining December 31 data of total annual remuneration for that particular year. She must next review the information and make appropriate changes. The codes and the cost to the City are based on the nature of the work performed. For example, there is a lesser fee attached to the position of Clerk than there is to the position of Welder or Tree Trimmer. The total cost of the assessment for the calendar year 2000 was \$67,358.30.

During the fiscal year 2001, the City had 87 open cases. These cases were not all active at the same point in time but represent open cases throughout the fiscal year. The Workers'

Compensation office also filed 237 first report of accidents. There was no lost time in 150 of these instances.

The Personnel Director currently serves as on board of directors of the Workers' Compensation Association of Rhode Island.

### **SAFETY AND HEALTH**

The Personnel Department works with City Department's in an effort to determine the safety and health needs of departments. This includes, but is not limited to, safety equipment, inoculations and safety programs.

The Personnel Director is a member of the City's Safety Committee which deals with safety and health issues in the City.

### **AFFIRMATIVE ACTION/EQUAL OPPORTUNITY**

The Affirmative Action/Equal Opportunity Officer has the responsibility for the preparation of the City's Affirmative Action Plans. This requires that the EEO work with departments to accurately record employment activity from the previous year. This includes new hires, promotions and terminations. It also requires the setting of goals for the next year. The Department currently prepares plans for the Fire and Police Departments.

The plans themselves require a substantial amount of statistical data in order to complete them properly. They must also reflect data accurately inasmuch as they are used to defend the City's position in court challenges.

The EEO Officer is responsible for all job advertisements for the City. Requests to advertise open positions are reviewed by both the Personnel Director and the EEO Officer. The first step is to ensure that a position is vacant. The position description is then reviewed and a draft of the advertisement is prepared. The job description and qualifications are reviewed by the Department Director for accuracy. The advertisement is then placed in newspapers, professional journals and the City's web site.

All resumes are sent to the City's Personnel Director. When the application period has closed, copies of the resumes are forwarded to the appropriate Department Director.

There were 31 advertisements placed in publications such as the Providence Journal, The Providence American, Providence en Espanol or Nuevos Horizontes, Bay Windows or InNews Weekly. Depending on the scope of the advertisement, the advertisement may have also been placed in the Boston Globe.

Each department is responsible for payment of their advertisements.

The Equal Employment Opportunity officer is also responsible for dealing with allegations of Civil Rights violations. The EEO Officer receives complaints dealing with sexual harassment or allegations of race, age, religion, national origin or sex discrimination. Steps included in the

process are the interview of the complainant, and witnesses, the written summary of all the interviews, consultation with appropriate legal counsel and a conclusion based upon the evidence. During the fiscal year 07.01.00 – 06.30.01, the EEO Officer was responsible for responding to 27 complaints.

The EEO is also significantly involved in the Police and Fire Department recruitment process. This includes initial meetings with representatives of the recruiting department, review of application materials with legal counsel, assistance in preparation of advertisements and the placement of the advertisements. The EEO is also responsible for attending meetings and community events in an effort to attract women and minority applicants.

There were 13 sessions of Fire Department Sexual Harassment and Diversity Training. There is a breakout of the dates and the employees of the Fire Department for whom this training was presented and it is attached in Appendix A.

The EEO Office was extensively involved in the Providence Police Department Recruitment process. In Appendix B there is a list of the dates she attended meetings and the individuals and organizations with whom she met.

The EEO Office is also responsible for the implementation of the Summer Jobs for Youth Initiative Program.

The Summer Jobs for Youth Initiative Program was created in 1991 by Mayor Cianci to offer urban youths summer jobs in collaboration with companies from the private sector in Rhode Island.

The summer program is designed for inner city teenagers between the ages of 16-19. The Program runs for eight weeks during the student's summer vacation.

The EEO Officer has been solely responsible for implementing, coordinating and maintaining the program. In addition, the EEO provides extensive recruitment, professional development, workshops, screening and mentoring for every youth who participates in the program. The EEO/AA office works aggressively to encourage companies to donate either job positions or monetary donations. The EEO/AA office uses the donations to subsidize students working in non-profit organizations such as the American Cancer Society, the American Red Cross, Providence Head Start and the John Hope Settlement House.

The EEO officer visits all of the Providence public high schools to speak to students and school officials about the program. The application process consists of students completing the Summer Jobs for Youth Initiative application, writing a cover letter, resume and providing two letters of reference from a non-family member.

After the recruitment process is completed, applications are assessed. The EEO/AA Officer then screens students through personal interviews. The interviews provide the EEO Officer the opportunity to match the applicant's career goals and skills with a potential company. Finally, the EEO/AA Office functions as a support for students throughout the program. It also

provides mentoring for students who have any concerns or problems through their employment.

There were several factors which led to the loss of approximately 50 positions from the program when compared to previous years. In spite of these facts, 46 students applied with 20 being selected for actual jobs. Of the 20 positions, 12 were paid for by donations that were received by the Help Coalition and other private companies.

### **Retirement Board**

The Personnel Department is responsible for the selection of physicians for all disability retirement applicants, whether accidental or ordinary.

The process begins with receipt of the disability application and medical documentation received from the Retirement Office. The Personnel Department submits the medical information to the Board physician consultant who reviews the documentation and provides the City with the medical specialty from which physicians are chosen. The Personnel Department reviews the documentation, noting the physicians already seen by the employee. This information is then provided to the Personnel Director who chooses three (3) physicians from a list of physicians. The list of physicians is then forwarded to the Retirement Office which is responsible for making appointments. Once the appointments have been made, the Personnel Office prepares the letters to the physicians, including a copy of the appropriate questionnaire and a copy of the job description for the employee applicant.

When the examination has been concluded and the reports submitted to the City, the Personnel Department requests payment for the bill.

The Personnel Department also has the responsibility for payment of the physician consultant.

Between the period 07.01.00 and 06.30.01, there were 37 active cases. The number of letters or memoranda sent to Guy Geoffrey, M.D., the Board physician consultant was 42. The number of letters/medical files prepared and sent to Independent Medical Examiners were 114. The number of medical subcommittee and retirement board meetings attended by either the Administrative Assistant or the Personnel Director were 12. The number of either pre- or post-retirement board meetings attended with Police Fire and Law Departments was 6 and the number of meetings held with the retirement office to discuss disability retirement issues was 32.

The total cost of medical examinations for fiscal year 2001 was \$9,321.00. The total cost for the services of the Retirement Board physician consultant was \$6,340.00.

### **Residency**

The Personnel Department is responsible for ensuring that all permanent employees hired after January 1, 1993 comply with the City's Residency Ordinance. In order to accomplish this the Administrative Assistant performs the following duties: collects three proofs of acceptable documentation from all new employees, tracks all changes of address to ensure employees

who move from one Providence address to another re-verify such address, conducts research to verify addresses with the Division of Taxation and other agencies or municipalities based on verbal and written complaints of non-compliance, sends letters to employees who are due to comply within one month of due date, reports violations to the City Council, the Mayor, and department heads, tracks requests for residency extensions and waivers and forwards same to the City Council and the Mayor. Maintains all records pertaining to residency.

Please find pertinent facts relating to residency for the fiscal year 2001 are as follows:

<b>Total # of employees tracked for residency in FY 2001</b>	<b>824</b>
<b>Total # of requests for extensions received</b>	<b>7</b>
<b>Total # of requests for waivers received</b>	<b>1</b>
<b>Total # of employees know to be not in compliance *</b>	<b>4</b>
<b># of employees terminated for non-compliance</b>	<b>2</b>

\* City Council and Mayor's Office notified

### **Alcohol & Drug Testing**

Under Federal Highway Administration guidelines, the City of Providence must conform to the rules and regulations governing alcohol and drug testing for holders of CDL licenses who operate CDL vehicles in the City.

The City currently has a contract with the Newport Alliance. Their function is to provide administrative support to the program. On a quarterly basis, randomly chosen participants in the program are forwarded to the Personnel Department. Written paperwork and establishment of a testing date and time is next prepared by the department and provided to a designated representative of the appropriate department approximately one day before the test is scheduled. The designated department representative delivers the random test notice to the appropriate employee on the day of the test. The employee must report for the test at the designated date and time.

The Personnel Department works with the testing center to ensure that employees have met their obligation to report at the designated date and time. Failure to do so requires disciplinary action by the personnel department. The Director and Administrative Assistant are on call, and required to coordinate post-accident drug testing 24 hours a day, 7 days per week if necessary.

The Personnel Department coordinates employee and supervisory training sessions in conjunction with the Newport Alliance. The Administrative Assistant conducts training with each new or existing employee who obtains his/her CDL license. This consists of a 30-minute individual training session. The Administrative Assistant coordinates supervisory training yearly with the Newport Alliance to ensure the guidelines pertaining to municipalities under the federal Omnibus Transportation Act are adhered to. The Administrative Assistant conducted 16 employee training sessions during the fiscal year July 1,2000 to June 30, 2001.

The total number of Drug and Alcohol Tests administered during the fiscal year July 1, 2000 – June 30, 2001 are as follows:

	<b>Drug</b>	<b>Alcohol</b>
<b>Pre-Employment</b>	6	0
<b>Random</b>	61	16
<b>Reasonable Suspicion</b>	0	0
<b>Post-Accident</b>	1	1
<b>Return-To-Duty</b>	3	0
<b>Follow-Up</b>	1	0

See Appendix C for Policies and Procedures for Drugs and Alcohol Testing. See Appendix D and E for Employee Handbook on Drug and Alcohol Testing and Supervisory Handbook on Drug and Alcohol Testing.

In addition to the broader areas of responsibility, the Personnel Department is involved in day to day processes that involve significant interaction with other departments, union management, and with other Personnel staff members. The Personnel Department works extensively with the Department of Public Works in the coordination and preparation of the citywide seniority list and CDL list for snow removal. The snow removal list is updated by the Administrative Assistant twice monthly.

### **UNEMPLOYMENT CLAIMS**

The Personnel Department is responsible for the processing of unemployment claims. In concert with the Law Department, both personnel and other department heads appear at unemployment hearings. The purpose of this is to present the City's position in the cases of termination or resignation.

### **ARBITRATION**

The Personnel Department is responsible for the preparation of documentation for arbitrations. The Department receives notice of the arbitration and provides the information to the appropriate department. The appropriate department heads met with labor counsel and prepare the City's case and are present at the arbitration to testify.

There were a total of 9 arbitrations scheduled held during the fiscal year July 1, 2000 – June 30, 2001.

The total cost of arbitration proceedings for fiscal year 2001 was \$13,982.90.

### **POSTINGS**

The Personnel Department is responsible for the posting of all bargaining unit positions. Department Heads notify the Department that they wish to have a position posted. The Personnel Department verifies that such a position is vacant and funded. The posting is



prepared and distributed to departments throughout the city for posting. Additionally, there are community groups and agencies to which the posting is sent. Bargaining unit employees have 10 days to submit a bid. Other candidates have 3 days to submit a bid.

Once the posting period has ended, the Personnel Department prepares a list of candidates which it submits to the appropriate department head. The department head interviews candidates and submits his/her recommendation to the Personnel Director who makes the final determination as to whether or not all processes and procedures have been followed.

During the fiscal year 2001, there were bargaining unit positions posted. See sample posting (Appendix F).

## **PERSONNEL FORMS**

The Personnel Department processes all change of status forms. New Hire paperwork except for Public Safety and Recreation is prepared by the Department. This includes W-4 forms, I-9 forms, beneficiary paperwork, medical and dental explanations and enrollment, explanation and sign off paperwork for the City's sexual harassment policy, drug free workplace policy and residency affidavits. The Department assists other City Departments in the preparation of other types of change of status forms, i.e., step increases, change of address and termination forms.

During the fiscal year July 1, 2000 through June 30, 2001, the Personnel Department completed 160 sets of paperwork for entrance into City service.

See sample entrance packet (Appendix G).

## **LEAVES OF ABSENCE**

The Personnel Department approves leaves of absence including those that have medical components.

In the case of medical leaves, the Personnel Department is notified by the appropriate department. At that point there is communication with employees requesting appropriate medical documentation. Depending on the medical situation, there may be communication with an employee's physician. Prior to return to work, the employee must present documentation that he/she may return to full duty. If an employee is not able to return to full duty, the physician must specify what the employee cannot do and the duration of the limitation.

Leaves of absence for reasons other than medical must be first requested by all employees.

# *Appendix A - G*

## **APPENDIX A**

Lieutenant School	December 2000
Lieutenant School	February 5-9, 2001
Fire Department Training Academy	March 2001 – 3 sessions
Point School – 400 + Firefighters trained	April 2001 – 4 sessions

**PROVIDENCE POLICE DEPARTMENT RECRUITMENT**

<b>1/11/01</b>	<b>Recruitment Meeting at the Commissioner's Office</b>
<b>1/18/01</b>	<b>Recruitment Meeting at the Commissioner's Office</b>
<b>1/26/01</b>	<b>Providence Police Department Recruitment Meeting</b>
<b>1/28/01</b>	<b>Printed and numbered 7000 applications</b>
<b>1/29/01</b>	<b>WHIM Poder 1110 Radio Station interview</b>
<b>1/31/01</b>	<b>RICAA Meeting &amp; recruitment announcement</b>
<b>1/31/01</b>	<b>Distributed 4000 applications through out the city.</b>
<b>2/01/01</b>	<b>Recorded Interview for Latino Cox Cable and 44 free commercial spots.</b>
<b>2/05/01</b>	<b>Meeting at Commissioners Office regarding Cox Cable Interview.</b>
<b>2/06/01</b>	<b>Chief Sullivan interview for WHIM Poder 1110 Radio Station &amp; recruitment efforts.</b>
<b>2/10/01</b>	<b>Saturday Job Fair at the Elmwood Community Center.</b>
<b>2/14/01</b>	<b>Interview on Telemundo 50 Cox Cable</b>
<b>2/15/01</b>	<b>Meeting with John Hope Settlement House</b>
<b>2/16/01</b>	<b>Meeting with Dennis Langley at the Urban League</b>
<b>2/16/01</b>	<b>Recorded public announcement on Telemundo to be aired everyday until March 30 and as of Monday 2/19/01</b>
<b>2/18/01</b>	<b>First Baptist Church Recruitment Session</b>
<b>2/20/01</b>	<b>Meeting at the Commissioner's Office regarding recruitment.</b>
<b>2/20/01</b>	<b>Interview with Providence En Espanol Newspaper</b>
<b>2/21/01</b>	<b>Minority Recruitment Committee Meeting</b>
<b>2/22/01</b>	<b>George Castro radio station</b>
<b>2/27/01</b>	<b>Dominican Independence Day recruitment announcement.</b>

2/28/01 Meeting with DARE Executive Director Sara Mersha.  
 2/28/01 Recruitment announcement at RICAA meeting.  
 3/01/01 Spoke with Judith Wills South Providence Development Corporation regarding mail to be sent to their constituents and discussed how they could assist us with our recruitment effort.  
 3/01/01 George Castro Radio Station WHJJ  
 3/01/01 John Hope Settlement House Job Fair 5-7 p.m.  
 3/02/01 Radio Station WHIM Poder 1110 A.M. Stereo  
 3/03/01 Urban League of RI Job Fair 10 a.m. – 2:00 p.m.  
 3/07/01 Cox Cable Cape Verdean Program 6:00p.m.  
 3/09/01 Cox Cable Advertisement and filming talk show  
 3/09/01 WBRU 360 Advertisement  
 3/09/01 South East Asian Community Party 250 people, made announcement regarding recruitment. 7:00p.m.  
 3/09/01 Quisqueya En Accion meeting with Colonel Sullivan, announcement and set up a table with applications. 7:00p.m.  
 3/10/01 Apsara Restaurant Party- Spoke with Southeast Asian Community regarding recruitment.  
 3/14/01 Urban League Youth Conference at Bishop McVinney Auditorium  
 3/14/01 Recorded ½ hour show regarding recruitment drive as well as recorded PSA to be aired daily until March 30<sup>th</sup> at Exitos 88.1.  
 3/15/01 NAACP Meeting announcement 6:00 p.m.  
 3/15/01 WBRU 360 Advertisement  
 3/15/01 WHJJ George Castro Radio Station  
 3/17/01 Ministers Alliance Meeting  
 3/17/01 Announcement at AME Church to youth choir.  
 3/19/01 Announcement to Rhode Island Commission on Women 4:45 p.m.  
 3/19/01 RI Hispanic Officer's Association Meeting

- 3/20/01     John Hope Settlement House Job Fair 5-7:30p.m.**
- 3/21/01     CCRI Lincoln Campus Job Fair 8-12noon**
- 3/21/01     Providence Police Neighborhood Summit at the  
Holiday Inn.**
- 3/21/01     Fox Point Boys & Girls Club Job Fair 5-7 p.m.**
  
- 3/21/01     Southeast Asian Community Cox cable  
announcement Chalrity Chang 1-888-838-1910.**
- 3/22/01     Minority Recruitment Committee Meeting**
- 3/22/01     Rudolph Tavares Center Job Fair 5-7 p.m.**
- 3/22/01     George Castro Radio WHJJ advertisement**
- 3/23/01     Poder 1110 WHIM announcement**
- 3/23/01     WRIB 1220 A.m. La Inconfundible recruitment  
announcement**
- 3/24/01     Poder 1110 WHIM 8:00 a.m. benefits recruitment.**
- 3/25/01     Poder 1110 WHIM Recruitment announcement**
- 3/25/01     Press Release announcing the 15 days application  
extension deadline to April 13, 2001.**
- 3/28/01     Job Fair at CCRI Liston Campus Hilton Street  
Providence.**
- 3/28/01     RICAA recruitment announcement at East Prov.  
City Hall**
- 3/29/01     Minority Recruitment Committee Meeting.**
- 3/30/01     Providence Place Mall Recruitment Booth 3-5p.m.**
- 4/05/01     Cox Cable Interconnect record an announcement at  
the police station with Joe Caprio.**
  
- 4/07/01     Cambodian New Year Celebration – Cranston  
Portuguese Club 20 Second Ave 9:00a.m. – 12a.m.**
- 4/10/01     Women Gala Honoring women**

**Flyers were translated in seven languages - English, Spanish,  
Portuguese, Kmong, Laotian, Cambodian,  
Vietnamese.**

**Flyers were distributed to all the community centers in the entire city, all Spanish establishments including hair salons and restaurants, Ro-jacks, Women's Center, Map, Urban League, Miss Fannie's Kitchen, Compare Supermarket, Travelers Aid, YMCA, Barber Shop on Prairie Avenue, South Side Boys & Girls Club, Save Market, and Tides.**

# CITY OF PROVIDENCE

## Appendix C

### Department of Personnel

#### NEW OR REVISED POLICY

POLICY TITLE	POLICY #	EFFECTIVE DATE
CDL Drug & Alcohol Testing Procedures	220	
1. RANDOM	220-A	01-01-95
2. REASONABLE SUSPICION	220-B	01-01-95
3. POST-ACCIDENT	220-C	01-01-95
4. PRE-EMPLOYMENT	220-D	01-01-95

#### SUPERCEDES AND REPLACES

POLICY TITLE	POLICY #	EFFECTIVE DATE

- ☐ Revised policy attached; changes are indicated below. Remove current policy from manual and insert revised policy.
- ☐ New policy; insert in manual
- ☐ Other

#### SUMMARY OF POLICY PROVISIONS OR CHANGES:

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# PRE-EMPLOYMENT ALCOHOL AND CONTROLLED SUBSTANCE TESTING

## APPLICABILITY

All persons making application with the City of Providence for positions which require a Commercial Driver's License.

This policy applies to all promotional or outside candidates.

## PROCEDURES

When you report for the test, you are to present your Commercial Driver's License as your identification.

If an employee/applicant tests positive, he/she is not to be allowed to drive back to the workplace or home.

## PURPOSE

To conform with the requirements under the **Omnibus Transportation Act**. It is a requirement of the Federal Government that employees who are hired into or seek a promotion to a position with the **City of Providence** which requires a Commercial Driver's License must submit to Alcohol & Controlled Substance testing prior to assuming the duties of the position. For current **City of Providence** employees seeking a promotion:

- 1) The job offer will be withdrawn
- 2) The employee will be referred to a Substance Abuse professional for a program of treatment and counseling.
- 3) During this period of treatment or counseling, the employee will not be allowed to work.
- 4) The employee will be allowed to use any available accumulated sick or vacation time during this treatment period.
- 5) The Director of Personnel will be provided with weekly medical reports dealing with the diagnosis of and progress being made by the employee.

In order to be allowed to return to his/her position, the employee must have completed the following:

- a. Substance abuse evaluation
  - b. Rehabilitation when necessary
  - c. When a substance abuse professional determines that the employee has successfully complied with any required rehabilitation.
  - d. When the employee has completed a return-to-duty controlled substance test and alcohol test. Alcohol test results must show a concentration below 0.02.
- 6) At the time of release from a treatment and counseling program, the employee must submit to return-to-duty alcohol and controlled substance testing before being allowed to return to

work.

- 7) If either the controlled substance test is positive or the result of the alcohol test is 0.02 or above, the employee will not be allowed to return to work at his/her former position.
- 8) If the results of both tests are negative, the employee will be allowed to return to work at his/her former position.
- 9) The employee who has tested positive on the original test and tested negative on the return-to-work test is subject to follow-up random testing procedures while at the same time remaining in the regular Random Testing Pool.
- 10) Further positive results in any alcohol and controlled substance testing will be considered to be grounds for termination.
- 11) Should the employee dispute the positive result of a controlled substance test, he/she may request that second test be performed on the split sample specimen.

This test will be performed at the employee's expense and payment in advance of the test may require a review by management. This may necessitate discipline, up to and including termination.

### **PROSPECTIVE EMPLOYEES**

In those situations where a prospective employee either refuses to be tested or whose test results are positive, the conditional offer of employment by the **City of Providence** will be withdrawn.

**WHERE THERE ARE LEGAL DIFFERENCES IN THE REQUIREMENTS UNDER THE OMNIBUS TRANSPORTATION ACT AND THIS POLICY, THE ACT TAKES PRECEDENCE.**

## RANDOM ALCOHOL AND CONTROLLED SUBSTANCE TESTING

### APPLICABILITY

All persons who hold a Commercial Driver's License, based upon job description requirements.

### PURPOSE

To conform with the requirements under **The Omnibus Transportation Act**.

It is a requirement of the Federal Government that employees who possess a Commercial Driver's License to be subject to random Alcohol & Controlled Substance Testing.

### PROCEDURES

When you report for the test, you are to present your Commercial Driver's License as your identification.

As a result of such testing, if the determination of either test is positive, the following steps will be taken:

#### **A. ALCOHOL TESTING**

If the results of the screening alcohol test result in a breathalyzer reading above 0.02, the employee will be re-tested within 20 minutes. If the results of the confirmation alcohol test result in 0.02-0.039 breathalyzer reading, the employee will be removed from safety sensitive duties for a minimum of 24 hours.

If the confirmation breathalyzer test result is 0.04 or higher blood alcohol level, the employee will be removed from safety-sensitive functions until he/she has completed the following:

- a. Substance abuse evaluation
- b. Rehabilitation when necessary
- c. When a substance abuse professional determines that the employee has successfully complied with any required rehabilitation
- d. When the employee has completed a return-to-duty controlled substance and alcohol test. Alcohol test results must show a concentration below 0.02.

#### **B. ALCOHOL & SUBSTANCE ABUSE**

1. At the time of release from a treatment and counseling program, the employee must submit to return-to-duty alcohol and controlled substance testing before being allowed to return to work.
2. If either the controlled substance test is positive or the result of the alcohol test is 0.02 or above, the employee will not be allowed to return to work and his/her employment will be terminated.
3. If the results of both tests are negative, the employee will be allowed to return to work at his/her former position.
4. At the time the employee returns to work, he/she will again be subject to all aspects of alcohol & controlled substance testing under **The Omnibus Transportation Act**. This will include both follow-up testing procedures as well as continued participation in the random testing pool.

5. Where an employee has already tested positive, any further positive results in any alcohol and controlled substance testing, will be considered grounds for termination.
6. Should the employee dispute the positive result of a controlled substance test, he/she may request that a second test be performed on the split sample specimen.  
  
This test will be performed at the employee's expense and payment in advance of the test may be required by the testing facility.
7. Refusal to submit to testing of breath and/or urine for alcohol and/or drug is considered a positive result and will require a review by management. This may necessitate discipline, up to and including termination.

**WHERE THERE ARE DIFFERENCES IN THE REQUIREMENTS UNDER THE OMNIBUS  
TRANSPORTATION ACT AND THIS POLICY, THE ACT TAKES PRECEDENCE.**

# REASONABLE SUSPICION ALCOHOL & CONTROLLED SUBSTANCE TESTING

## APPLICABILITY

All persons holding a Commercial Driver's License.

## PURPOSE

To conform with the requirements under **The Omnibus Transportation Act** when an employer has made certain observations as to a driver's appearance, behavior, speech or body odor.

When such observations have been made, the employee will be required to report to a designated collection site for both alcohol and controlled substance testing.

An employee is **not** to be allowed to drive either his/her own vehicle to a City-owned vehicle to a test site when there is reasonable suspicion of alcohol or controlled substance use. A supervisor will drive the employee to the test site.

## PROCEDURES

When you report for the test, you are to present your Commercial Driver's License as identification.

As a result of such testing, if the results of either test are positive, the following steps will be taken:

### **A. ALCOHOL TESTING**

If the results of the screening alcohol test result in a breathalyzer reading above 0.02, the employee will be re-tested within 20 minutes. If the results of the confirmation alcohol test result in 0.02 – 0.039 breathalyzer reading, the employee will be removed from safety sensitive duties for a minimum of 24 hours.

If the test confirmation result is 0.04 or higher blood alcohol level, the employee will be removed from safety-sensitive functions until they have completed the following:

- a. Substance abuse evaluation
- b. Rehabilitation when necessary
- c. When a substance abuse professional has determined that the employee has successfully complied with any required rehabilitation.
- d. When the employee has completed a return-to-duty controlled substance test and alcohol test. Alcohol test results must show a concentration below 0.02.

If an employee subject to reasonable suspicion of alcohol and/or controlled substance testing has confirmation test results of 0.02 or higher on the alcohol test, he/she must **not** be allowed to drive from the testing facility to his/her place of employment or home.

### **B. SUBSTANCE ABUSE**

- 1) The employee will be referred to a Substance Abuse Professional for a program of treatment and counseling.

- 2) During this period of treatment and counseling, the employee will not be allowed to work.
- 3) The employee will be allowed to use any available accumulated sick or vacation time during this treatment period.
- 4) The Director of Personnel will be provided with on-going medical reports dealing with the diagnosis of and progress being made by the employee.

In order to be allowed to return to his/her position, the employee must have completed the following:

- a. Substance Abuse Evaluation
- b. Rehabilitation when necessary
- c. When a substance abuse professional determines that the employee has successfully complied with any required rehabilitation
- d. Completed a return-to-duty controlled substance test and alcohol test. Alcohol test results must show a concentration below 0.02.

#### **C. ALCOHOL & SUBSTANCE ABUSE**

1. At the time of release from a treatment and counseling program, the employee must submit to return-to-duty alcohol and controlled substance testing before being allowed to return to work.
2. If either the controlled substance test is positive or the result of the alcohol test is 0.02 or above, the employee will not be allowed to return to work and his/her employment will be terminated.
3. If the results of both tests are negative, the employee will be allowed to return to work at his/her former position.
4. At the time the employee returns to work he/she will again be subject to all aspects of alcohol and controlled substance testing under **The Omnibus Transportation Act**. This will include both follow-up testing procedures as well as continued participation in the random testing pool.
5. Further positive results in any alcohol and controlled substance testing will be considered to be grounds for termination.
6. Should the employee dispute the positive result of a controlled substance test, he/she may request that a second test be performed on the split sample specimen.

This test will be performed at the employee's expense and payment in advance of the test may be required by the testing facility.

7. Refusal to submit to testing of breath and/or urine for alcohol and/or drugs is considered a positive result and will require a review by management which may necessitate discipline, up to and including termination.

**WHERE THERE ARE LEGAL DIFFERENCES IN THE REQUIREMENTS UNDER THE OMNIBUS TRANSPORTATION ACT AND THIS POLICY, THE ACT TAKES PRECEDENCE.**

# POST ACCIDENT ALCOHOL & CONTROLLED SUBSTANCE TESTING

## APPLICABILITY

All persons holding a Commercial Driver's License.

## PURPOSE

To conform with the requirements under the Omnibus Transportation Act.

## PROCEDURES

When you report for the test, you are to present your Commercial Driver's License as your identification.

It is the City's policy to test employees who possess a Commercial Driver's License under any of the following circumstances:

- 1) When involved in any type of traffic accident
- 2) When the accident has involved a fatality; or
- 3) When either of the following occurs:
  - (a) When bodily injury has occurred which requires medical attention
  - (b) When one or more motor vehicles involved in the accident has sustained damage which requires one or more of the motor vehicles to be towed away

In such cases, all work related activity being performed by a City of Providence employee is to cease immediately. The driver of the vehicle is to be transported to the designated testing site by their Supervisor. The driver is not to transport himself/herself to the testing site in either a privately owned or City vehicle. The driver is prohibited from consuming alcohol for 8 hours following the accident or until a post-accident alcohol test has been performed.

As a result of such testing, if the determination of either test is positive, the following steps will be taken:

### A. ALCOHOL TESTING

If the results of the screening alcohol test result in a breathalyzer reading above 0.02, the employee will be re-tested within 20 minutes. If the results of the confirmation alcohol test in 0.02 – 0.039 breathalyzer reading, the employee will be removed from safety sensitive duties for a minimum of 24 hours.

If the test confirmation result is 0.04 or higher blood alcohol level, the employee will be removed from safety-sensitive functions until they have completed the following:

- a. Substance abuse evaluation
- b. Rehabilitation when necessary
- c. When a substance abuse professional determines that the employee has successfully complied with any required rehabilitation
- d. When the employee has completed a return-to-duty controlled substance test and alcohol test. Alcohol test results must show a concentration below 0.02.



If an employee subject to Post-Accident alcohol and controlled substance testing has confirmation test results of 0.02 or higher on the alcohol test, he/she must not be allowed to drive from the testing facility to his/her place of employment or home.

If the result of the Post-Accident test is positive, and the accident has resulted in death or bodily injury, it will be considered grounds for termination.

**B. SUBSTANCE ABUSE**

- 1) The employee will be referred to a Substance Abuse professional for a program of treatment and counseling.
- 2) During this period of treatment or counseling, the employee will not be allowed to work.
- 3) The employee will be allowed to use any available accumulated sick or vacation time during this treatment period.
- 4) The Director of Personnel will be provided with on-going medical reports dealing with the diagnosis of and progress being made by the employee.

In order to be allowed to return to his/her position, the employee must have completed the following:

- a. Substance Abuse Evaluation
- b. Rehabilitation when necessary
- c. When a substance abuse professional determines that the employee has successfully complied with any required rehabilitation
- d. Completed a return-to-duty controlled substance test and alcohol test. Alcohol test results must show a concentration below 0.02.

If the result of the Post-Accident test is positive and the accident has resulted in either death or bodily injury, it will be considered grounds for termination.

**C. ALCOHOL & SUBSTANCE ABUSE**

- 1) At the time of release from a treatment and counseling program, the employee must submit to return-to-duty alcohol and controlled substance testing before being allowed to return to work.
- 2) If either the controlled substance test is positive or the result of the alcohol test is 0.02 or above, the employee will not be allowed to return to work and his/her employment will be terminated.
- 3) If the result of both tests are negative, the employee will be allowed to return to work at his/her former position.
- 4) At the time the employee returns to work he/she will again be subject to all aspects of alcohol and controlled substance testing under **The Omnibus Transportation Act**. This will include both follow-up testing procedures as well as continued participation in the random testing pool.

- 5) Further positive results in any alcohol and controlled substance testing, under **The Omnibus Transportation Act**. This will include both follow-up testing procedures as well as continued participation in the random testing pool.
- 6) Should the employee dispute the positive result of a controlled substance test, he/she may request that a second test be performed on the split sample specimen.

This test will be performed at the employee's expense and payment in advance of the test may be required by the testing facility.

- 7) Refusal to submit to testing of breath and/or urine for alcohol and/or drugs is considered a positive result and will require a review by management. This may necessitate discipline, up to and including termination.

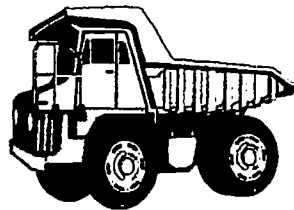
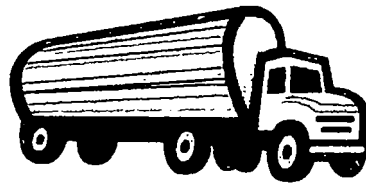
WHERE THERE ARE LEGAL DIFFERENCES IN THE REQUIREMENTS UNDER THE **OMNIBUS TRANSPORTATION ACT** AND THIS POLICY, THE **ACT** TAKES PRECEDENCE.

# The Newport Alliance

The Hardon-Carey Building Suite 640 19 Friendship Street Newport, RI 02840 Phone (800) 223-2133 Fax (401) 338-6047 Email: [info@newportalliance.org](mailto:info@newportalliance.org)

## Drug & Alcohol Testing Employee Handbook

### *CDL Program*



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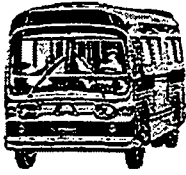
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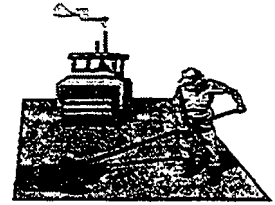
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## **SAFETY SENSITIVE FUNCTIONS**



**Safety-sensitive function** means all time from the time a driver begins to work or is required to be in readiness to work until the time the employee is relieved from work and all responsibility for performing work. **Safety-sensitive functions shall include:**

1. All time at an employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer;
2. All time inspecting equipment as required by the Federal Motor Carrier Safety Regulations or otherwise inspecting, servicing, or conditioning any CDL vehicle at any time;
3. All time spent at the driving controls of a CDL vehicle in operation;
4. All time, other than driving time, in or upon any CDL vehicle (except time spent resting in a sleeper berth);
5. All time loading or unloading a CDL vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; and
6. All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.



# OVERVIEW OF DRUG & ALCOHOL RULES

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## I. Applicability

- A. Applies to every person who operates a commercial motor vehicle in interstate or intrastate commerce and is subject to the commercial driver's license (CDL) requirements.



- B. Commercial motor vehicle is one used to transport passengers or property if it:

1. Has a gross combination weight rating of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
2. Has a gross vehicle weight rating of 26,001 or more pounds; or
3. Is designed to transport sixteen (16) or more passengers, including the driver; or
4. Is of any size and is used in the transportation of materials found to be hazardous and is required to be placarded.
5. Off-the-road construction equipment and pick-up trucks, except as in 4 above, are not covered under these regulations.

- C. Employer who employs himself/herself as a driver must comply with both the employer and employee requirements.
- D. The federal rules preempt any state or local law, rule, regulation, or order. However State or local governments can establish policies that exceed these requirements.

## II. Prohibitions for Drivers



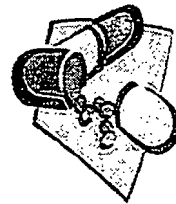
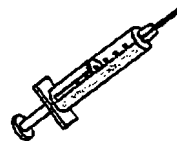
### A. Alcohol

1. A driver with a result of 0.020 - 0.039 will be removed from performing safety-sensitive duties for a minimum of 24 hours. *Upon a test result of 0.040 or greater the employee will be removed from safety-sensitive duties until the employee is evaluated by a SAP, the employee is authorized to take a return-to-duty test, and the test result is negative.*

2. No driver shall be on duty or operate a commercial motor vehicle while the driver possesses alcohol, unless the alcohol is manifested and transported as part of a shipment. **In addition, prescription, non-prescription drugs, and materials containing alcohol are not allowed to be carried in a CDL vehicle unless it is manifested.**



3. No driver shall use alcohol while performing safety-sensitive functions.
4. No driver shall perform safety-sensitive functions within four (4) hours after using alcohol.
5. No driver required to take a post-accident alcohol test shall use alcohol for eight (8) hours following the accident, or until (s)he undergoes a post-accident test, whichever occurs first.
6. Refusal to take a required test.



#### ***B. Controlled Substances***

1. No driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions when the driver uses any controlled substances.
2. Prescription and non-prescription drugs are not allowed to be carried in a CDL vehicle unless it is manifested. The only exception is when use is under physician order and does not impair ability to operate a CDL motor vehicle.
3. Refusal to take a required test.

### **III. Tests Required for Alcohol and Controlled Substance**

#### ***A. Pre-employment***

1. Controlled substance testing must be done prior to first time a driver performs safety-sensitive functions for an employer. **No alcohol test is required.**
2. Employer is not required to administer a controlled substance test required by A(1) of this section if:
  - a) the driver has participated in a DOT drug testing program within the previous 30 days; and

- b) while in that program was tested for controlled substances within the past six (6) months (from the date of application with the employer); or
- c) participated in a random controlled substance testing program for the previous 12 months (from date of application); and
- d) the employer can ensure that no prior employer of the driver known to the employer has records of any violation of the DOT rules within the previous six (6) months.



### ***B. Post-Accident***

(Please use the forms outlined later in this guide to assist with post-accident testing.)

1. Testing is required when an accident involves a fatality or the driver receives a moving violation citation arising from the accident and (1) a vehicle must be towed or (2) an injury requires treatment away from the scene.



2. Alcohol test must be done within eight (8) hours. If driver is not tested within two (2) hours, the employer shall prepare and maintain on file a record stating the reason a test was not promptly administered. Driver must remain available and refrain from consuming alcohol for the entire (8) hour post-accident period or until (s)he is tested, whichever comes first.
3. Controlled substance testing must be done within 32 hours. If the driver has not been tested within 32 hours, the employer shall prepare and maintain on file a record stating the reason a controlled substance test was not promptly administered.
4. Failure to meet above deadlines necessitates preparation of reports for possible FHWA submission.

### ***C. Random***

1. Annual rate of alcohol testing will be either 10% or 25% (based upon yearly FMCSA review).
2. Annual rate of controlled substance testing will be 25% or 50% (based upon yearly FMCSA review).
3. Alcohol and controlled substance tests must be unannounced and spread reasonably throughout the calendar year.





#### ***D. Reasonable Suspicion***

1. Employer shall require alcohol and/or controlled substance test when certain observations are made by a supervisor as to a driver's appearance, behavior, speech, or body odor that may indicate the employee is unfit for duty.
2. Person making this determination must have received CDL Supervisor training under the employer's program.

#### ***E. Return-to-Duty***

1. Alcohol test with the resulting concentration of less than 0.020 required, and/or;
2. Controlled substance test with a verified negative result.

#### ***F. Follow-up***

1. Driver subject to a **minimum** of six (6) unannounced follow-up alcohol and/or controlled substance tests within the first twelve (12) months of return to duty. At the discretion of the substance abuse professional, follow-up testing can be extended up to five years.

### **IV. Consequences for Drivers who Test Positive for Controlled Substances & Alcohol**

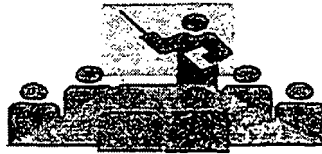
- A. Removal from safety-sensitive functions.
- B. Required evaluation and testing before return to safety-sensitive functions.
- C. Administrative discipline.
- D. Follow-up testing for up to five years.
- E. Other alcohol/drug-related consequences/restrictions.
  1. No driver who is found to have an alcohol concentration of **0.02 or greater but less than 0.04** shall perform or continue to perform safety-sensitive functions until the start of the driver's next regularly scheduled duty period, but not less than twenty-four (24) hours following the test.
  2. No employer action can be taken against a driver **based solely** on test results showing an alcohol concentration less than 0.02.

3. ***Any refusal to take an alcohol and/or drug test is considered a positive test result*** and the employee must be removed from safety sensitive duties until the employee is evaluated by a SAP, the employee is authorized to take a return-to-duty test, and the test is negative.

A "refusal" occurs when the driver:

- refuses to present for testing either verbally or in writing.
- fails to provide enough breath or saliva for alcohol testing or urine for controlled substance testing without a valid medical reason after being notified of the testing requirement.
- clearly obstructs the testing process (i.e. specimen substitution or specimen adulteration).

**V. Alcohol Misuse and Controlled Substance Use Information, Training, and Referral**

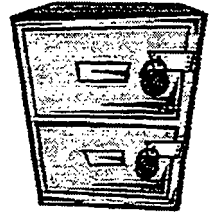


- A. Employer will provide employees with educational material explaining alcohol and controlled substance testing requirements and the employer's policies and procedures with respect to meeting these requirements.
- B. Employer will ensure that person(s) designated to determine whether reasonable suspicion exists to require a driver to undergo testing receives at least sixty (60) minutes of training on alcohol misuse and receives at least an additional sixty (60) minutes of training on controlled substance use.
- C. Employer will advise employees of resources available to driver in evaluation and resolving problems associated with the misuse of alcohol and use of controlled substances.
- D. Drivers identified as needing assistance in resolving alcohol and/or controlled substance problems will be evaluated by a substance abuse professional to review their rehabilitation program.



- E. Drivers will be subject to a return-to-duty test and unannounced follow-up alcohol and/or controlled substance testing for at least one year and up to five years at the discretion of the substance abuse professional.

**VI. Handling Test Results, Confidentiality, and Retention of Records**



- A. The vendor must maintain confidential records of employer's alcohol and controlled substance testing program, including all testing results and records related to the collection process, such as the list of random names selected.
- B. The employer representative designated by each agency, shall keep all documentation of training of supervisors and drivers.
- C. The employer representative, designated by each agency, shall keep all documentation of the justification for reasonable suspicion and post-accident testing, the time and date of employer's request to submit for testing, and verbal results of testing as communicated by the vendor.
- D. Employer will keep all evaluation and referral documentation.
- E. All records shall be maintained in a secure location with limited access. No one is permitted to release any drug and alcohol testing information without the proper authorization. Anyone found releasing confidential information without proper authorization shall face disciplinary action.



## ALCOHOL

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Alcohol is a class of chemical compounds, one of which is ethyl alcohol.

### Effects

As alcohol is carried through the bloodstream, it produces effects similar to those produced by ether, an anesthetic. Even in a person who has had one or two drinks, the depressant effects of alcohol may become evident through physical changes – a general slowing down of overall brain function, judgment, alertness, coordination, and reflexes. Furthermore, even this relatively light consumption of alcohol may result in some attitude and/or behavior changes. For example, a person who is under the influence of alcohol may evidence uncharacteristic hostility, or may take risks that (s)he usually would not consider – swimming alone, for example, or driving recklessly.

When alcohol is used in combination with other drugs, the physical effects can be serious and, in some cases, life-threatening. For instance, when used with a depressant drug or an antihistamine, alcohol can intensify the effects of that particular drug. When used with a seizure-control medication, alcohol may alter the desired effect of that drug by depressing liver function and metabolism. Some drug-alcohol interactions – particularly those involving antibiotics – may produce extreme discomfort in the form of nausea, sweating, severe headache, and convulsions.

Alcohol is an addicting substance. It is estimated that one out of every 8 or 10 people who drink alcoholic beverages eventually will become dependent on the substance and use it compulsively. Tolerance, or the ability to drink increasing quantities of alcohol without obvious effects, may develop with use of the substance over a period of time. Some clues to addiction may include loss of control over quantity consumed once drinking begins, memory blackouts, and uncharacteristic problems with family, school, work, or the law.

Heavy consumption of alcohol on a regular basis can lead to serious physical problems. Fatty liver, pancreatitis, chronic gastritis, inflammation of the esophagus, exacerbating peptic ulcers and cirrhosis are serious consequence of alcohol abuse that clearly contributes to the characterization of alcoholism as a fatal disease. A person who stops drinking after prolonged and heavy use of alcohol may suffer from severe withdrawal symptoms and possibly even delirium tremens, a life-threatening condition. For this reason, it is important that the detoxification process be monitored under medical supervision.

## ***EFFECTS OF ALCOHOL ON DRIVING***

A person operating a motor vehicle after drinking any amount of alcohol is likely to experience the following:

### **Impaired reaction time and impaired motor coordination**

- Reaction time is slowed resulting in delayed braking
- Thinking and reflexes slow, making accidents more likely in unexpected situations
- Over-reaction in steering resulting in swerving around other vehicles

### **Reduced Concentration**

- Memory is impaired and learning processes slowed
- Remembering sequences of numbers or directions can be difficult
- Usual concentration on defensive driving is replaced by daydreaming

### **Tendency to take unnecessary risks**

- Impaired judgment makes it more likely that driver will take unnecessary risks
- May also occur due to false sense of security

### **Possibility of reacting with anger toward other motorists**

- As blood alcohol level decreases, agitation may cause outbursts of anger

### **Euphoric high followed by a period of stupor inactivity**

- Daydreaming occurs and attention is diverted. Possibility of accidents is increased due to sluggishness and inattention.

### **Visual Distortion**

- Blurred and/or double vision occurs as with any depressant drug.

# MARIJUANA

## Description

Marijuana is classified as a Schedule 1 Controlled Substance under the Comprehensive Drug Abuse Prevention and Control Act. It is also one of the most misunderstood and underestimated drugs of abuse. People use marijuana for the mildly tranquilizing and mood perception altering effects it produces. Marijuana does not depress central nervous system reactions. It's action is almost exclusively on the brain, altering the proper interpretation of incoming messages.

- Usually sold in plastic sandwich bags, leaf marijuana will range in color from green to light tan. The leaves are usually dry and broken into small pieces. The seeds are oval with one slightly pointed end. Less prevalent, hashish is a compressed, sometimes tar-like substance ranging in color from pale yellow to black. It is usually sold in small chunks wrapped in aluminum foil.
- Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense.
- Cigarette papers, roach clip holders and small pipes made of bone, brass or glass are commonly found. Smoking "bongs" (large bore pipes for inhaling large volumes of smoke) can easily be made from soft drink cans and toilet paper rolls.
- Some street names include "grass," "pot," "weed," "hemp," "reefer," "joint," "dope," "loco weed," and "roach".

## Effects

When marijuana is inhaled, the first effects are usually felt within a few minutes. The effects proceed to peak in a period of time from ten minutes to a half-hour, and remain for approximately two to three hours. Generally, the effects of marijuana are time-limited and will dissipate as the drug wears off. The active ingredient, THC, is stored in body fat and is retained for several weeks. Specific physical effects of the drug include elevation of blood pressure and pulse rate, coughing, dryness of the mouth and throat, slight decrease in body temperature, sudden appetite, and swollen red eyes.

It is important to note that an individual's physical and psychological experiences with marijuana depend to some degree on three variables: 1) strength or potency of the marijuana itself; 2) the individual's psychological state prior to use; and 3) the setting in which the substance is used. A first-time or inexperienced marijuana user may experience a panic reaction further characterized by paranoia. The user's feelings may range from general suspicion to intense fear of losing control.

The mood-altering property of this substance creates distortions of time, reality, and perception, often-impairing short-term memory. For example, the marijuana user may not remember what he or she was thinking or talking about only minutes after a thought or conversation occurs. It has been found that marijuana adversely affects a person's concentration, reflexes, and motor skills, and that it has the effect of speeding up but fragmenting thought processes.

It has been found that frequent, long-term use of marijuana can affect the user in a variety of ways. Some studies show that this substance may create or aggravate certain dysfunctions related to thinking, learning, and recall. Marijuana may also impair a person's ability to drive or do other things that require physical and intellectual capabilities. The marijuana user may become listless, tired, inattentive, careless about personal grooming, withdrawn, and apathetic about activities and friends that were once important to him or her.

### ***IMMEDIATE EFFECTS***

- Reddened eyes (often masked by eyedrops)
- Increased heart rate
- Slowed speech
- Distinctive odor on clothing
- Dry mouth and throat

### ***CHRONIC AND LONG TERM EFFECTS:***

- Reduction in efficiency of the respiratory, cardiovascular, reproduction and immune system
- Impaired short-term memory
- Altered sense of time
- Slowed reaction time
- Reduced ability to concentrate
- Impaired motor skills
- Irritating cough, chronic sore throat
- Chronic fatigue and lack of motivation

### ***EFFECTS OF MARIJUANA ON DRIVING***

- **Impaired Reaction Time** – Reaction time is increased, and braking time is slowed. Thinking and reflexes are slowed, making it difficult to respond to sudden, unexpected events.
- **Impaired Short Term Memory** – The learning process is slowed. Remembering a sequence of numbers or memorizing and following a series of directions becomes difficult.
- **Reduced Concentration** – Inability to display continuous attention or handle a confusing situation. There is difficulty with quick decisions to avoid accidents.
- **Impaired Tracking** – The act of keeping track of another moving vehicle is significantly diminished. Tracking can be affected up to ten hours after use.
- **Distorted Time and Distance Sense** – The ability to perceive accurately the passage of time is adversely affected. The user typically overestimates the time that has elapsed.
- **Lack of Control of Vehicle Velocity and Proper Positioning** – Responding to wind gusts, driving through curves, and maintaining speed and proper following distance is impeded.
- **Lengthened Glare Recovery and Blurred/Double Vision. Distorted Visual and Depth Perception** – Confusion is created about traffic movement and appropriate driver response.

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## COCAINE

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### Description

Cocaine is classified as a Schedule II Controlled Substance under the Comprehensive Drug Abuse Prevention and Control Act. Cocaine is used medically as a local anesthetic. It is abused as a powerful physical and mental stimulant. The entire central nervous system is energized. Muscles are more tense, the heart beats faster and stronger, and the body burns more energy. The brain experiences an exhilaration caused by a large release of neurohormones associated with mood elevation.

- The source of cocaine is the coca bush, grown almost exclusively in the mountainous regions of northern South American.
- Cocaine hydrochloride – “snorting coke” is a white to creamy granular or lumpy powder that is chopped into a fine powder before use. It is snorted into the nose, rubbed on the gums or injected in veins. Common paraphernalia includes a single-edged razor blade and a small mirror or piece of smooth metal, a half straw or metal tube, and a small screw-cap vial or folded paper packet containing the cocaine.
- Cocaine Base – “rock, crack or free base” is a small crystalline rock about the size of a small pebble. It boils at a low temperature, is not soluble in water, and is up to 90 percent pure. It is heated in a glass pipe and the vapor is inhaled. The effect is felt within several seconds. Common paraphernalia includes a “crack pipe” (a small glass smoking device for vaporizing the crack crystal) and a lighter, alcohol lamp or small butane torch for heating.
- Some street names include “coke,” “flake,” “crack” and “snow.”

### Effects

When cocaine is snorted or injected, the effects are usually felt within a few minutes and last less than one hour. Even when taken in relatively low dose, cocaine may produce accelerated heartbeat and respiration rate, an increase in body temperature, dilated pupils, and perspiration. As a result of these physical effects, the user is then likely to experience a sudden increase in alertness and energy, followed by a general feeling of well-being and loss of appetite. This temporary sense of mental and physical well-being may then be followed by an episode of depression. Other effects of cocaine on the individual will be based on the user's expectations, circumstances of use, personal history of other substance use and/or abuse, and whether or not the cocaine used has been “cut” with other substances or chemicals. When cocaine is injected or smoked, the user is likely to feel an immediate “rush” of intense euphoria accompanied by the effects just mentioned. Users who inject or smoke the substance run the risk of developing infection or hepatitis from contaminated equipment. Users who smoke the substance (“freebase”) are risking cardiac arrhythmia, convulsions, seizures, and suppression of breathing.

The seemingly positive effects of this substance make it a very seductive one. But when cocaine is used in large doses over a long period of time, it can actually create or intensify feelings of anger, restlessness, paranoia, and fear. Some cocaine users, in fact, lose their sense of reality and begin to see, hear, and feel things that are only products of their imagination. The lack of food and sleep often associated with cocaine use is likely to



complicate and intensify the effects of the drug itself. Long-term use of the substance may depress the function of the nervous system to the point that the brain, in effect, forgets to tell the heart to pump the lungs to breathe; seizures and death may follow.

### ***IMMEDIATE EFFECTS***

- Dilated pupils and visual impairment
- Increased blood pressure, heart rate, respiration rate, and body temperature
- Euphoria
- Talkativeness

### ***CHRONIC AND LONG TERM EFFECTS***

- Irritability, anxiety and depression
- Seizure and heart attack
- Short attention span
- Loss of appetite and sleeplessness
- Hallucinations of touch, sight, taste, and/or smell
- Financial problems
- Frequent and extended absences from work
- Increased physical activity and fatigue
- Isolation and withdrawal from friends and normal activities
- Secretive behaviors, frequent non-business visitors, delivered packages, phone calls
- Wide mood swings
- Runny or irritated nose
- Difficulty in concentration
- Restlessness, aggressive behavior
- Formication (sensation of bugs crawling on skin)
- High blood pressure, heart palpitations and irregular rhythm
- Hyperexcitability and overreaction to stimulus
- Profuse sweating and dry mouth

### ***EFFECTS OF COCAINE ON DRIVING***

- **Lapses in Attention and Concentration** – Driving awareness is adversely affected regardless of the amount used.
- **Aggressive Behavior** – The common signs are anger and hostility toward other drivers as well as impatience and inappropriate risk-taking. The driver often overacts to minor traffic irritations.
- **Over-Stimulated Reflexes Affect Tendency to Overreact & Overcompensate** – Acceleration, braking, shifting, etc.
- **Impaired Motor Coordination** – A decrease in hand-steadiness and eye/hand coordination affects proper driving response.
- **Periods of Loss of Consciousness** – This is the result of fatigue due to lack of sleep and food.
- **False Sense of Alertness and Security** – Drivers become overly confident in driving judgment and skill. This affects their ability to perceive impending danger.

- **Distorted Vision and Difficulty in Seeing** – The pupils are so dilated that sunlight or bright headlights cause pain and discomfort. Glare recovery is also affected.
- **Auditory and Visual Hallucinations** – Changes in perception are experienced. The driver is out of touch with reality and loses sight of where he is going.
- **Profound Depression, Anxiety, Irritability and Restlessness** – cocaine is a fast acting drug. The euphoria ends in less than an hour. The user is more depressed after using cocaine than before use. The higher the “high” the lower the “low”.



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## **NARCOTICS (including "OPIATES")**

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### **Description**

Narcotics are classified as Schedule I, II, III and V Controlled Substances under the Comprehensive Drug Abuse Prevention and Control Act.

Opiates are narcotic drugs that alleviate pain, depress body functions and reactions and, when taken in large doses, cause a strong euphoric feeling.

- Natural and natural derivative – opium, morphine, codeine and heroin
- Synthetics – meperidine (Demerol), oxymorphone (Numorphan) and oxycodone (Percodan)
- May be taken in pill form, smoked or injected depending upon the type of narcotic used.
- Some street names for opiates include "smack," "junk," "dope," "horse," "stuff," "heroin," "scag" and "opium".

### **Effects**

Narcotics cause a depression of the central nervous system that is characterized by drowsiness, clouding of mental processes, apathy, and a slowing of reflexes and physical activity. Many people report that narcotics give them an overall sense of detachment from physical pain and the surrounding environment; some people report experiencing a "high" or a rush of euphoria with narcotic use.

Tolerance to narcotics develops with continued use. All narcotics are considered addicting substances, but heroin is considered the most potent of these drugs. Withdrawal from narcotics is an uncomfortable and sometimes complicated process that requires medical supervision. Because of the potency and fast-acting properties of these drugs, withdrawal symptoms begin only eight to twelve hours after the last dose of the substance is taken. Typical symptoms of withdrawal from narcotics include frequent yawning, "goose-flesh" skin, watery eyes, runny nose, dilated pupils, and body chills. Although rare, complications of withdrawal from narcotics may lead to convulsions and other medical emergencies.

### ***IMMEDIATE EFFECTS***

- Relaxation and induced sleep
- Reduction of pain
- Decrease in size of pupils
- Cold, moist and bluish skin
- Constricted pupils

### ***CHRONIC AND LONG TERM EFFECTS***

- Restlessness, nausea, vomiting and constipation
- Mood changes
- Impaired mental functioning and alertness
- Impaired vision

### ***CHRONIC AND LONG TERM EFFECTS (CONT'D)***

- Depression and apathy
- Impaired coordination
- Addiction even with occasional use
- Infections of the heart lining and valves, skin abscesses, and congested lungs
- Infections from unsterile solutions, illness such as liver disease, tetanus, serum hepatitis and AIDS from use of needles
- Breathing slows down, and death may occur
- User may go "on the nod" going back and forth from feeling alert to drowsy

### ***EFFECTS OF NARCOTICS ON DRIVING***

- **Effects of Intoxication** – These effects are similar to those produced by alcohol abuse.
- **False Sense of Security** – This state of mind will cause the driver to take more chances and risks.
- **Euphoric High Followed by a Period of Stupor Inactivity** – The driver daydreams while in this state of mind. Attention is not given to the road conditions and/or traffic situations. This subsequently creates the probability of a collision.
- **Difficulty in Focusing** – The pupils are so constricted (pinpoint size) that vision is impaired.
- **Visual Distortion** – Blurred and/or double vision occurs as it does with any depressant drug.
- **Coma** – This creates an obvious safety risk.

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## PHENCYCLIDINE (PCP)

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### Description

PCP is classified as a Schedule 1 Controlled Substance under the Comprehensive Drug Abuse Prevention and Control Act. PCP was originally developed as an anesthetic, but the adverse side effects prevented its use except as a large animal tranquilizer. PCP was withdrawn from the market because of its effects. Now solely manufactured illegally.

- PCP is sold as a creamy, granular powder and often packaged in one inch square aluminum foil or folder paper "packets."
- It may be mixed with marijuana or tobacco and smoked. It is sometimes combined with procaine, a local anesthetic, and sold as imitation cocaine.
- Street names for PCP include "angel dust," "embalming fluid," "rocket," "hog," "crystal," "peace pill" and "tranq."

### Effects

Even in relatively small doses, PCP is capable of producing a "high" in the user, with an accompanying increase in blood pressure, respiration, and pulse rate. Other physical effects of the drug are likely to include sweating, dizziness, flushing of the face, loss of coordination, slurred speech, and muscle rigidity. While the effects of this substance have not yet been systematically explored, PCP is thought to be an addicting substance. Large doses of the substance may cause convulsions and an overall depression of the central nervous system that resembles a coma-like state. Depending on the amount, frequency, and method of PCP use, this drug may be responsible for significant emotional changes in the user. The psychological effects of PCP use often mimic primary symptoms of schizophrenia. For example, the user may feel threatened and fearful without apparent cause, and (s)he may develop an ongoing suspicion of others (paranoia). The PCP user may also exhibit extreme excitability and/or hostility that may erupt in episodes of violence.

### **IMMEDIATE EFFECTS:**

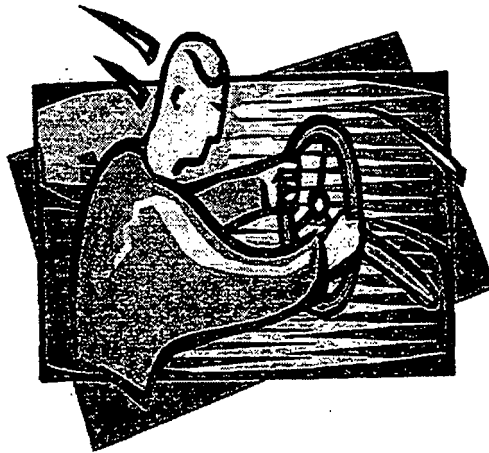
- Increased heart rate and blood pressure
- Flushing, sweating, dizziness and numbness

### **CHRONIC AND LONG TERM EFFECTS:**

- Stimulation (speeding up) of body functions (may also act as a depressant, pain killer, anesthetic, or hallucinogenic drug)
- Change in user's perception of own body and other forms
- Changes in speech, muscle coordination and vision
- Slowing of body movements
- Dulled sense of touch and pain
- "Spacing out" of time
- Death from repeated convulsions, heart and lung failure or ruptured blood vessels in the brain
- Signs of paranoia, fearfulness and anxiety

## ***EFFECTS OF PCP ON DRIVING***

- **A Feeling of Owning the Road** – The user feels that (s)he is the superior being on the road.
- **Sense of Invulnerability and Power** – This causes the driver to take more risks on the road.
- **Aggressive Behavior** – This drug creates a very aggressive, hostile and violent driver with very little patience and no fear of death.
- **Auditory and Visual Hallucination** – This creates the likelihood of the driver reacting to something not there, causing a collision.
- **Visual Distortion** – Blurred and/or double vision can occur.
- **Convulsions, Coma and/or Death** – This creates the obvious possibility of a collision.
- **Impaired Coordination & Dulled Senses** – Loss of perception of time. Time appears to slow down.



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## AMPHETAMINES

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### Description

Amphetamines are classified as Schedule II Controlled Substances under the Comprehensive Drug Abuse Prevention and Control Act, and include amphetamine, dextroamphetamine, and methamphetamine.

- Amphetamine ("speed") is sold in counterfeit capsules or as white, flat, double-scored "mini bennies." It is usually taken by mouth.

### Effects

Given their ability to stimulate the release of adrenaline, amphetamines cause body systems to operate at an increased rate. A related and common effect of these drugs has contributed to their popularity over the years; it appears that amphetamines can reduce appetite while maintaining or even increasing energy level. Over a period of time, however, this chemically stimulated reduction in appetite can lead to malnutrition. Furthermore, people who lose weight through the use of amphetamines are likely to regain that weight soon after pill use ceases, particularly if their eating habits have not otherwise changed.

When used consistently and in high doses, these stimulant drugs may cause serious problems typically associated with long periods of wakefulness. For example, users may develop symptoms of paranoia, or experience unusual sensations, or they may have hallucinations. The physical effects of prolonged use of amphetamines – particularly when taken by injection – can result in amphetamine psychosis (symptoms of severe mental disorder) and damage to the liver, heart, and circulatory system.

### **IMMEDIATE AMPHETAMINE EFFECTS:**

- Increased heart rate and respiration
- Increased blood pressure
- Dilated pupils
- Dry Mouth

### **CHRONIC AND LONG TERM EFFECTS**

- Sweating, headache, blurred vision, and dizziness
- Decreased appetite
- Sleeplessness/anxiety/depression
- Rapid or irregular heartbeat
- Tremors/loss of coordination
- Physical collapse/brain damage
- Amphetamine psychosis: hallucinations, delusions, or paranoia

## ***EFFECTS OF AMPHETAMINES ON DRIVING***

- **Over-Estimation of Performance Capabilities** – Driver takes more risks as the result of this attitude.
- **Anxiety, Irritability and Frequent Over-Reaction** – Minor irritations create angry driver reactions
- **Extreme Mental and Physical Fatigue** – This occurs during the “down” period. During this time the driver is unable to concentrate and make sound judgments.
- **Food and Sleep Deprivation** – Leads to inappropriate increased vehicle speed. Amphetamine psychosis can also result: the driver is out of touch with reality and does not know where (s)he is going.



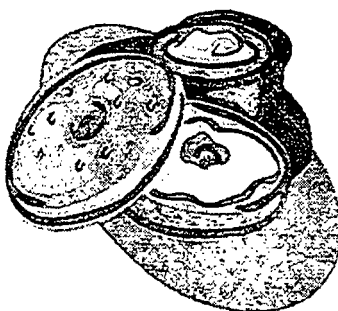


## POPPY SEEDS

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Poppy Seeds are the source of morphine, codeine and opium. Heroin is synthesized from opium by heating it with acid. All of these chemicals are part of the class of drugs called "opiates". Ingesting poppy seeds will not give a sensation of being "high" but morphine and lesser amounts of codeine will be excreted in the urine. This will cause a positive drug test but much less frequently now that the cut-off for these opiates was raised to 2000 ng/mL. There is an additional test for heroin, called 6-AM which is never positive from poppy seeds.

Poppy seeds vary in their opiate content depending on where in the world the poppy plant is grown. They are used in cooking many different baked goods and foods. One poppy seed bagel or muffin can be enough if eaten close to a drug test.



When a drug test comes back positive for morphine or codeine the Medical Review Officer (MRO) calls the donor to determine if the test is positive as a result of a prescription and if verifiable, the test will be changed to negative. The MRO also will inquire if the donor has eaten any foodstuffs containing poppy seeds and may need to examine the donor to determine whether there are any signs of opiate abuse. If the drug test is positive as a result of poppy seed ingestion, it will be changed to be a negative drug test. If the 6-AM test is positive, it will be reported as positive for heroin.

## **PROCEDURES FOR BREATH ALCOHOL TESTING**

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A breath alcohol test will be conducted under the procedures required by mandatory regulations of the Department of Transportation. Evidential breath testing is reliable and highly accurate at detecting low alcohol concentrations.

### **Procedures**

- **Photo identification must be presented at the testing site, i.e., photo ID or identification by an authorized representative. Supervisors are to ensure that employees sent for testing have their photo ID (CDL License).**
- **The breath alcohol technician (BAT) will complete Step 1 on the Breath Alcohol Testing Form. The employee will be asked to complete Step 2 and sign the certification. Refusal to sign this certification will be regarded as a refusal to take the test.**
- **An individually-sealed mouthpiece will be opened and attached to the evidential breath testing device (EBT). The employee will be asked to blow forcefully into the mouthpiece for at least six seconds or until the EBT indicates that an adequate amount of breath has been obtained.**
- **The BAT will show the employee the displayed results of the screening test and record the results on the testing form. If the result is a breath alcohol concentration of less than 0.02, the BAT will date the form and sign the certification in Step 3. The employee will be asked to sign the certification and fill in the date in Step 4.**
- **If the result of the screening test is an alcohol concentration of 0.02 or greater, a confirmation test will be performed.**
- **Prior to the confirmation test, the employee will be instructed not to eat, drink, put any object or substance into your mouth, and, to the extent possible, not belch during a waiting period before this confirmation test. This instruction is for the employee's benefit as these actions could lead to an artificially high reading. The test will be conducted at the end of the waiting period, even if the above instructions have been disregarded.**
- **This waiting period begins with the completion of the screening test and shall not be less than 15 minutes. The confirmation test will be conducted within 30 minutes of the completion of the screening test.**
- **Prior to the confirmation test, the EBT will be cleared and a new mouthpiece will be used. The above procedures will be followed.**
- **The confirmation test result is deemed to be the final result upon which any action under operating administration rules shall be based. The results will not be released to anyone other than the employer without employee written consent.**

## CONSEQUENCES OF A POSITIVE BREATH ALCOHOL TEST RESULT

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Upon a confirmation test result of **0.02 – 0.039** breath alcohol level, the employee will be removed from safety-sensitive duties for a **minimum of twenty-four (24) hours**. Retest is not required.

Upon a confirmation test result of **0.04 breath alcohol level or greater**, the employee will be removed from safety-sensitive duties until, at a minimum, they have completed the following:

- Contacted EAP and undergone substance abuse evaluation and, where necessary, rehabilitation. A substance abuse professional determines that the employee has successfully complied with any required rehabilitation.
- Completed a *return to duty* breath alcohol test with a result of less than 0.02 breath alcohol level.
- The employee will be required to undergo at least six (6) unannounced follow-up alcohol and controlled substance tests within the first twelve (12) months of return to duty and up to five years as determined by the substance abuse professional.



## PROCEDURES FOR DRUG TESTING

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The collection of urine will be conducted under the procedures required by mandatory regulations of the Department of Transportation. These regulations allow for individual privacy unless there is reason to believe that a particular individual may alter or substitute the urine specimen to be provided. The collection site person(s) will take precautions to ensure that an employee's specimen is not adulterated or diluted during the collection procedure. The specimen collection must also follow strict chain of custody and security procedures.

### Procedure

- **Photo identification must be presented at the collection site or personal individual identification is necessary. Supervisors are to ensure that employees sent for testing have photo identification (CDL License.)**
- The employee will be asked to remove any unnecessary outer garments such as a coat and jacket. All personal belongings, like briefcases, will remain with the outer garments. A wallet may be retained.
- The employee will be instructed to wash and dry their hands prior to providing a specimen.
- The employee's specimen will be provided in the privacy of a stall or otherwise partitioned area that allows for individual privacy.
- After handing the specimen bottle to the collector, the employee should keep the specimen in full view at all times until it is sealed and labeled. This protects you against the wrong label being put on your bottle or someone possibly tampering with your specimen.
- If the collection site person has reason to believe that an employee may have altered or substituted the specimen, the person will notify a higher-level supervisor. Should an employee tamper, adulterate, or in any way attempt to dilute the specimen, the collection site person will request authorization to collect a second specimen under direct observation by a same gender collection site person.
- The employee will be asked to initial the identification label on the specimen (s)he provides.
- **After the laboratory analysis, the results will be forwarded to the Medical Review Officer.** Prior to making a final decision to verify a positive test result to the employer, the Medical Review Officer will give the employee an opportunity to discuss the test result and submit medical documentation of legally prescribed medications. The employee also can request split sample testing within seventy-two (72) hours, but the employee will be removed from safety-sensitive functions while split sample testing is being done.



- **The MRO will contact the employee directly to discuss a positive result.** If, after making all reasonable efforts the MRO is unable to reach the individual, the MRO will contact the designated employer representative who will direct the employee to contact the MRO as soon as possible. If the employee does not contact the MRO as directed, after five (5) days the MRO may verify a positive test to the employer. If the employer also cannot contact the employee directly, the drug test can be released in 14 days.
- **The results of the drug test will be released to the employer.** The results are made known to the Medical Review Officer and a management official having the authority to take action for drug use. The results of the drug test will not be released to anyone other than the employer without employee written consent.

## CONSEQUENCES OF A POSITIVE URINE DRUG TEST RESULT

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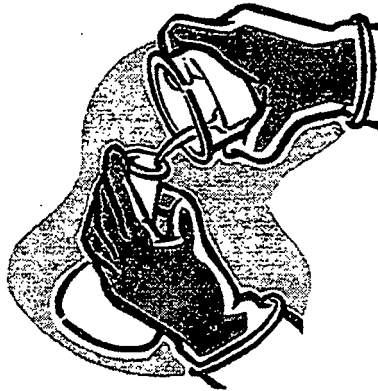
An employee must be removed from safety-sensitive duties if (s)he has a positive drug test. The removal cannot take place until the Medical Review Officer (MRO) has interviewed the employee and determined that the positive drug test resulted from the unauthorized use of a controlled substance. The following is required before an employee may return to safety-sensitive duties:

- Compliance with any required rehabilitation as stipulated by the SAP.
- The employee takes a return-to-duty drug test with a negative test result.
- Follow-up testing to monitor the employee's continued abstinence from drug use will be required. **A minimum of six (6) unannounced tests in the first twelve (12) months of an employee's return to duty and up to five years as determined by the substance abuse professional.**

## SPLIT SPECIMEN TESTING

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**DEFINITION:** A SPLIT SPECIMEN IS THE PART OF THE URINE SPECIMEN THAT IS SENT TO THE FIRST LABORATORY AND RETAINED UNOPENED, AND WHICH WILL BE TRANSPORTED TO A SECOND LABORATORY IN THE EVENT THAT THE EMPLOYEE REQUESTS IT BE TESTED FOLLOWING A VERIFIED POSITIVE TEST OF THE PRIMARY SPECIMEN.



Split specimen testing is mandated for FMCSA collections. Employees have 72 hours from the time of MRO notification of a positive test result to request a test of the split specimen. The request must be made to the MRO and may be verbal or in writing.

**Please note that removal from safety-sensitive duties as required by the regulations following a positive drug test is NOT delayed to await the result of the split specimen test.**

# **EMPLOYEE AWARENESS**

## **Use This Information to Identify Alcoholism or Other Drug Dependency**

The following information has been purposefully designed to provide you with information about alcohol and drug misuse and/or abuse. It does not make any difference what the drug of choice may be, any mood-altering drug can cause most of the effects noted in this information.

So, when you do find yourself thinking about your drinking or drug use, do not put it aside... look honestly at the facts.

**If, due to drinking or drug use, you are experiencing any of these life problems, you could be an alcoholic or drug dependent person:**

<b>EMOTIONAL</b> .....	You cannot understand what is wrong or you have said or done things you are ashamed of.
<b>PHYSICAL</b> .....	You do not feel as well as you should.
<b>RELATIONSHIPS</b> .....	You have hurt people you care about.
<b>FAMILY</b> .....	You have broken too many promises.
<b>FINANCIAL</b> .....	Your debts are mounting.
<b>EMPLOYMENT</b> .....	You know you could do a better job.
<b>LEGAL</b> .....	You got or just missed getting a D.W.I.
<b>SPIRITUAL</b> .....	You are losing your values and feelings.

**In other words, alcohol or other drugs are interfering with your life!**

### **DID YOU KNOW THAT ...**

An alcoholic is a person with a disease – alcoholism – not a person who is immoral, weak or stupid. Anybody can be an alcoholic. Drinking alcohol causes alcoholism if the right biological conditions exist.

If one finds oneself “defending their right to drink” they may be in active denial of a life threatening disease – alcoholism.

Alcoholism and other drug dependencies get progressively worse! Continued drinking or drug use fosters continued life problems to the point that life becomes unmanageable. Denial is the major block towards recovery. Denial progresses with continued use...the denial system becomes stronger...feeds the illness...causes the affected person to become seriously ill.



## **HERE ARE SOME BASIC EXAMPLES OF DENIAL**

**“No Big Deal”** -- claiming that you do drink, but in such a manner that you admit to less of what you really drink, such as: “I only have a few beers, big deal”, OR baling at the fact that drinking or drug use is causing you or anyone else any problems, such as: “Yeah, so what if I drink or smoke a joint, I’m not hurting anyone.”

**“Pointing the Finger”** -- accusing someone else of being the cause of your behavior, such as: “If you didn’t nag me so much, I wouldn’t have to drink” OR claiming that situations cause you to drink such as: “Don’t bug me, I have enough problems at work, I don’t need you giving me more problems.”

**“The Problem Is...”** -- providing reasons other than drinking/drugging to explain the cause or consequences of use, such as: “I know I have missed a lot of work lately, but I just can’t seem to shake this flu.”

**“Everybody Drinks in this Job...”** -- providing a self-serving analysis of drinking behavior such as: “The nature of my work is such that I am responsible for entertaining business associates. Drinking, of course, is involved.” OR “I enjoy a drink in the company of friends and family gatherings.”

## **ANSWER THE FOLLOWING QUESTIONS...**

*They may help you identify problems in drinking or drug use habits of those around you:*

### **1) Do you too often feel depressed?**

**FACT:** Alcohol, as a central nervous system depressant, quite literally can cause you to "cry in your beer." Other drugs also do the same when the "high" wears off.

### **2) Do you find that you experience anger or rage with little or no reason?**

**FACT:** Alcohol and other drugs can create acute effects that are not predictable to the user or anyone else. Chemically-induced mood swings create behavior problems for everyone concerned with the person.

### **3) Do you do things or say things that you too often regret?**

**FACT:** Alcohol and other drugs can cause a dramatic change in a person's perception of Others and cause inappropriate (and sometimes violent) reactions to otherwise inoffensive Conversation and events. It can cause a person to behave in ways that are totally opposite of their usual self.

### **4) Do you find yourself too often isolated from your family and friends?**

**FACT:** Drinking/drug use creates a conflict with priorities...the more important it becomes, the less important family and friends become.

### **5) Do you feel you have lost any feelings toward your spouse?**

**FACT:** Alcohol/drugs anesthetizes one's feelings – it overwhelms any relationship as it becomes the central focus in one's life.

### **6) Do you too often feel nervous or irritable?**

**FACT:** Alcohol reduces blood sugar levels. When alcohol is present in the body, the liver automatically concentrates on metabolizing it and a drop in sugar is likely. Symptoms include hunger, weakness, nervousness, sweating, headache, and tremors. The long term effects of other drugs are increased anxiety, moodiness, and irritability.

### **7) Do you suffer from loss of appetite?**

**FACT:** Alcohol is one of the most frequent causes of stomach problems. Any use of alcohol stimulates production of hydrochloric acid and irritates the stomach's lining.

### **8) Do you experience difficulty in concentrating?**

**FACT:** The alcohol found in beer, wine, and whiskey is called "ethanol." Ethanol is the liquid form of ether -- the anesthetic used by many dentists. Ethanol qualifies alcohol as a drug. Alcohol lowers the activity of the brain and interferes in normal functioning. **Alcohol is alcohol.** One-half ounce of pure alcohol is found in a 12-ounce can of beer, 6-ounce glass of wine, and 1-ounce of hard liquor. So, any alcohol impairs judgment and concentration. Other drugs such as marijuana or cocaine create short-term memory loss.

**9) Do you experience sexual problems?**

**FACT:** Alcohol can interfere with the physiological ability for sex. Shakespeare said it best: "It provokes the desire, but takes away the performance." In "provoking the desire," it may lower inhibitions to the point of releasing sexual desires (or fantasies) that are unacceptable to one's sexual partner.

**10) Do you make promises to your family which are seldom kept?**

**FACT:** Making frequent promises results from the person's attempt to make up for bad behavior as well as impending loss of love, respect, and acceptance. Breaking promises is a direct result of alcohol or drugs taking priority in life.

**11) Do you usually eat your meals out, after the family has eaten, or not at all?**

**FACT:** As alcoholism progresses it affects normal eating habits. Simply put, the alcoholic becomes malnourished as a result of drinking more and eating less. Food contains vitamins, minerals, and other essential substances, alcohol does not. The alcoholic's absence at family meals, again, is a result of drinking taking priority and also an attempt to avoid possible confrontation by the spouse or family regarding drinking.

**12) Is too much of your time spent sleeping late in the morning or napping?**

**FACT:** As the person continues to drink or drug, sleep disturbances are intensified. As a result of fatigue and in an effort to recover from the loss of necessary sleep for functioning, the affected person sleeps late or naps great amounts of time away. The combination of continued drinking or drug use and inappropriate sleeping patterns can result in chronic insomnia.

**13) Are your children afraid of you, or do they avoid you?**

**FACT:** Continued drinking or drug use causes emotional and behavioral dysfunction for the affected person as well as anyone involved in their lives. The unpredictable behavior of an alcoholic or drug dependent parent witnessed by a child causes insecurity, fear, confusion, and anger.

**14) Is your marriage or relationship in jeopardy?**

**FACT:** It has been estimated that 70% of divorce is the direct of alcoholism.

**15) Have you ever been hospitalized as a result of drinking or use of drugs?**

**FACT:** It has been estimated that over 65% of all hospital admissions are alcohol or drug related. The symptoms vary in degrees from minor injuries; physical warnings... cuts, sprains, broken bones, concussions, gastritis, vomiting, diarrhea, hyperventilating, heart palpitations... to major acute/chronic illnesses... convulsions, heart attacks, pancreatitis, and cirrhosis.

**16) Have you ever been or nearly been arrested for D.W.I.?**

**FACT:** Alcohol has a direct effect on anyone's capacity to operate a vehicle. Because alcohol is a drug it has the power to interfere with reflexes, judgment, and concentration.

**17) Does anyone in your family have a drinking problem?**

**FACT:** Children of alcoholics are at high-risk of contracting the disease. Research has proven that alcoholism is a generational illness which runs rampant in many families.

**18) Have you ever been late or absent from work due to your drinking or drug use?**

**FACT:** Absence from work due to drinking or drug use is a sign of a later-stage problem. It is proof positive that one's drinking or drug use has taken on such importance that it now interferes with (and jeopardizes) one's ability to earn a living.

**19) Do you feel that you could do a much better job at work than you do?**

**FACT:** If your job or career has been a rewarding experience for you and a major portion of your self-esteem comes from your employment, it is a crushing blow to discover that you can no longer "deliver" what you are capable of.

**Doesn't it make sense to seek professional advice if you think  
that you may have an alcohol or other drug problem?**

**BE GOOD TO YOURSELF!**

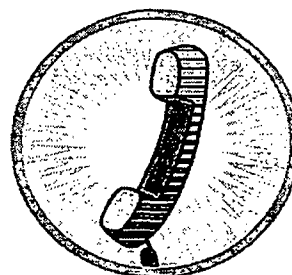
## ACCESS TO HELP

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### ***RESOURCES TO HELP EMPLOYEES***

If you think you may need assistance, please contact the company Employee Assistance Program, if available, or a local substance abuse counselor.

In addition, here are a few national help lines available.



**Alcoholics Anonymous (AA)**

**(212) 686-1100**

**Narcotics Anonymous (NA)**

**(818) 780-3951**

**Al-Anon**

**(800) 356-9996**

**American Council on Alcoholism Hotline**

**(800) 527-5344**

**National Council on Alcoholism & Drug Dependence**

**(800) 622-2255**

**Substance Abuse & Mental Health Services Administration  
Center for Substance Abuse Treatment**

**(800) 662-4357**

**1 800 COCAINE**—Information and referral hotline for rehabilitation and counseling services.

In an effort to assist businesses in the fight against substance abuse, the Department of Labor maintains a Web site located at [www.dol.gov/dol/workingpartners.htm](http://www.dol.gov/dol/workingpartners.htm). This site serves as a valuable resource in helping companies be alcohol and drug free.

## **SUBSTANCE ABUSE PROFESSIONAL (SAP)**

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The Omnibus Transportation Employees Testing Act of 1991 required that an opportunity for treatment be made available to covered employees. To implement this requirement in its alcohol and drug testing rules, the DOT established the role of "substance abuse professional (SAP).

The DOT rules require an employer to advise a covered employee who engages in conduct prohibited under these rules of the resources available for evaluation and treatment of substance abuse problems. Employers wishing to return an employee to safety-sensitive duties following a rule violation must first ensure that the employee has been evaluated by a SAP. The SAP plays a pivotal role in the evaluation, referral, and treatment process of a safety sensitive employee who has violated the DOT regulations. The SAP is responsible for making a face-to-face initial assessment and evaluation to determine what assistance, if any, is needed to address the employee's substance abuse problem. If assistance is needed, the SAP is responsible for referring the employee to the appropriate education or treatment program.

The SAP is also responsible for conducting a face-to-face follow-up evaluation to determine if the employee has demonstrated successful compliance with the initial assessment and treatment recommendations. In addition, the SAP is responsible for providing the employer with a follow-up drug and/or alcohol testing plan for the employee. Based on these responsibilities, a SAP plays a major role within the testing program in managing the therapeutic decisions when the regulations are violated. Individuals who are currently qualified to act as a SAP in the DOT drug and alcohol testing program are as follows:

A licensed physician (doctor of medicine or osteopathy); or a licensed or certified psychologist, social worker, or employee assistance professional; or an addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission or by the International Certification Reciprocity Consortium / Alcohol & Other Drug Abuse). All must have knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders

The SAP is also required to have a working knowledge of DOT, Part 40 regulations and the DOT agency regulation applicable to the employer for which (s)he evaluates employees who have engaged in a DOT drug and alcohol regulation violation.

**ALCOHOL AND DRUG TESTING REQUIREMENT INFORMATION**  
**EMPLOYEE ACKNOWLEDGMENT OF TRAINING**

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I acknowledge that I have received training on the U.S. Department of Transportation, Federal Highway Administration's alcohol and drug testing requirements for all Commercial Licensed Drivers.

This training included:

- Company-Specific Policy
- Drug and Alcohol Testing Procedures
- An Overview of the Federal Drug & Alcohol Testing Rules
- 60 minutes of drug and alcohol issues including the physical and behavioral indicators of drug and/or alcohol use.

Department: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Employee Number: \_\_\_\_\_

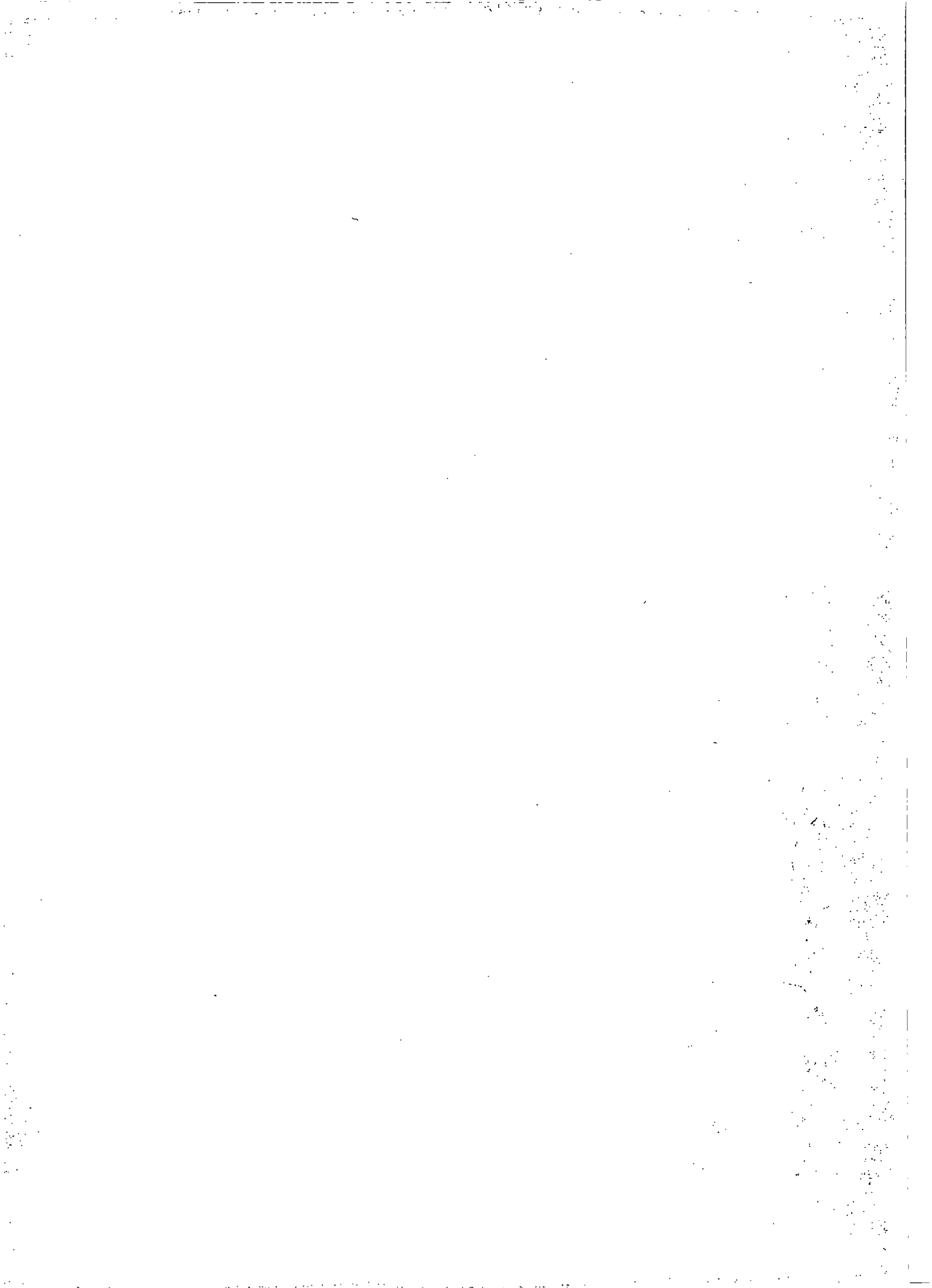
Signature: \_\_\_\_\_

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

***This form is to be filed in the employee's Official Personnel File or other designated location consistent with company policy.***



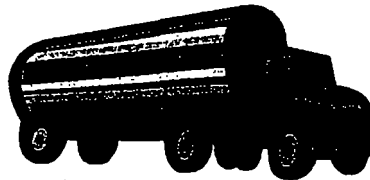
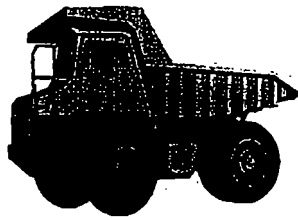




# The Newport Alliance

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## Drug & Alcohol Testing Supervisor Handbook



### Highway Program

***"Motivating drivers about safety in the workplace and good health is important to making an alcohol and controlled substance use prevention program work. Because this primary objective of the alcohol and controlled substance misuse program is deterrence, rather than detection, it is especially important that, before any testing is begun, employers make their drivers fully aware of the dangers of alcohol and controlled substance misuse in their jobs, advise them where help can be obtained if they have a problem with alcohol or controlled substance use and the potential consequences for people who violate this rule. An effective company policy and educational effort can more than pay for itself with the benefits it can achieve."***

***Federal Regulations, Subpart F, Section 382.601***



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## PROBLEM STATEMENT

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A person operating a motor vehicle after using even small amounts of alcohol or other drugs is likely to experience the following symptoms of an impaired driver:

- Reaction time is slower due to depressant effect of alcohol or drugs on the brain.
- Normal instant decision-making, i.e., to brake or maneuver, is delayed for an instant, and that confusion may cause a serious accident.
- Over-reacting, due to the stimulating effects of drugs, may cause skidding, jack-knifing, or a rollover to your own vehicle and deadly consequences to other motorists.
- A driver's usual concentration on watching ahead and being in a defensive driving frame of mind may be replaced by daydreaming.
- The driver may be tense or nervous from the physical withdrawal effects of alcohol or other drugs and can react with an outburst of anger and dangerous driving from the driving of others.
- The driver may also be in a state of anxiety or depression over a multitude of personal or family problems caused by his/her alcohol or other drug use and not be able to concentrate on driving.
- The driver may fall asleep behind the wheel as a result of the mental and physical fatigue brought on by repeated alcohol or other drug episodes.
- The driver's actual vision may be blurred or distorted (seeing double) by the use of alcohol or other drugs.
- The drug itself may make a driver overly confident or aggressive and impair good judgment as to when to yield or extend highway courtesy.



## AN URGENT MESSAGE TO SUPERVISORS

Alcohol and drug dependencies have been called "democratic diseases" because they can victimize anyone, regardless of sex, age, education, social status, or occupation. It is estimated that one out of ten employees in the United States is an alcoholic, and untold millions more are "into drugs."

The impact of these illnesses is pervasive, affecting just about every facet of the victim's life. (S)he may lose family, home, friends, savings, job, and most important, physical and mental health. On the job, the negative fallout includes a steady deterioration of work performance and an unreliability that can jeopardize the safety of others. Impaired judgment, carelessness and lack of coordination cause more accidents, which put the safety and lives of the user and co-workers at risk.



### YOUR ROLE AS A SUPERVISOR

**The success of this program will depend, in large measure, on you.** The chances of recovery from alcoholism, and/or dependency are greatly enhanced by early treatment, and that requires early detection. You are in the best position to make that happen.

By virtue of their jobs, drivers may have very little face-to-face contact with coworkers, supervisors and management. Even when a driver is in the terminal, it may be for only a short time. For this reason, it is important that anyone who may be in a supervisory position to drivers be designated for and receives proper training in determining reasonable suspicion and ordering reasonable suspicion tests. People who are under the influence are not in any frame of mind to self-diagnose their condition. Someone has to be on the lookout for the warning signs of drug and alcohol abuse. By participating in this training you have an important role in your company's overall safety program.

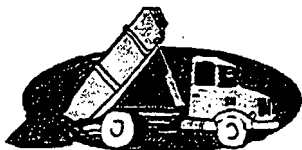
One of your most important supervisory duties is to observe and assess the work performance of your employees. When you become aware of a drop-off, you try to determine the cause and, if possible, "work it out" with the problem employee. When alcoholism and/or drug use is the obvious or suspected cause of the problem, the situation is far more critical – and dangerous. Your job is to get the problem to the attention of appropriate authorities as quickly as possible.

The point is don't try to go it alone. Do not try to fill the role of a physician or psychiatrist, even when the problem employee is a close personal friend. Sure, you can be a strong, sympathetic supporter for your employee, but your most important contribution to him or her is to recognize the need for help and to call in the necessary assistance.

After completing reasonable suspicion training, you will:

- Understand the drug and alcohol regulations that apply to reasonable suspicion testing.
- Know the physical, behavioral, speech and performance indicators of substance abuse.
- Be able to approach drivers with your concerns in a professional and rational manner.
- Initiate reasonable suspicion testing.
- Complete required documentation.
- Feel more confident about your responsibility for reasonable suspicion testing.

***Be satisfied that, in detecting the alcoholism and/or drug victim, you have performed the most vital function in the rehabilitation process of getting the victim started on the road to recovery.***



## SAFETY SENSITIVE FUNCTIONS

---

**Safety-sensitive function** means all time from the time a driver begins to work or is required to be in readiness to work until the time the employee is relieved from work and all responsibility for performing work. **Safety-sensitive functions shall include:**

1. All time at an employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer;
2. All time inspecting equipment as required by the Federal Motor Carrier Safety Regulations or otherwise inspecting, servicing, or conditioning any CDL vehicle at any time;
3. All time spent at the driving controls of a CDL vehicle in operation;
4. All time, other than driving time, in or upon any CDL vehicle (except time spent resting in a sleeper berth);
5. All time loading or unloading a CDL vehicle, supervising or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; and
6. All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.



## I. Applicability

A. Applies to every person who operates a commercial motor vehicle in interstate or intrastate commerce and is subject to the commercial driver's license (CDL) requirements.



B. Commercial motor vehicle is one used to transport passengers or property if it:

1. has a gross combination weight rating of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
2. has a gross vehicle weight rating of 26,001 or more pounds; or
3. is designed to transport sixteen (16) or more passengers, including the driver; or
4. is of any size and is used in the transportation of materials found to be hazardous and is required to be placarded;
5. off-the-road construction equipment and pick-up trucks, except as in 4 above, are not covered under these regulations.

C. Employer who employs him/herself as a driver must comply with both the employer and employee requirements.

D. The federal rules preempt any state or local law, rule, regulation, or order. However, State and local governments can establish policies that exceed these requirements.

## II. Prohibitions for Drivers

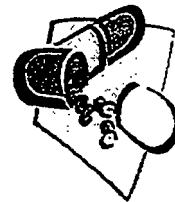
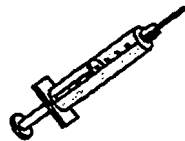


### A. Alcohol

1. A driver with a result of 0.020 - 0.039 will be removed from performing safety-sensitive duties for a minimum of 24 hours. *Upon a test result of 0.040 or greater the employee will be removed from safety-sensitive duties until the employee is evaluated by a SAP, the employee is authorized to take a return-to-duty test, and the test result is negative.*



2. No driver shall be on duty or operate a commercial motor vehicle while the driver possesses alcohol, unless the alcohol is manifested and transported as part of a shipment. **In addition, prescription, non-prescription drugs, and materials containing alcohol are not allowed to be carried in a CDL vehicle unless it is manifested.**
3. No driver shall use alcohol while performing safety-sensitive functions.
4. No driver shall perform safety-sensitive functions within four (4) hours after using alcohol.
5. No driver required to take a post-accident alcohol test shall use alcohol for eight (8) hours following the accident, or until (s)he undergoes a post-accident test, whichever occurs first; or if an employee's conduct is completely discounted as a contributing factor to the accident.
6. Refusal to take a required test.



#### ***B. Controlled Substances***

1. No driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions when the driver uses any controlled substances.
2. Prescription and non-prescription drugs are not allowed to be carried in a CDL vehicle unless it is manifested. The only exception is when use is under physician order and does not impair ability to operate a CDL motor vehicle.
3. Refusal to take a required test.

### **III. Tests Required for Alcohol and Controlled Substance**

#### ***A. Pre-employment***

1. Controlled substance testing must be done prior to first time a driver performs safety-sensitive functions for an employer. **No alcohol test is required.**
2. Employer is not required to administer a controlled substance test required by A(1) of this section if:
  - a) the driver has participated in a DOT drug testing program within the previous 30 days; and

- b) while in that program was tested for controlled substances within the past six (6) months (from the date of application with the employer); or
- c) participated in a random controlled substance testing program for the previous 12 months (from date of application); and
- d) the employer can ensure that no prior employer of the driver known to the employer has records of any violation of the DOT rules within the previous six (6) months.



### ***B. Post-Accident***

(Please use the forms outlined later in this guide to assist with post-accident testing.)

1. Testing is required when an accident involves a fatality or the driver receives a moving violation citation arising from the accident and (1) a vehicle must be towed or (2) an injury requires treatment away from the scene.



2. Alcohol test must be done within eight (8) hours. If driver is not tested within two (2) hours, the employer shall prepare and maintain on file a record stating the reason a test was not promptly administered. Driver must remain available and refrain from consuming alcohol for the entire (8) hour post-accident period or until (s)he is tested, whichever comes first.
3. Controlled substance testing must be done within 32 hours. If the driver has not been tested within 32 hours, the employer shall prepare and maintain on file a record stating the reason a controlled substance test was not promptly administered.
4. Failure to meet above deadlines necessitates preparation of reports for possible FHWA submission.

### ***C. Random***

1. Annual rate of alcohol testing will be either 10% or 25% (based upon yearly FMCSA review).
2. Annual rate of controlled substance testing will be 25% or 50% (based upon yearly FMCSA review).
3. Alcohol and controlled substance tests must be unannounced and spread reasonably throughout the calendar year.



#### ***D. Reasonable Suspicion***

1. Employer shall require alcohol and/or controlled substance test when certain observations are made by a supervisor as to a driver's appearance, behavior, speech, or body odor that may indicate the employee is unfit for duty.
2. Person making this determination must have received CDL Supervisor training under the employer's program.

#### ***E. Return-to-Duty***

1. Alcohol test with the resulting concentration of less than 0.020 required, and/or;
2. Controlled substance test with a verified negative result.

#### ***F. Follow-up***

1. Driver subject to a **minimum** of six (6) unannounced follow-up alcohol and/or controlled substance tests within the first twelve (12) months of return to duty. At the discretion of the substance abuse professional, follow-up testing can be extended up to five years.

### **IV. Consequences for Drivers who Test Positive for Controlled Substances & Alcohol**

- A. Removal from safety-sensitive functions.
- B. Required evaluation and testing before return to safety-sensitive functions.
- C. Administrative discipline.
- D. Follow-up testing for up to five years.
- E. Other alcohol/drug-related consequences/restrictions.
  1. No driver who is found to have an alcohol concentration of **0.02 or greater but less than 0.04** shall perform or continue to perform safety-sensitive functions until the start of the driver's next regularly scheduled duty period, but not less than twenty-four (24) hours following the test.
  2. No employer action can be taken against a driver **based solely** on test results showing an alcohol concentration less than 0.02.

3. *Any refusal to take an alcohol and/or drug test is considered a positive test result* and the employee must be removed from safety sensitive duties until the employee is evaluated by a SAP, the employee is authorized to take a return-to-duty test, and the test is negative.

A "refusal" occurs when the driver:

- refuses to present for testing either verbally or in writing.
- fails to provide enough breath or saliva for alcohol testing or urine for controlled substance testing without a valid medical reason after being notified of the testing requirement.
- clearly obstructs the testing process (i.e. specimen substitution or specimen adulteration).

**V. Alcohol Misuse and Controlled Substance Use Information, Training, and Referral**

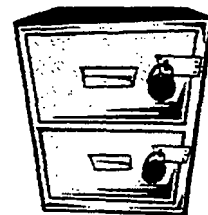


- A. Employer will provide employees with educational material explaining alcohol and controlled substance testing requirements and the employer's policies and procedures with respect to meeting these requirements.
- B. Employer will ensure that person(s) designated to determine whether reasonable suspicion exists to require a driver to undergo testing receives at least sixty (60) minutes of training on alcohol misuse and receives at least an additional sixty (60) minutes of training on controlled substance use.
- C. Employer will advise employees of resources available to driver in evaluation and resolving problems associated with the misuse of alcohol and use of controlled substances.
- D. Drivers identified as needing assistance in resolving alcohol and/or controlled substance problems will be evaluated by a substance abuse professional to review their rehabilitation program.



- E. Drivers will be subject to a return-to-duty test and unannounced follow-up alcohol and/or controlled substance testing for at least one year and up to five years at the discretion of the substance abuse professional.

## **VI. Handling Test Results, Confidentiality, and Retention of Records**



- A. The vendor must maintain confidential records of employer's alcohol and controlled substance testing program, including all testing results and records related to the collection process, such as the list of random names selected.
- B. The employer representative designated by each agency, shall keep all documentation of training of supervisors and drivers.
- C. The employer representative, designated by each agency, shall keep all documentation of the justification for reasonable suspicion and post-accident testing, the time and date of employer's request to submit for testing, and verbal results of testing as communicated by the vendor.
- D. Employer will keep all evaluation and referral documentation.
- E. All records shall be maintained in a secure location with limited access. No one is permitted to release any drug and alcohol testing information without the proper authorization. Anyone found releasing confidential information without proper authorization shall face disciplinary action.



## DETECTING DRUG/ALCOHOLISM PROBLEMS

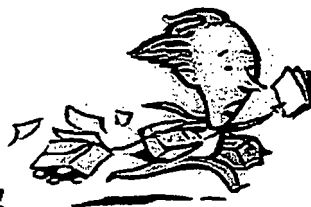
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Just about anyone can recognize that an employee has an alcoholism and/or drug problem when (s)he hallucinates, goes into violent convulsions, or staggers all over the place, reeking of alcohol. By the time such an incident occurs, however, irreparable damage may have already been done – to the employee, to fellow workers, and to the employee's chance for successful rehabilitation.

That's why your role in detecting alcohol and/or drug problems as early as possible is so important. This is not to suggest that you become an alcoholism and drug "detective," only that you maintain what the professionals call a "healthy suspicion" about alcoholism and drug possibilities. The fact that more than one out of every ten American workers has an alcohol or drug problem is reason enough. A more important consideration is that the earlier the recognition of his or her problem, the earlier something can be done about it, the greater the chances of successful recovery.

But don't expect the "victim" to make your detection job easier. Quite the contrary. It would be a minor miracle if a problem employee were to admit being an alcoholic or drug user. More likely, (s)he will vehemently deny the suggestion (even when the evidence is conclusive) and go to extreme lengths to hide the problems. Secrecy and denial are inherent characteristics of alcoholics and drug users.

Consequently, you must put major reliance on your own powers of observation, intuition, and clues that the victim inadvertently provides.



**Yes, there are such directional signals !**

Excessive tardiness, absenteeism and use of sick days are classic indicators of a developing problem. So, too, are impromptu decisions to take vacation time and involvement in accidents, near-accidents, and careless mistakes. However, to wait for an accumulation of other signals before hoisting a danger flag could be disastrous.

If you suspect that a problem exists, you should be attuned to any changes in the employee's personality, physical appearance, and/or on-the-job demeanor that, along with absenteeism and tardiness, support your concern.

(The Early Warning Systems outlined later in this guide can be used as an overall guide to the detection of alcoholism and/or drug use or can be duplicated for use in monitoring individual employees whether or not any kind of personal problem exists.)

**If you sense that a driver may have misused alcohol:**

These observations must be related to the driver's ability to perform safety-sensitive duties and your observations must be made immediately before, during or just after the performance of safety-sensitive functions.

**If you sense that a driver may be using drugs:**

Your observations may be made any time the driver is at work for the employer.

*If you don't know for sure that you are seeing a "joint" or marijuana cigarette, you can say that you saw a hand-rolled cigarette and it had a pungent smell, unlike regular tobacco.*

**Which reasonable suspicion test do you order?**

It is generally best to request both drug and alcohol testing.

*Many of the signs and symptoms for alcohol and controlled substances are identical. If a driver is slurring his or her words or has red eyes, for example, it could be alcohol or drugs. You are never asked to diagnose a driver's condition. It is only your duty to determine if a driver appears to be under the influence of alcohol or drugs and to prevent them from performing safety-sensitive functions until you can be sure. Whenever you are unsure of whether to test for alcohol or controlled substances, order both tests.*



**When a driver is behaving in a manner inconsistent with what you know about the driver and consistent with drug or alcohol misuse:**

If your observations indicate the signs and symptoms of drug and/or alcohol misuse, you are required to order a drug and/or alcohol test based on your observations regardless of your disbelief of what you are witnessing. People with a substance abuse problem go to great lengths to hide it, if possible, so it may be your first indication of a problem.

*There may be a medical reason for the unusual behavior or outward signs of drug or alcohol misuse. You must order the reasonable suspicion test to rule out drugs or alcohol first and be confident that the process will uncover a medical condition, if one exists.*

**REMEMBER, YOU CAN'T REQUIRE A TEST  
BASED ON HEARSAY OR INTUITION.**

The employer's determination that reasonable suspicion exists must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the driver. "Contemporaneous" means that the driver's suspicious behavior is happening as you observe it. "Articulable" means you must be able to describe your observations clearly.



**OBSERVE** – personally, unusual or curious behavior displayed by a driver under your supervision.

**CONFIRM** – your observations are consistent with what you know about substance misuse. You may not know exactly which substance the person is under the influence of, but you have enough reason to believe this is not normal behavior and the driver may be in violation of drug and alcohol prohibitions.

**DOCUMENT** -the observations in a written report as consistent with signs and symptoms of misuse.

**CONFRONT** – the driver of your suspicion, describe exactly what you observed and why it has prompted you to order testing. Approach the driver in a private setting, stick to the facts, show concern and listen respectfully. Immediately relieve driver from safety-sensitive functions.

**TEST** - Immediately order appropriate tests. You may not conduct the alcohol test yourself. You or another company official should escort the driver to the testing facility because the driver should not drive to the facility if you suspect impairment.



# CHECKLIST OF WORK-RELATED PERFORMANCE INDICATORS

Repeated or continuous patterns of performance deterioration (documentable job issues) in a number of the following areas probably indicates that intervention with the employee is needed.

## ABSENTEEISM

- ☐ Unauthorized leave
- ☐ Excessive sick leave
- ☐ Monday absence/Friday absence
- ☐ Excessive tardiness
- ☐ Leaving work early
- ☐ Peculiar or increasingly improbable excuses
- ☐ Higher rates of absenteeism than other employees for colds, flu, gastritis, etc.
- ☐ Frequent, unscheduled short-term absences

## ON-THE-JOB ABSENTEEISM

- ☐ Away from job more than job requires
- ☐ Long coffee breaks/extended lunches

## HIGH ACCIDENT RATE

- ☐ Accidents on the job
- ☐ Accidents off the job, but affecting work performance
- ☐ Frequent trips to medical facilities
- ☐ Damage to equipment

## LOWERED JOB EFFICIENCY

- ☐ Misses deadlines
- ☐ Makes mistakes or bad decisions due to inattention or impaired judgment
- ☐ Wastes materials
- ☐ Improbable excuses for poor work
- ☐ Lowered output
- ☐ Overly dependent on others
- ☐ Carelessness

## DIFFICULTIES IN CONCENTRATION/CONFUSION

- ☐ Job takes more time
- ☐ Increasing difficulty in handling assignments
- ☐ Frequent day dreaming
- ☐ Difficulty in recalling own mistakes
- ☐ Details often neglected
- ☐ Forgetful/undependable
- ☐ Difficulty in recalling instructions
- ☐ Reduced awareness of what's going on

## COMMUNICATION

- ☐ Less communicative than in the past
- ☐ Unclear or imprecise communication
- ☐ Argumentative with co-workers, supervisors and general public

## SPORADIC WORK PATTERNS

- ☐ Alternating periods of very high & very low productivity
- ☐ Work produced differs in quality from one time to another without reason

## INITIATIVE

- ☐ Unwillingness to change ways of doing jobs
- ☐ Needs constant supervision or extra help

## INTERPERSONAL SKILLS

- ☐ Overreacts to real or imagined criticism
- ☐ Constant complaints to associates and others
- ☐ Wide swings in morale
- ☐ Avoids making eye-contact with others
- ☐ Borrows money from co-workers
- ☐ Overly critical of others
- ☐ Complaints from co-workers
- ☐ Makes unreliable or untrue statements

## ABNORMAL BEHAVIOR

- ☐ Coming to or returning to work in an obviously abnormal condition
- ☐ Obviously bizarre or abnormal actions on the job

## SUPERVISOR'S TRAPS

---

*Beware of the following traps when working with troubled employees:*

### **1. Trying to help, but making things worse**

This happens when the supervisor tries to help by using off-the-job methods, such as giving advice, which results in an emotional attachment to the employee. Such emotional attachments interfere with the effective supervisory relationship where the supervisor is the one in charge. Examples of being tied up emotionally would include:

- Giving advice.
- Giving "pep talks".
- Protecting the employee by covering up poor performance.
- Actually doing some of the employee's work because "he's in a bad spot."
- Assuming the employee's own responsibilities such as talking to his/her adversaries (spouse, for example) and making excuses to his creditors.

In the chemical dependency treatment and recovery community, the above behaviors are called "enabling." The intention is to be honestly helpful, but such actions are not helpful and only prolong everyone's misery by helping the individual to avoid some of the problems caused by alcoholism or drug abuse.

### **2. Denying there is any problem at all**

This occurs when the supervisor overlooks reality and assumes matters will improve. Of course, the situation gets worse. The supervisor's own job may also become threatened. Denial is dangerous for everyone!

### **3. Withdrawing**

In this case, the supervisor knows what is happening, but still decides to do nothing for fear of failure or making enemies. The outcome is the same as with denial, except that the supervisor feels guilty for not doing what (s)he knows (s)he should.

### **4. Becoming Angry**

This trap often follows the above three. One solution, obviously, is to get angry and fire the troubled employee. While the immediate problem is taken care of, nothing else changes. Because the supervisor has not learned how to intervene with the troubled employee and use the Employee Assistance Program, the employee still has personal problems and the employer is likely to hire another employee with the same kind of problem.

*The best course of action is a successful intervention and referral to appropriate help. That way, everyone wins!*

## EMPLOYEE DEFENSE STRATEGIES

	EMPLOYEE DEFENSE	SUPERVISOR COUNTER-MOVE
<b>Excuses &amp; Sympathy</b>	"You'd have the same troubles I do if you had a wife like mine, etc."	"Your problems at home are not business of mine. My concern involves your performance, and my data here says you are not doing your job."
<b>Apology &amp; Promise</b>	"I'm really sorry. You know that, I'll never do it that way again."	"I appreciate your apology. But what you did is serious and I need to take action."
<b>Switching</b>	"I know about that, but look what a good job I've done."	"You did do well...but I want good work on all jobs. You have had more problem jobs than successful ones lately. Look at the record here."
<b>Anger</b>	"Damn it! One mistake and the roof falls in... after 15 years of killing myself."	"I expect you to listen to me. Getting angry won't help anyone, especially you. I'm concerned about your performance, and I'm not talking about one mistake."
<b>Tears &amp; Helplessness</b>	"I don't know what to do. I'll never get out of this mess." (crying)	"I understand your sadness. I want you to know that I want to help, which is why I set up this meeting. You have been a valuable part of our organization. I want to tell you about our Employee Assistance Program."
<b>Self-Pity</b>	"I knew this would happen. I've never been able to do anything right."	"I've checked into this in detail, and you've got to start looking at your part in what happens. Maybe that's a problem you have, and..."
<b>Innocence &amp; Blaming</b>	"It's not my fault. Joe let me down. I don't get any help at all around here."	"I wouldn't be taking this time to talk with you if I didn't have faith in you. So let's move on to talk about what can be done to help. You know the EAP would be just right...."
<b>Hopelessness</b>	"I may as well quit right now."	"That's crazy. You have done excellent work. I want more of that from you in the future. Which is why I set up this meeting."
<b>Friendliness &amp; Seduction</b>	"Now, Bill, you know we've been through this before and we worked it out together. Let's get together after work and figure this out."	"I know we've been through this before, and this time things will be different. I've done all I can to work this out on the job. I think something else is bothering you, and I want you to talk with the EAP."

## THE CORRECTIVE INTERVIEW

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**Say what you mean clearly - Ask what is understood**

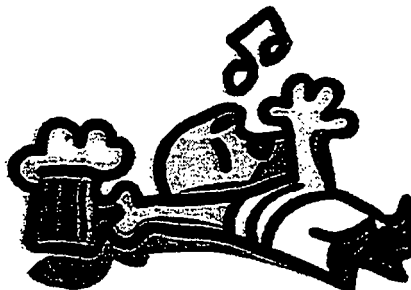
1. **Show concern for the employee.**  
“\_\_\_\_\_, you have been one of my best employees for years...but lately I have become concerned over your work record.”
2. **State good performance/capability.**  
“You have come through for me a number of times and, on occasion, you’re still producing good work...but, not as in the past.”
3. **Now, focus on the present and present documented problems.**  
“Here is what has been concerning me...” (present facts.)
4. **Express concern for future.**  
“This has to be corrected... I’m concerned about you, and that’s why we’re here today.”
5. **State action to be taken.**  
“I want you to know that, as the first step, I’m giving you a verbal warning. If the performance problem returns or continues, I will have to take further steps.” (This will advance with each disciplinary stage.)
6. **Offer assistance.**  
“\_\_\_\_\_, if there is any sort of outside problem that may be causing this, we will offer assistance to you. The help is confidential, and it won’t jeopardize your future opportunities.” (If the employee protests that you’re calling him/her an alcoholic or drug user, simply state that the program covers those problems as well as others, and that whatever the problem is, it is between the employee and the EAP.)
7. **Offer a solution.**  
“If you accept help, I’ll hold for now on any further job action. The nature of the problem is totally confidential. No one else needs to know. Don’t worry about your job. If you seek help and follow the program your future will not be jeopardized.”
8. **If you are meeting resistance:**  
“Now is the time to do something. It won’t go away by itself. Take advantage of the EAP now. Let me call and arrange it.”
9. **If the offer of assistance is rejected at this step, you must follow through with the appropriate disciplinary action previously stated.**
10. **If the performance problem continues, you must make the offer of assistance at each succeeding corrective interview up to and concluding with the discharge interview.**

## PROCEDURE TO BE FOLLOWED BY SUPERVISOR WHO SUSPECTS AN EMPLOYEE IS UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS

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*The following is a summary of procedures to be followed in situations where there is an employee who appears to be under the influence of alcohol and/or drugs.*

1. Determine, in person, if an employee "appears" to be under the influence of an alcoholic beverage, drugs, including controlled substances and prescriptions, or both. Get another supervisor or management person to witness the investigation and support documentation if possible.
2. If requested by employee, allow a union representative, if available, to be present during the investigation.
3. Using the *Visual Observation and Question Checklists*, ask the questions in the sequence indicated. During the investigation with the employee (and representative) still present, complete the *Visual Observation Checklist*, sign and have management's witness signature.
4. If you conclude that the employee does not appear to be under the influence of alcohol, drugs, or both, including prescription drugs, and is able to perform work duties, then have the employee return to work station.
5. If you have probable cause to believe that the employee is under the influence of alcohol, drugs or both, and the **employee admits** using drugs and/or alcohol, then arrange for the employee to be taken to the designated collection site for the giving of appropriate specimen for drug and alcohol screen. Suspend the person from CDL vehicle operation and safety sensitive functions. The employee must be asked to sign a consent form prior to the testing.



6. If you have probable cause to believe that the employee is under the influence of alcohol, drugs, or both and the **employee denies** same, then arrange for the employee to be taken to the designated collection site for the giving of appropriate specimen for drug and alcohol screen. The employee must be asked to sign a consent form prior to the testing. Suspend the person from CDL vehicle operation and safety sensitive functions.

7. If the employee refuses to be tested, the employee should be suspended and told that, after further investigation, appropriate disciplinary action may be taken, up to and including termination.
8. Management and supervisors are not to attempt to use force in seeking compliance with requests. Both the drug and alcohol screen and the signing of any forms are voluntary on the part of the employee. However, if an employee refuses to be tested, it is an automatic positive test.
9. Make the necessary arrangements to have the employee taken home. **Do not permit him to go home or drive alone.** If the employee refuses any assistance, then make sure **you can verify in writing that the employee refused such assistance** (use "Refusal to Submit..." form which is located at the back of this handbook).

## OBSERVATION CHECKLIST

## QUESTIONS FOR SUSPECTED SUBSTANCE ABUSE

With another supervisor present, please ask the employee who is suspected of substance abuse the following questions in the order listed. If the employee admits, at any time during the questioning, to be under the influence of drugs or alcohol, then suspend the employee from CDL vehicle operation and safety sensitive functions pending final determination and advise the employee of the employer rule(s) that were violated. Indicate that appropriate action, up to and including termination, may be taken. Arrange for a reasonable suspicion test.

1. Are you feeling ill?        yes        no        no response

**If yes, what are your symptoms?**

- 2. Are you under a doctor's care?**             yes             no             no response

- 3. Do you have a cold?**             yes             no             no response

4. Have you recently taken any medication? \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ no response

5. Did you forget to take your medication? \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ no response

6. Have you recently taken any non-prescription medications? ☐ yes ☐ no ☐ no response

7. Did you drink alcohol or an alcoholic \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ no response  
beverage today?

## VISUAL OBSERVATION CHECKLIST

**Directions:** Circle pertinent items based on your visual observation of the employee. This section must be completed regardless of the outcome of the interview.

<b>Walking/Standing</b>			
Normal	stumbling swaying unable to walk	staggering unsteady	falling holding on
<b>Speech</b>			
Normal	shouting slow slurred	silent rambling/incoherent	whispering slobbering
<b>Demeanor</b>			
Normal	sleepy talkative	crying excited	silent fighting
<b>Actions</b>			
Normal	resisting communications threatening profanity	drowsy hyperactive	fighting hostile erratic
<b>Eyes</b>			
Normal	bloodshot glassy	watery droopy	closed
<b>Face</b>			
Normal	flushed	pale	sweaty
<b>Appearance/Clothing</b>			
Normal	unruly	messy	dirty
<b>Breath</b>			
	no alcoholic odor	alcoholic odor	faint alcoholic odor
<b>Movements</b>			
Normal	fumbling nervous	jerky hyperactive	slow
<b>Eating/Chewing</b>			
	gum other – identify if possible	candy	mints
<b>Other Observations</b>			



**EMPLOYEE NAME:** \_\_\_\_\_

**B. Fit for safety-sensitive duties**                      yes          no          uncertain

**C. Recommended for drug/alcohol test**                  yes        no

**If yes, direct the employee to submit to a drug and alcohol test. Then,**

- 1. Check with your collection facility for satisfactory arrangements.**
- 2. Take employee to collection facility.**

**D. If the employee refuses to be tested, the employee should be told that by refusing (s)he has an automatic positive test and disciplinary action may be taken. Complete the Refusal to Test form located at the back of this handbook.**

**Remarks:** \_\_\_\_\_

[illegible]

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Supervisor

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(optional)

**Title:** \_\_\_\_\_



## ALCOHOL

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Alcohol is a class of chemical compounds, one of which is ethyl alcohol.

### Effects

As alcohol is carried through the bloodstream, it produces effects similar to those produced by ether, an anesthetic. Even in a person who has had one or two drinks, the depressant effects of alcohol may become evident through physical changes – a general slowing down of overall brain function, judgment, alertness, coordination, and reflexes. Furthermore, even this relatively light consumption of alcohol may result in some attitude and/or behavior changes. For example, a person who is under the influence of alcohol may evidence uncharacteristic hostility, or may take risks that (s)he usually would not consider – swimming alone, for example, or driving recklessly.

When alcohol is used in combination with other drugs, the physical effects can be serious and, in some cases, life-threatening. For instance, when used with a depressant drug or an antihistamine, alcohol can intensify the effects of that particular drug. When used with a seizure-control medication, alcohol may alter the desired effect of that drug by depressing liver function and metabolism. Some drug-alcohol interactions – particularly those involving antibiotics – may produce extreme discomfort in the form of nausea, sweating, severe headache, and convulsions.

Alcohol is an addicting substance. It is estimated that one out of every 8 or 10 people who drink alcoholic beverages eventually will become dependent on the substance and use it compulsively. Tolerance, or the ability to drink increasing quantities of alcohol without obvious effects, may develop with use of the substance over a period of time. Some clues to addiction may include loss of control over quantity consumed once drinking begins, memory blackouts, and uncharacteristic problems with family, school, work, or the law.

Heavy consumption of alcohol on a regular basis can lead to serious physical problems. Fatty liver, pancreatitis, chronic gastritis, inflammation of the esophagus, exacerbating peptic ulcers and cirrhosis are serious consequence of alcohol abuse that clearly contributes to the characterization of alcoholism as a fatal disease. A person who stops drinking after prolonged and heavy use of alcohol may suffer from severe withdrawal symptoms and possibly even delirium tremens, a life-threatening condition. For this reason, it is important that the detoxification process be monitored under medical supervision.



## EARLY WARNING SYSTEM - ALCOHOLISM

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You should be alerted to the possibility of an employee alcoholism problem when (s)he exhibits:

- ☞ An inexplicable drop-off of work efficiency (volume, accuracy, promptness)
- ☞ Frequent tardiness
- ☞ Excessive use of sick days
- ☞ Impromptu decision(s) to use vacation time
- ☞ Involvement in accidents, errors.

However, there may be earlier or at least accompanying signs that should not be ignored. The alcoholic will, in the normal flow of daily routine, frequently demonstrate impairments in social function and other hints of alcoholism. Thousands of case histories show that, after an alcoholic's true problem has been revealed through an accident or other liquor-related incident, fellow workers will usually recall any number of clues that they should have picked up on, weeks or even months, earlier.

Physical characteristics alcoholics often display:



- **Fatigue** – The alcoholic is always tired even when just back from vacation.
- **Difficulty in getting to sleep at night** – This is another subject or chronic complaint. Alcoholics are often insomniacs, bedeviled by anxieties and frustrations.
- **Weight loss or gain** – As liquor becomes more important to the alcoholic, food becomes less so. However, one can also present the “beer gut” of a heavy drinker or the distended stomach “ball” of a person with alcohol-related disease.
- **Facial changes** – A bloated look, bloodshot eyes, broken blood vessels on the nose and cheeks as well as a “rosy complexion” can be signs of trouble with alcohol.
- **Use of breath sweeteners** – Alcoholics, particularly those who drink during the working day, are heavy users of Life Savers, Certs and other bad breath killers.
- **Mental slow down** – Along with loss of physical energy, the alcoholic will demonstrate a gradual loss of mental processes. There will be, even on the part of previously “sharp” individuals, and inability to grasp the meaning of facts that are clear to everyone else, to respond intelligently and to communicate clearly.



## IMPAIRMENT IN SOCIAL FUNCTIONING FREQUENTLY DISPLAYED BY ALCOHOLICS

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While these characteristics may also be found among non-alcoholics, they are more pronounced, even exaggerated, among alcoholics.

- **Low frustration tolerance** – The alcoholic does not take disappointments or annoyances lightly. Failure to receive credit for a job well done or delay in getting an expected raise or promotion can be the cause for loud anger or quiet depression. In either case, it is overreaction and, usually, “out of character.”
- **Compulsiveness** – More self-directed than low frustration tolerance, it’s an insistence on doing things right away, personally and collectively. When an alcoholic works with people on this impulse level, all kinds of tension and other morale problems multiply.
- **Ego Façade** – The alcoholic may present a “know it all” personality to obscure a deep inferiority complex. Opposed, (s)he will back down.
- **Anxiety** – Most people have anxieties but the alcoholic has them to a far greater than normal degree and far more consistently. (S)he is a “worry wart.” A change in routine or job assignment will activate an unusually high degree of concern.
- **Over-sensitivity** – This is a very pervasive alcoholic trait, to be easily bruised by what are perceived, by the alcoholic, to be slights or “put downs.” The alcoholic may brood about such things and blurt them out months later, in a fit of anger.
- **Isolation** – The alcoholic is, more often than not, a “secret drinker.” (S)he drinks alone usually in places where they are not likely to be seen by associates. A bizarre twist on this is that the alcoholic may not drink at all in public gatherings, leading others to believe that (s)he doesn’t touch the stuff!
- **Defiance** – Due to over-sensitivity, anxiety and all the other phobias that (s)he may have, the alcoholic feels rejected by society. Therefore, a “to hell with everybody” attitude is often developed, with resistance to friendships and efforts of others to find out “what’s wrong?”
- **Extreme mood swings** – All of the above characteristics play a part in forming whatever the alcoholic’s personality happens to be at any given time. Depending on successes or failures (as (s)he sees them) the alcoholic can be a cooperative worker or a bottleneck, a thoughtful spouse or family tyrant.



## **IMMEDIATE EFFECTS**

- Odor on breath
- Initial stimulation followed by depressed nervous system
- Flushed skin
- Glazed appearance of eyes

## **CHRONIC AND LONG TERM EFFECTS**

- Nutritional deficiencies and sleeping difficulty
- Impaired short term memory/ability to concentrate
- Slowed reaction time/impaired motor skills
- Brain and nervous system damage
- Liver damage, pancreas and kidneys
- Digestive problems (gastric ulcer)
- Higher likelihood of stroke, coronary problem and cancer

## **EFFECTS OF ALCOHOL ON DRIVING**

A person operating a motor vehicle after drinking any amount of alcohol is likely to experience the following:

### **Impaired reaction time and impaired motor coordination**

- Reaction time is slowed resulting in delayed braking
- Thinking and reflexes slow, making accidents more likely in unexpected situations
- Over-reaction in steering resulting in swerving around other vehicles

### **Reduced Concentration**

- Memory is impaired and learning processes slowed
- Remembering sequences of numbers or directions can be difficult
- Usual concentration on defensive driving is replaced by daydreaming

### **Tendency to take unnecessary risks**

- Impaired judgment makes it more likely that driver will take unnecessary risks
- May also occur due to false sense of security

### **Possibility of reacting with anger toward other motorists**

- As blood alcohol level decreases, agitation may cause outbursts of anger

### **Euphoric high followed by a period of stupor inactivity**

- Daydreaming occurs and attention is diverted. Possibility of accidents is increased due to sluggishness and inattention.

### **Visual Distortion**

- Blurred and/or double vision occurs as with any depressant drug.



## EARLY WARNING SYSTEM – DRUG USE



Excessive tardiness, absenteeism, use of sick days, already noted as being overt signs of an alcoholism problem, may also be indicative of a drug problem. The behavioral patterns of alcoholics and drug users are quite similar in their propensity for weekend binges and difficult recoveries. The drug user may, in fact, use alcohol to sustain a drug “high” or to avert a physically shattering “crash.”

This tendency on the part of the drug user to indulge in a variety of drugs plus alcohol (multi-abuse) makes it impossible to generalize about the personality that results. Still, there are some signs that manifest themselves on a fairly regular basis and can be helpful in creating a recognizable drug user profile.

- **Behavior extremes** – The demeanor of the drug user will fluctuate widely, ranging from frantic activity and nonstop conversation to silence, even drowsiness; from over-cautious decision-making and deliberate physical movement to recklessness.
- **False confidence** – This is another extremity in behavior. An individual, fortified with drugs, may perform in an extremely confident manner and present complete control of a situation. An hour later, without the benefit of a “quick fix,” (s)he may be a nervous bundle of self-doubt.
- **Mental slowdown** – A drug user may perform wonderfully well for a period of time. Inevitably, however, there will be a deterioration of mental processes – disorientation, a slowness to respond, indecision, garbled reasoning, and a rash of foolish errors.
- **Physical breakdown** – The drug user will, over a period of time, show signs of physical problems. The severity of the damage – exhaustion, weight loss, facial changes, nose and throat problems – will depend on the drug(s) used and the degree of addiction (see individual drugs, below).
- **Secrecy** – Since the use of controlled drugs is illegal, the user will be even more careful than the alcoholic in hiding his or her “secret.” While cocaine users have proved themselves ingenious in inventing ways to “snort” undetected, the more likely workplace drugs are marijuana, amphetamines, and tranquilizers.

Use, of course, will be kept secret. Marijuana gives off a telltale odor when burning. Consequently, it is highly unlikely that it will be used in or near a work area. A parking lot or some other outdoor location is a more likely “smoking area.” Amphetamines and tranquilizers in pill form can be “popped like aspirin” almost anywhere without causing suspicion.

- **Associations** – While drug users will not “advertise” their illicit activity, their problems of drug acquisition may lead them to meeting secretly with other drug users. Absences from work stations, improbable relationships, whispered conversations may be signs of a drug user keeping in touch with his or her sources, looking for new sources of selling drugs to support their habit.
- **Slang** – Use of language associated with drug use and possession of drug paraphernalia such as clips, small spoons and straws often become more obvious as drug use progresses.



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## MARIJUANA

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### Description

Marijuana is classified as a Schedule 1 Controlled Substance under the Comprehensive Drug Abuse Prevention and Control Act. It is also one of the most misunderstood and underestimated drugs of abuse. People use marijuana for the mildly tranquilizing and mood perception altering effects it produces. Marijuana does not depress central nervous system reactions. It's action is almost exclusively on the brain, altering the proper interpretation of incoming messages.

- Usually sold in plastic sandwich bags, leaf marijuana will range in color from green to light tan. The leaves are usually dry and broken into small pieces. The seeds are oval with one slightly pointed end. Less prevalent, hashish is a compressed, sometimes tar-like substance ranging in color from pale yellow to black. It is usually sold in small chunks wrapped in aluminum foil.
- Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense.
- Cigarette papers, roach clip holders and small pipes made of bone, brass or glass are commonly found. Smoking "bongs" (large bore pipes for inhaling large volumes of smoke) can easily be made from soft drink cans and toilet paper rolls.
- Some street names include "grass," "pot," "weed," "hemp," "reefer," "joint," "dope," "loco weed," and "roach".

### Effects

When marijuana is inhaled, the first effects are usually felt within a few minutes. The effects proceed to peak in a period of time from ten minutes to a half-hour, and remain for approximately two to three hours. Generally, the effects of marijuana are time-limited and will dissipate as the drug wears off. The active ingredient, THC, is stored in body fat and is retained for several weeks. Specific physical effects of the drug include elevation of blood pressure and pulse rate, coughing, dryness of the mouth and throat, slight decrease in body temperature, sudden appetite, and swollen red eyes.

It is important to note that an individual's physical and psychological experiences with marijuana depend to some degree on three variables: 1) strength or potency of the marijuana itself; 2) the individual's psychological state prior to use; and 3) the setting in which the substance is used. A first-time or inexperienced marijuana user may experience a panic reaction further characterized by paranoia. The user's feelings may range from general suspicion to intense fear of losing control.

The mood-altering property of this substance creates distortions of time, reality, and perception, often impairing short-term memory. For example, the marijuana user may not remember what he or she was thinking or talking about only minutes after a thought or conversation occurs. It has been found that marijuana adversely affects a person's concentration, reflexes, and motor skills, and that it has the effect of speeding up but fragmenting thought processes.



It has been found that frequent, long-term use of marijuana can affect the user in a variety of ways. Some studies show that this substance may create or aggravate certain dysfunctions related to thinking, learning, and recall. Marijuana may also impair a person's ability to drive or do other things that require physical and intellectual capabilities. The marijuana user may become listless, tired, inattentive, careless about personal grooming, withdrawn, and apathetic about activities and friends that were once important to him or her.

### ***IMMEDIATE EFFECTS***

- Reddened eyes (often masked by eyedrops)
- Increased heart rate
- Slowed speech
- Distinctive odor on clothing
- Dry mouth and throat

### ***CHRONIC AND LONG TERM EFFECTS:***

- Reduction in efficiency of the respiratory, cardiovascular, reproduction and immune system
- Impaired short-term memory
- Altered sense of time
- Slowed reaction time
- Reduced ability to concentrate
- Impaired motor skills
- Irritating cough, chronic sore throat
- Chronic fatigue and lack of motivation

### ***EFFECTS OF MARIJUANA ON DRIVING***

- **Impaired Reaction Time** – Reaction time is increased, and braking time is slowed. Thinking and reflexes are slowed, making it difficult to respond to sudden, unexpected events.
- **Impaired Short Term Memory** – The learning process is slowed. Remembering a sequence of numbers or memorizing and following a series of directions becomes difficult.
- **Reduced Concentration** – Inability to display continuous attention or handle a confusing situation. There is difficulty with quick decisions to avoid accidents.
- **Impaired Tracking** – The act of keeping track of another moving vehicle is significantly diminished. Tracking can be affected up to ten hours after use.
- **Distorted Time and Distance Sense** – The ability to perceive accurately the passage of time is adversely affected. The user typically overestimates the time that has elapsed.
- **Lack of Control of Vehicle Velocity and Proper Positioning** – Responding to wind gusts, driving through curves, and maintaining speed and proper following distance is impeded.
- **Lengthened Glare Recovery and Blurred/Double Vision. Distorted Visual and Depth Perception** – Confusion is created about traffic movement and appropriate driver response.

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## COCAINE

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### Description

Cocaine is classified as a Schedule II Controlled Substance under the Comprehensive Drug Abuse Prevention and Control Act. Cocaine is used medically as a local anesthetic. It is abused as a powerful physical and mental stimulant. The entire central nervous system is energized. Muscles are more tense, the heart beats faster and stronger, and the body burns more energy. The brain experiences an exhilaration caused by a large release of neurohormones associated with mood elevation.

- The source of cocaine is the coca bush, grown almost exclusively in the mountainous regions of northern South American.
- Cocaine hydrochloride – “snorting coke” is a white to creamy granular or lumpy powder that is chopped into a fine powder before use. It is snorted into the nose, rubbed on the gums or injected in veins. Common paraphernalia includes a single-edged razor blade and a small mirror or piece of smooth metal, a half straw or metal tube, and a small screw-cap vial or folded paper packet containing the cocaine.
- Cocaine Base – “rock, crack or free base” is a small crystalline rock about the size of a small pebble. It boils at a low temperature, is not soluble in water, and is up to 90 percent pure. It is heated in a glass pipe and the vapor is inhaled. The effect is felt within several seconds. Common paraphernalia includes a “crack pipe” (a small glass smoking device for vaporizing the crack crystal) and a lighter, alcohol lamp or small butane torch for heating.
- Some street names include “coke,” “flake,” “crack” and “snow.”

### Effects

When cocaine is snorted or injected, the effects are usually felt within a few minutes and last less than one hour. Even when taken in relatively low dose, cocaine may produce accelerated heartbeat and respiration rate, an increase in body temperature, dilated pupils, and perspiration. As a result of these physical effects, the user is then likely to experience a sudden increase in alertness and energy, followed by a general feeling of well-being and loss of appetite. This temporary sense of mental and physical well-being may then be followed by an episode of depression. Other effects of cocaine on the individual will be based on the user's expectations, circumstances of use, personal history of other substance use and/or abuse, and whether or not the cocaine used has been “cut” with other substances or chemicals. When cocaine is injected or smoked, the user is likely to feel an immediate “rush” of intense euphoria accompanied by the effects just mentioned. Users who inject or smoke the substance run the risk of developing infection or hepatitis from contaminated equipment. Users who smoke the substance (“freebase”) are risking cardiac arrhythmia, convulsions, seizures, and suppression of breathing.

The seemingly positive effects of this substance make it a very seductive one. But when cocaine is used in large doses over a long period of time, it can actually create or intensify feelings of anger, restlessness, paranoia, and fear. Some cocaine users, in fact, lose their sense of reality and begin to see, hear, and feel things that are only products of their imagination. The lack of food and sleep often associated with cocaine use is likely to

complicate and intensify the effects of the drug itself. Long-term use of the substance may depress the function of the nervous system to the point that the brain, in effect, forgets to tell the heart to pump the lungs to breathe; seizures and death may follow.

### ***IMMEDIATE EFFECTS***

- Dilated pupils and visual impairment
- Increased blood pressure, heart rate, respiration rate, and body temperature
- Euphoria
- Talkativeness

### ***CHRONIC AND LONG TERM EFFECTS***

- Irritability, anxiety and depression
- Seizure and heart attack
- Short attention span
- Loss of appetite and sleeplessness
- Hallucinations of touch, sight, taste, and/or smell
- Financial problems
- Frequent and extended absences from work
- Increased physical activity and fatigue
- Isolation and withdrawal from friends and normal activities
- Secretive behaviors, frequent non-business visitors, delivered packages, phone calls
- Wide mood swings
- Runny or irritated nose
- Difficulty in concentration
- Restlessness, aggressive behavior
- Formication (sensation of bugs crawling on skin)
- High blood pressure, heart palpitations and irregular rhythm
- Hyperexcitability and overreaction to stimulus
- Profuse sweating and dry mouth

### ***EFFECTS OF COCAINE ON DRIVING***

- **Lapses in Attention and Concentration** – Driving awareness is adversely affected regardless of the amount used.
- **Aggressive Behavior** – The common signs are anger and hostility toward other drivers as well as impatience and inappropriate risk-taking. The driver often overacts to minor traffic irritations.
- **Over-Stimulated Reflexes Affect Tendency to Overreact & Overcompensate** – Acceleration, braking, shifting, etc.
- **Impaired Motor Coordination** – A decrease in hand-steadiness and eye/hand coordination affects proper driving response.
- **Periods of Loss of Consciousness** – This is the result of fatigue due to lack of sleep and food.
- **False Sense of Alertness and Security** – Drivers become overly confident in driving judgment and skill. This affects their ability to perceive impending danger.

- **Distorted Vision and Difficulty in Seeing** – The pupils are so dilated that sunlight or bright headlights cause pain and discomfort. Glare recovery is also affected.
- **Auditory and Visual Hallucinations** – Changes in perception are experienced. The driver is out of touch with reality and loses sight of where he is going.
- **Profound Depression, Anxiety, Irritability and Restlessness** – cocaine is a fast acting drug. The euphoria ends in less than an hour. The user is more depressed after using cocaine than before use. The higher the “high” the lower the “low”.



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## NARCOTICS (including "OPIATES")

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### Description

Narcotics are classified as Schedule I, II, III and V Controlled Substances under the Comprehensive Drug Abuse Prevention and Control Act.

Opiates are narcotic drugs that alleviate pain, depress body functions and reactions and, when taken in large doses, cause a strong euphoric feeling.

- Natural and natural derivative – opium, morphine, codeine and heroin
- Synthetics – meperidine (Demerol), oxymorphone (Numorphan) and oxycodone (Percodan)
- May be taken in pill form, smoked or injected depending upon the type of narcotic used.
- Some street names for opiates include "smack," "junk," "dope," "horse," "stuff," "heroin," "scag" and "opium"

### Effects

Narcotics cause a depression of the central nervous system that is characterized by drowsiness, clouding of mental processes, apathy, and a slowing of reflexes and physical activity. Many people report that narcotics give them an overall sense of detachment from physical pain and the surrounding environment; some people report experiencing a "high" or a rush of euphoria with narcotic use.

Tolerance to narcotics develops with continued use. All narcotics are considered addicting substances, but heroin is considered the most potent of these drugs. Withdrawal from narcotics is an uncomfortable and sometimes complicated process that requires medical supervision. Because of the potency and fast-acting properties of these drugs, withdrawal symptoms begin only eight to twelve hours after the last dose of the substance is taken. Typical symptoms of withdrawal from narcotics include frequent yawning, "goose-flesh" skin, watery eyes, runny nose, dilated pupils, and body chills. Although rare, complications of withdrawal from narcotics may lead to convulsions and other medical emergencies.

### **IMMEDIATE EFFECTS**

- Relaxation and induced sleep
- Reduction of pain
- Decrease in size of pupils
- Cold, moist and bluish skin
- Constricted pupils

### **CHRONIC AND LONG TERM EFFECTS**

- Restlessness, nausea, vomiting and constipation
- Mood changes
- Impaired mental functioning and alertness
- Impaired vision

## ***CHRONIC AND LONG TERM EFFECTS (CONT'D)***

- Depression and apathy
- Impaired coordination
- Addiction even with occasional use
- Infections of the heart lining and valves, skin abscesses, and congested lungs
- Infections from unsterile solutions, illness such as liver disease, tetanus, serum hepatitis and AIDS from use of needles
- Breathing slows down, and death may occur
- User may go "on the nod" going back and forth from feeling alert to drowsy

## ***EFFECTS OF NARCOTICS ON DRIVING***

- **Effects of Intoxication** – These effects are similar to those produced by alcohol abuse.
- **False Sense of Security** – This state of mind will cause the driver to take more chances and risks.
- **Euphoric High Followed by a Period of Stupor Inactivity** – The driver daydreams while in this state of mind. Attention is not given to the road conditions and/or traffic situations. This subsequently creates the probability of a collision.
- **Difficulty in Focusing** – The pupils are so constricted (pinpoint size) that vision is impaired.
- **Visual Distortion** – Blurred and/or double vision occurs as it does with any depressant drug.
- **Coma** – This creates an obvious safety risk.

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## PHENCYCLIDINE (PCP)

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### Description

PCP is classified as a Schedule 1 Controlled Substance under the Comprehensive Drug Abuse Prevention and Control Act. PCP was originally developed as an anesthetic, but the adverse side effects prevented its use except as a large animal tranquilizer. PCP was withdrawn from the market because of its effects. Now solely manufactured illegally.

- PCP is sold as a creamy, granular powder and often packaged in one inch square aluminum foil or folder paper "packets."
- It may be mixed with marijuana or tobacco and smoked. It is sometimes combined with procaine, a local anesthetic, and sold as imitation cocaine.
- Street names for PCP include "angel dust," "embalming fluid," "rocket," "hog," "crystal," "peace pill" and "tranq."

### Effects

Even in relatively small doses, PCP is capable of producing a "high" in the user, with an accompanying increase in blood pressure, respiration, and pulse rate. Other physical effects of the drug are likely to include sweating, dizziness, flushing of the face, loss of coordination, slurred speech, and muscle rigidity. While the effects of this substance have not yet been systematically explored, PCP is thought to be an addicting substance. Large doses of the substance may cause convulsions and an overall depression of the central nervous system that resembles a coma-like state. Depending on the amount, frequency, and method of PCP use, this drug may be responsible for significant emotional changes in the user. The psychological effects of PCP use often mimic primary symptoms of schizophrenia. For example, the user may feel threatened and fearful without apparent cause, and (s)he may develop an ongoing suspicion of others (paranoia). The PCP user may also exhibit extreme excitability and/or hostility that may erupt in episodes of violence.

### **IMMEDIATE EFFECTS:**

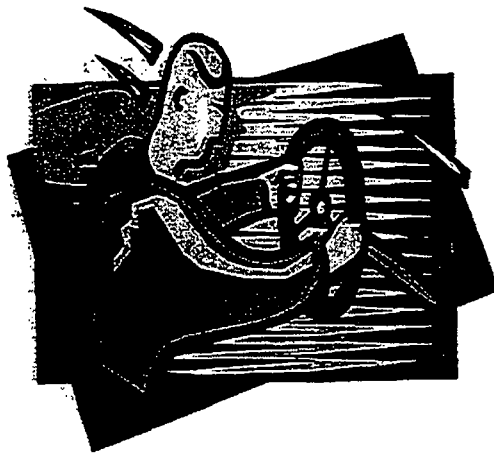
- Increased heart rate and blood pressure
- Flushing, sweating, dizziness and numbness

### **CHRONIC AND LONG TERM EFFECTS:**

- Stimulation (speeding up) of body functions (may also act as a depressant, pain killer, anesthetic, or hallucinogenic drug)
- Change in user's perception of own body and other forms
- Changes in speech, muscle coordination and vision
- Slowing of body movements
- Dulled sense of touch and pain
- "Spacing out" of time
- Death from repeated convulsions, heart and lung failure or ruptured blood vessels in the brain
- Signs of paranoia, fearfulness and anxiety

## ***EFFECTS OF PCP ON DRIVING***

- **A Feeling of Owning the Road** – The user feels that (s)he is the superior being on the road.
- **Sense of Invulnerability and Power** – This causes the driver to take more risks on the road.
- **Aggressive Behavior** – This drug creates a very aggressive, hostile and violent driver with very little patience and no fear of death.
- **Auditory and Visual Hallucination** – This creates the likelihood of the driver reacting to something not there, causing a collision.
- **Visual Distortion** – Blurred and/or double vision can occur.
- **Convulsions, Coma and/or Death** – This creates the obvious possibility of a collision.
- **Impaired Coordination & Dulled Senses** – Loss of perception of time. Time appears to slow down.





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## AMPHETAMINES

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### Description

Amphetamines are classified as Schedule II Controlled Substances under the Comprehensive Drug Abuse Prevention and Control Act, and include amphetamine, dextroamphetamine, and methamphetamine.

- Amphetamine ("speed") is sold in counterfeit capsules or as white, flat, double-scored "mini bennies." It is usually taken by mouth.

### Effects

Given their ability to stimulate the release of adrenaline, amphetamines cause body systems to operate at an increased rate. A related and common effect of these drugs has contributed to their popularity over the years; it appears that amphetamines can reduce appetite while maintaining or even increasing energy level. Over a period of time, however, this chemically stimulated reduction in appetite can lead to malnutrition. Furthermore, people who lose weight through the use of amphetamines are likely to regain that weight soon after pill use ceases, particularly if their eating habits have not otherwise changed.

When used consistently and in high doses, these stimulant drugs may cause serious problems typically associated with long periods of wakefulness. For example, users may develop symptoms of paranoia, or experience unusual sensations, or they may have hallucinations. The physical effects of prolonged use of amphetamines – particularly when taken by injection – can result in amphetamine psychosis (symptoms of severe mental disorder) and damage to the liver, heart, and circulatory system.

### ***IMMEDIATE AMPHETAMINE EFFECTS:***

- Increased heart rate and respiration
- Increased blood pressure
- Dilated pupils
- Dry Mouth

### ***CHRONIC AND LONG TERM EFFECTS***

- Sweating, headache, blurred vision, and dizziness
- Decreased appetite
- Sleeplessness/anxiety/depression
- Rapid or irregular heartbeat
- Tremors/loss of coordination
- Physical collapse/brain damage
- Amphetamine psychosis: hallucinations, delusions, or paranoia

## ***EFFECTS OF AMPHETAMINES ON DRIVING***

- **Over-Estimation of Performance Capabilities** – Driver takes more risks as the result of this attitude.
- **Anxiety, Irritability and Frequent Over-Reaction** – Minor irritations create angry driver reactions
- **Extreme Mental and Physical Fatigue** – This occurs during the “down” period. During this time the driver is unable to concentrate and make sound judgments.
- **Food and Sleep Deprivation** – Leads to inappropriate increased vehicle speed. Amphetamine psychosis can also result: the driver is out of touch with reality and does not know where (s)he is going.

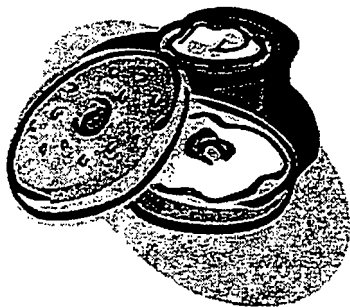


## POPPY SEEDS

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Poppy Seeds are the source of morphine, codeine and opium. Heroin is synthesized from opium by heating it with acid. All of these chemicals are part of the class of drugs called "opiates". Ingesting poppy seeds will not give a sensation of being "high" but morphine and lessor amounts of codeine will be excreted in the urine. This will cause a positive drug test but much less frequently now that the cut-off for these opiates was raised to 2000 ng/mL. There is an additional test for heroin, called 6-AM which is never positive from poppy seeds.

Poppy seeds vary in their opiate content depending on where in the world the poppy plant is grown. They are used in cooking many different baked goods and foods. One poppy seed bagel or muffin can be enough if eaten close to a drug test.



When a drug test comes back positive for morphine or codeine the Medical Review Officer (MRO) calls the donor to determine if the test is positive as a result of a prescription and if verifiable, the test will be changed to negative. The MRO also will inquire if the donor has eaten any foodstuffs containing poppy seeds and may need to examine the donor to determine whether there are any signs of opiate abuse. If the drug test is positive as a result of poppy seed ingestion, it will be changed to be a negative drug test. If the 6-AM test is positive, it will be reported as positive for heroin.

## ADULTERATED / SUBSTITUTED SPECIMENS

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Adulterants are substances that can be added directly to urine in an attempt to destroy the drug/drug metabolite(s) or interfere with the test(s). Effective adulterants generally act by disrupting the test reaction. A donor may try to avoid a positive drug test result by adding something to, or substituting another fluid for, his or her own urine.



Federal guidelines require that the laboratory perform procedures to screen for adulteration. Federal guidance authorizes, but does not require, testing for nitrite concentration, creatinine concentration, specific gravity, and PH. Some specific adulterants that are commercially sold include Clean 'n Clear, Clear Choice Instant Purifying Additive, Klear, Liquid Soap, Bleach, Salt, UrinAid, Urine Luck, and Whizzies. Some donors have added other household products and substances to urine samples. New adulterants continue to be introduced to the marketplace. Many are sold through direct mail and over the Internet.

### **HOW IT IS DEALT WITH**

If the laboratory has identified the specimen to be adulterated or substituted, the laboratory will not report the drug **test** results, whether negative or positive, they just report it as adulterated (tampered). There is no requirement for the MRO to contact a donor about an adulterated or substituted specimen; however, the MRO may choose to do this to inform the donor of the outcome and ask if (s)he adulterated the specimen.

If it is determined that the specimen was adulterated or substituted, the MRO will report to the employer that the specimen was adulterated or substituted, *either of which constitutes a refusal to test*. The printed report will state "Test not performed, specimen adulterated or substituted, refusal to test." Federal guidelines state that employers must treat adulterated tests as a positive test result. In DOT-regulated testing, an employee who submits an adulterated specimen must be referred to a SAP for evaluation.

## POST ACCIDENT DRUG AND ALCOHOL TESTING CONSENT

Company Name: \_\_\_\_\_

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

Employee ID #: \_\_\_\_\_ CDL Holder: YES \_\_\_\_\_ NO\* \_\_\_\_\_  
\*(If employee is NOT a CDL holder, NON DOT testing and consent forms MUST be used.)

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_ am/pm

Test Date: \_\_\_\_\_ Test Time: \_\_\_\_\_ am/pm

1. I understand that the incident in which I have been involved meets the federal/company definitions of an accident and dictates that post-accident testing be conducted.
2. This post-accident testing is being conducted in compliance with Federal Motor Carrier Safety Administration (FMCSA) regulations and/or my company's drug and alcohol misuse policy.
3. This test does not mean I am being held responsible for the incident in which I have been involved. The purpose of this test is to comply with federal regulations and/or company policy and to determine if I must be removed from safety-sensitive duties.
4. I understand that, unless the need for medical or emergency assistance prevents me from doing so, I must remain readily available for testing. Any failure to do so will be considered a refusal to test.
5. I understand that FMCSA regulations prohibit me from consuming alcohol for an 8-hour period following the accident or until alcohol testing has been performed, whichever comes first.
6. FMCSA regulations require that post-accident alcohol testing be conducted within 8 hours of the accident and post-accident drug testing be conducted within 32 hours.
7. I hereby voluntarily authorize any doctor, their employees or agents, together with any clinic, hospital, laboratory, or other medical facility to perform appropriate tests for drugs and alcohol and to release results to the Newport Alliance and/or an authorized company representative.
8. All information and reporting of this test, as well as test results, will be kept confidential.
9. I understand that I may be subject to removal from safety-sensitive duty, evaluation by a substance abuse professional, and/or possible disciplinary action if my breath alcohol concentration is 0.020 or greater, or if my drug test is confirmed positive.
10. I acknowledge that I have read the above statements and that I understand the reason for the test I am about to take.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## POST ACCIDENT CHECKLIST

Company: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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

**TO DETERMINE IF THE INCIDENT QUALIFIES AS A FMCSA ACCIDENT  
AND REQUIRES DRUG AND BREATH ALCOHOL TESTING,  
CHECK OFF THE APPROPRIATE BOXES BELOW.**

1. ☐ A fatality occurred because of the incident.
2. ☐ A citation for a moving violation was issued AND  
ONE (or more) of the following events happened:
  - ☐ (a) a vehicle was towed from the accident scene.AND/OR
  - ☐ (b) someone was injured and required treatment away from the scene.

**IF YOU HAVE CHECKED BOX 1, POST ACCIDENT TESTING MUST BE  
COMPLETED.**

**IF YOU HAVE CHECKED BOX 2 AND (a) or (b) POST ACCIDENT TESTING MUST  
BE COMPLETED.**

Please return this completed form to your company representative for filing. Do not return this form to The Newport Alliance.

## POST ACCIDENT TESTING FORM

Company Name: \_\_\_\_\_

Employee Involved: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_ am/pm

Test Date: \_\_\_\_\_ Test Time: \_\_\_\_\_ am/pm

Form Completed By: \_\_\_\_\_

FMCSA Accident Occurred (see Post-Accident Checklist): ☐ YES ☐ NO

Testing conducted within two hours of the accident: ☐ YES ☐ NO

***IF TESTING HAS NOT BEEN CONDUCTED WITHIN TWO HOURS OF THE ACCIDENT, CONTINUE TO REPORT EVERY TWO HOURS AND STATE THE REASON WHY TESTING HAS NOT BEEN CONDUCTED.***

Time 2 hours from the incident: \_\_\_\_\_ Test Done: ☐ YES ☐ NO  
Reason why testing was not conducted: \_\_\_\_\_  
\_\_\_\_\_

Time 4 hours from the incident: \_\_\_\_\_ Test Done: ☐ YES ☐ NO  
Reason why testing was not conducted: \_\_\_\_\_  
\_\_\_\_\_

Time 6 hours from the incident: \_\_\_\_\_ Test Done: ☐ YES ☐ NO  
Reason why testing was not conducted: \_\_\_\_\_  
\_\_\_\_\_

Time 8 hours from the incident: \_\_\_\_\_ Test Done: ☐ YES ☐ NO  
Reason why testing was not conducted: \_\_\_\_\_  
\_\_\_\_\_

**AFTER 8 HOURS CEASE ALCOHOL TESTING; HOWEVER, CONTINUE TO ATTEMPT TO CONDUCT DRUG TESTING UP TO 32 HOURS AFTER THE INCIDENT.**

Drug test conducted within 32 hours: \_\_\_\_\_ Test Done: ☐ YES ☐ NO  
Reason why drug test was not conducted: \_\_\_\_\_  
\_\_\_\_\_

Please return this completed form to your company representative for filing. Do not return this form to The Newport Alliance.

## PROCEDURES FOR BREATH ALCOHOL TESTING

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A breath alcohol test will be conducted under the procedures required by mandatory regulations of the Department of Transportation. Evidential breath testing is reliable and highly accurate at detecting low alcohol concentrations.

### Procedures

- **Photo identification must be presented at the testing site, i.e., photo ID or identification by an authorized representative. Supervisors are to ensure that employees sent for testing have their photo ID (CDL License).**
- The breath alcohol technician (BAT) will complete Step 1 on the Breath Alcohol Testing Form. The employee will be asked to complete Step 2 and sign the certification. Refusal to sign this certification will be regarded as a refusal to take the test.
- An individually-sealed mouthpiece will be opened and attached to the evidential breath testing device (EBT). The employee will be asked to blow forcefully into the mouthpiece for at least six seconds or until the EBT indicates that an adequate amount of breath has been obtained.
- The BAT will show the employee the displayed results of the screening test and record the results on the testing form. If the result is a breath alcohol concentration of less than 0.02, the BAT will date the form and sign the certification in Step 3. The employee will be asked to sign the certification and fill in the date in Step 4.
- If the result of the screening test is an alcohol concentration of 0.02 or greater, a confirmation test will be performed.
- Prior to the confirmation test, the employee will be instructed not to eat, drink, put any object or substance into your mouth, and, to the extent possible, not belch during a waiting period before this confirmation test. This instruction is for the employee's benefit as these actions could lead to an artificially high reading. The test will be conducted at the end of the waiting period, even if the above instructions have been disregarded.
- This waiting period begins with the completion of the screening test and shall not be less than 15 minutes. The confirmation test will be conducted within 30 minutes of the completion of the screening test.
- Prior to the confirmation test, the EBT will be cleared and a new mouthpiece will be used. The above procedures will be followed.
- The confirmation test result is deemed to be the final result upon which any action under operating administration rules shall be based. The results will not be released to anyone other than the employer without employee written consent.



## CONSEQUENCES OF A POSITIVE BREATH ALCOHOL TEST RESULT

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Upon a confirmation test result of **0.02 – 0.039** breath alcohol level, the employee will be removed from safety-sensitive duties for a **minimum of twenty-four (24) hours**. Retest is not required.

Upon a confirmation test result of **0.04 breath alcohol level or greater**, the employee will be removed from safety-sensitive duties until, at a minimum, they have completed the following:

- Contacted EAP and undergone substance abuse evaluation and, where necessary, rehabilitation. A substance abuse professional determines that the employee has successfully complied with any required rehabilitation.
- Completed a *return to duty* breath alcohol test with a result of less than 0.02 breath alcohol level.
- The employee will be required to undergo at least six (6) unannounced follow-up alcohol and controlled substance tests within the first twelve (12) months of return to duty and up to five years as determined by the substance abuse professional.



## PROCEDURES FOR DRUG TESTING

---

The collection of urine will be conducted under the procedures required by mandatory regulations of the Department of Transportation. These regulations allow for individual privacy unless there is reason to believe that a particular individual may alter or substitute the urine specimen to be provided. The collection site person(s) will take precautions to ensure that an employee's specimen is not adulterated or diluted during the collection procedure. The specimen collection must also follow strict chain of custody and security procedures.

### Procedure

- **Photo identification must be presented at the collection site or personal individual identification is necessary. Supervisors are to ensure that employees sent for testing have photo identification (CDL License.)**
- The employee will be asked to remove any unnecessary outer garments such as a coat and jacket. All personal belongings, like briefcases, will remain with the outer garments. A wallet may be retained.
- The employee will be instructed to wash and dry their hands prior to providing a specimen.
- The employee's specimen will be provided in the privacy of a stall or otherwise partitioned area that allows for individual privacy.
- After handing the specimen bottle to the collector, the employee should keep the specimen in full view at all times until it is sealed and labeled. This protects you against the wrong label being put on your bottle or someone possibly tampering with your specimen.
- If the collection site person has reason to believe that an employee may have altered or substituted the specimen, the person will notify a higher-level supervisor. Should an employee tamper, adulterate, or in any way attempt to dilute the specimen, the collection site person will request authorization to collect a second specimen under direct observation by a same gender collection site person.
- The employee will be asked to initial the identification label on the specimen (s)he provides.
- **After the laboratory analysis, the results will be forwarded to the Medical Review Officer.** Prior to making a final decision to verify a positive test result to the employer, the Medical Review Officer will give the employee an opportunity to discuss the test result and submit medical documentation of legally prescribed medications. The employee also can request split sample testing within seventy-two (72) hours, but the employee will be removed from safety-sensitive functions while split sample testing is being done.



**The MRO will contact the employee directly to discuss a positive result.** If, after making all reasonable efforts the MRO is unable to reach the individual, the MRO will contact the designated employer representative who will direct the employee to contact the MRO as soon as possible. If the employee does not contact the MRO as directed, after five (5) days the MRO may verify a positive test to the employer. If the employer also cannot contact the employee directly, the drug test can be released in 14 days.

**The results of the drug test will be released to the employer.** The results are made known to the Medical Review Officer and a management official having the authority to take action for drug use. The results of the drug test will not be released to anyone other than the employer without employee written consent.

## CONSEQUENCES OF A POSITIVE URINE DRUG TEST RESULT

---

Employee must be removed from safety-sensitive duties if (s)he has a positive drug test. Removal cannot take place until the Medical Review Officer (MRO) has interviewed the employee and determined that the positive drug test resulted from the unauthorized use of a controlled substance. The following is required before an employee may return to safety-sensitive duties:

Compliance with any required rehabilitation as stipulated by the SAP.

The employee takes a return-to-duty drug test with a negative test result.

Follow-up testing to monitor the employee's continued abstinence from drug use will be required. **A minimum of six (6) unannounced tests in the first twelve (12) months of an employee's return to duty and up to five years as determined by the substance abuse professional.**

## **SPLIT SPECIMEN TESTING**

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**DEFINITION: A SPLIT SPECIMEN IS THE PART OF THE URINE SPECIMEN THAT IS SENT TO THE FIRST LABORATORY AND RETAINED UNOPENED, AND WHICH WILL BE TRANSPORTED TO THE SECOND LABORATORY IN THE EVENT THAT THE EMPLOYEE REQUESTS IT BE TESTED FOLLOWING A VERIFIED POSITIVE TEST OF THE PRIMARY SPECIMEN.**



specimen testing is mandated for FMCSA collections. Employees have 72 hours from the time of MRO notification of a positive test result to request a test of the split specimen. The request must be made to the MRO and may be verbal or in writing.

The regulations take no position on who ultimately pays the cost of the test so long as the employer ensures that the testing is conducted as required. As the employer, you may seek reimbursement of all or part of the cost of the split specimen by the employee.

If the analysis of the split sample fails to confirm the presence of a drug, the MRO will conduct the test and report this to both employee and employer.

Please note that removal from safety-sensitive duties as required by the regulations following a positive drug test is NOT delayed to await the result of the split specimen

## ACCESS TO HELP

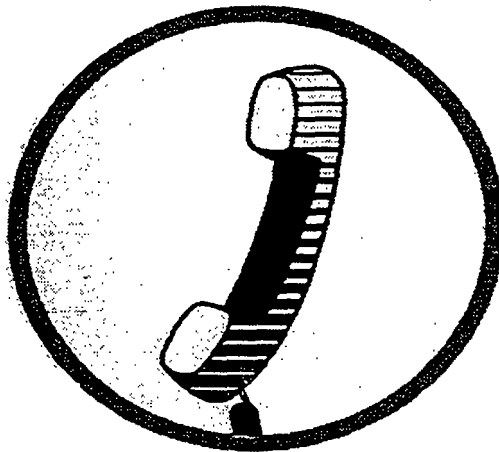
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### *RESOURCES TO HELP EMPLOYERS*

Access to help via Newport Alliance (800) 223-2133  
Twenty-four (24) hour availability for information and MRO access.

Drug-Free Workplace Materials  
Center for Substance Abuse Prevention (800) 843-4971  
(NIAH) Workplace HealthLine

Hotline for a Drug-Free Workplace (202) 842-7400



### *RESOURCES TO HELP EMPLOYEES*

Alcoholics Anonymous (AA) (212) 686-1100

Narcotics Anonymous (NA) (818) 780-3951

Employee Assistance Program (EAP) (800) 356-9996

American Council on Alcoholism Hotline (800) 527-5344

National Council on Alcoholism & Drug Dependence (800) 622-2255

Substance Abuse & Mental Health Services Administration (800) 662-4357  
for Substance Abuse Treatment

## **SUBSTANCE ABUSE PROFESSIONAL (SAP)**

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The Omnibus Transportation Employees Testing Act of 1991 required that an opportunity for treatment be made available to covered employees. To implement this requirement in its alcohol and drug testing rules, the DOT established the role of "substance abuse professional (SAP).

The DOT rules require an employer to advise a covered employee who engages in conduct prohibited under these rules of the resources available for evaluation and treatment of substance abuse problems. Employers wishing to return an employee to safety-sensitive duties following a rule violation must first ensure that the employee has been evaluated by a SAP. The SAP plays a pivotal role in the evaluation, referral, and treatment process of a safety sensitive employee who has violated the DOT regulations. The SAP is responsible for making a face-to-face initial assessment and evaluation to determine what assistance, if any, is needed to address the employee's substance abuse problem. If assistance is needed, the SAP is responsible for referring the employee to the appropriate education or treatment program.

The SAP is also responsible for conducting a face-to-face follow-up evaluation to determine if the employee has demonstrated successful compliance with the initial assessment and treatment recommendations. In addition, the SAP is responsible for providing the employer with a follow-up drug and/or alcohol testing plan for the employee. Based on these responsibilities, a SAP plays a major role within the testing program in managing the therapeutic decisions when the regulations are violated. Individuals who are currently qualified to act as a SAP in the DOT drug and alcohol testing program are as follows:

A licensed physician (doctor of medicine or osteopathy); or a licensed or certified psychologist, social worker, or employee assistance professional; or an addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission or by the International Certification Reciprocity Consortium / Alcohol & Other Drug Abuse). All must have knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders

The SAP is also required to have a working knowledge of DOT, Part 40 regulations and the DOT agency regulation applicable to the employer for which (s)he evaluates employees who have engaged in a DOT drug and alcohol regulation violation.

## REFUSAL TO SUBMIT TO DRUG AND/OR ALCOHOL TEST

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I hereby refuse to authorize urine drug and/or breath alcohol testing. I understand that a refusal to test is considered the equivalent of testing positive.

I understand that my refusal will require a review of the facts by management which may necessitate discipline, up to and including termination.

---

Signature

Date

Time

---

Witness

Date

Time



## ALCOHOL AND DRUG TESTING REQUIREMENT INFORMATION SUPERVISORY TRAINING ACKNOWLEDGMENT

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I have been provided information/supervisory training on the U.S. Department of Transportation, Federal Highway Administration's alcohol and drug testing requirements for all Commercial Licensed Drivers.

This training included:

- Company-Specific Policy
- Drug and Alcohol Testing Procedures
- An Overview of the Federal Drug & Alcohol Testing Rules
- 60 minutes each of drug and alcohol issues including the physical and behavioral indicators of drug and/or alcohol use.

Department: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Employee Number: \_\_\_\_\_

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

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

***This form is to be filed in the employee's Official Personnel File or other designated location consistent with company policy.***

# *Certificate of Achievement*

*This certificate is presented to*

---

*to certify successful completion of*

**THE NEWPORT ALLIANCE  
DRUG & ALCOHOL TESTING  
TRAINING FOR SUPERVISORS**

---

*Employer*

---

*Date*

KATHLEEN A. MORETTI  
Director of Personnel



VINCENT A. CIANCI, JR.  
Mayor

Department of Personnel  
*"Building Pride in Providence"*

**Appendix F**

MEMORANDUM

TO: DEPARTMENT DIRECTORS

FROM: KATHLEEN A. MORETTI  
DIRECTOR OF PERSONNEL *Kathleen A. Moretti*

DATE: JANUARY 3, 2002

SUBJECT: P-2-02 - DEPARTMENT CLERK - INSPECTIONS AND  
STANDARDS

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Please post the enclosed job vacancy on Wednesday, January 9,  
2002.

It is to be taken down at the end of the work on Friday,  
January 11, 2002.

Thank you.

**CITY OF PROVIDENCE  
PERSONNEL OFFICE**

**ANNOUNCEMENT OF A VACANCY  
JOB DESCRIPTION**

**TITLE:** DEPARTMENT CLERK – DEPARTMENT OF INSPECTION AND  
STANDARDS, DIVISION OF  
ADMINISTRATION

**SALARY:** GRADE 9 - \$26,028.68 - \$27,678.06

**SUMMARY:** This position is within the Department of Inspection and Standards, Division of Administration. This individual will be responsible for performing duties necessary for the normal operation of the different Divisions within the Department of Inspection and Standards.

**DUTIES AND  
RESPONSIBILITIES:**

1. Will be responsible for the typing and mailing of all notices of violations, warning letters, liens, and all other correspondence normally issued by any Division within the Department.
2. Will be responsible for the performance of difficult and responsible clerical work, including but not limited to maintenance of the departmental files, correspondence, statistical data of all division operations, personnel records, revenue data, payroll information, etc.
3. Will be responsible to perform data entry duties and to manipulate the computer system to accomplish assigned tasks as may be requested by a Division Chief or the Director.

4. Will be responsible for developing a knowledge of any Division's programs, procedures and policies concerning the work being performed by that Division.
5. Will be responsible for responding to complaints from the general public and providing information to the general public with regard to Division programs and records.
6. May be responsible for doing other clerical work which would require individual judgments of considerable difficulty which may include the filling out of permits, filling out license applications, and preparation of license photo identifications.
7. Acts as secretary to a Division Chiefs, Deputy Director, or supervisor.
8. May be responsible for serving as a Clerk to the Building Board of Review, recording the proceedings of the monthly meetings, maintaining the files, and typing and mailing all correspondence, notices and resolutions.
9. Will be responsible for all other duties of a similar nature hereafter assigned.
10. Responsible for working as a Senior Department Clerk only for the duties and responsibilities outlined above.

**MINIMUM  
QUALIFICATIONS:**

1. Must have a high school diploma or a G.E.D.
2. Must have secretarial or business school training, or equivalent experience.
3. Must have experience in responsible clerical work and proficiency in typing.
4. Must have the ability to operate commonly used word processing and data base management programs.

5. Must have the ability to operate commonly used word processing and data base management programs.
6. Must have good organizational and communication skills and experience dealing with the public.
7. Must be capable of performing the essential functions of the job.
8. Applicant must meet Residency Requirements of the City Charter.

All applications may be obtained from the Personnel Department, 4<sup>th</sup> Floor, City Hall, 25 Dorrance Street, Providence, RI 02903.

All applications must be accompanied by a resume and salary history. Only those applicants who meet all of the above-mentioned qualifications will be eligible for an interview.

**BARGAINING UNIT MEMBERS:**

Official Bid Forms must be returned to the Personnel Department no later than

Wednesday, January 23, 2002

**OTHER APPLICANTS:**

Applications must be returned to the Personnel Department no later than

Friday, January 11, 2002

**AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION  
EMPLOYER THIS POSITION WILL BE FILLED WITHOUT REGARD  
TO RELIGION, RACE, COLOR, NATIONAL ORIGIN SEX, AGE,  
DISABILITY OR SEXUAL ORIENTATION.**

# Appendix G

## CITY OF PROVIDENCE ENTRANCE INTO CITY SERVICES

TO: PERSONNEL DIRECTOR  
AND CITY CONTROLLER

DEPT.:  
DIV.:  
CODE:  
DATE:

**REQUEST IS HEREBY MADE TO EMPLOY THE FOLLOWING NAMED PERSONS IN THIS DEPARTMENT**

DATE EFFECTIVE	NAME AND ADDRESS	POSITION TITLE	EXEMPT	STATUS	BASIS	COMPENSATION BASE PAY
	SS#	Emp.#				
	D.O.B EEOC CODE : RACE/SEX:					

PREVIOUS CITY EMPLOYMENT  
WHAT DEPARTMENT:

YES NO ☐

LAST DATE EMPLOYED:  
PREVIOUS NAME:

\*STATUS:

F-FULL TIME  
P - PART TIME

T - TEMPORARY

R - ADD "R" TO ABOVE IF EMPLOYEE IS BEING RE-INSTATED.

I HEREBY CERTIFY THAT THE APPOINTMENTS REQUESTED ABOVE IS MADE IN ACCORDANCE WITH THE PROVISIONS OF THE OF THE ORDINANCES OF THE CITY OF PROVIDENCE WITH RESPECT TO POSITION CLASSIFICATIONS, RATES AND QUOTAS.

BY: \_\_\_\_\_ TITLE:

APPROVED:

MAYOR

DATE

PERSONNEL DIRECTOR

DATE

- 1-PERSONNEL DIRECTOR  
2-CONTROLLER'S DEPT. - RETIREMENT DIVISION  
3 - CONTROLLER'S DEPT. - TABULATING AND PAYROLL DIVISIONS COPY  
4-DEPARTMENTAL COPY



# Public Service Employees'

## Local Union 1033

410 South Main Street  
Providence, Rhode Island 02903-7124  
Tel. (401) 331-1033  
Fax (401) 421-0244

### DUES DEDUCTION AUTHORIZATION

Please Print	LAST	FIRST	MIDDLE INITIAL
ADDRESS: NO./STREET	CITY/STATE		ZIP CODE
TELEPHONE # (HOME)	(WORK)		
EMPLOYER:	DEPT.:	POSITION:	
DATE OF BIRTH: ____/____/____		SOCIAL SECURITY NO. ____-____-____	

TO: CITY OF PROVIDENCE, PROVIDENCE, RHODE ISLAND

This is to authorize you to deduct from my salary each week the amount of TEN AND 95/100 (\$10.95) DOLLARS for the weekly union dues payable to the Secretary-Treasurer of Local Union 1033.

This authorizes Local Union 1033 to file this card with the CITY OF PROVIDENCE on behalf of the undersigned and is to be effective as soon as received by the CITY OF PROVIDENCE.

DATED: \_\_\_\_\_

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

NOTE: Dues, contributions or gifts to Local Union 1033 are not deductible as charitable contributions for federal income tax purposes. Dues paid to Local Union 1033, however, may qualify as business expenses and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Service.

DATED: \_\_\_\_\_

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

(over)



RHODE ISLAND PUBLIC EMPLOYEES'  
HEALTH SERVICES FUND  
410 South Main Street  
Providence, RI 02903  
(401) 331-1033

LOCAL UNION 1033/CITY OF PROVIDENCE  
LIFE INSURANCE ENROLLMENT  
POLICY NUMBER G1324

(Please print)

Member's Name:

Last Name

First Name

Middle Initial

Member's Social Security No.: \_\_\_\_\_

Member's Date of Birth: \_\_\_\_\_

Member's Address:

Street

City/Town

State

Zip

Beneficiary Designation: Relationship to Union Member \_\_\_\_\_

Last Name

First Name

Middle Initial

Beneficiary Designation: Relationship to Union Member \_\_\_\_\_

Last Name

First Name

Middle Initial

Beneficiary Designation: Relationship to Union Member \_\_\_\_\_

Last Name

First Name

Middle Initial

Please check one: Initial Enrollment ☐ Change in Beneficiary ☐

Unless otherwise provided, where two or more beneficiaries are named, the proceeds shall be paid in equal shares to the named beneficiaries, if surviving the insured, or to the survivor or survivors. If no beneficiary survives, payment shall be made in accordance with the terms of the policy.

This designation revokes any and all previous designations. The right to further change the beneficiary is reserved unto the insured.

I accept the insurance provided by my Union's Group Insurance Plan.

Signature \_\_\_\_\_ Date \_\_\_\_\_

DESIGNATION OF BENEFICIARY

Non Union

TO: THE CITY OF PROVIDENCE

DATE: \_\_\_\_\_

I, \_\_\_\_\_, hereby designate the following person as the  
(Employee Name)  
beneficiary to whom I request and hereby authorize the City of Providence to pay in the  
event of my death.

Check one only:

TO WIFE OR HUSBAND

1. ☐ \_\_\_\_\_, my \_\_\_\_\_  
If living at my death; if not, then to our  
surviving children born to our marriage.
2. ☐ My Surviving Children equally.
3. ☐ \_\_\_\_\_ my \_\_\_\_\_  
If living at my death; otherwise to:  
\_\_\_\_\_  
\_\_\_\_\_
4. ☐ The executor or administrator of my  
Estate.
5. ☐ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
WITNESS



# MEMBERSHIP APPLICATION

INSTRUCTIONS:  
1. PRINT HARD WITH BLACK BALL-POINT PEN OR TYPE.  
2. COMPLETE AND SIGN APPLICATION



DO NOT  
WRITE  
IN THIS  
AREA

A1 GROUP		A2 SUBGRP		A3 CK		A4 LID		APPLICATION RECEIVED DATE													
PLAN DESIRED		HEALTHMATE		CLASSIC		BLUECHIP		DENTAL BENEFITS		APPLICATION TYPE		NEW CHANGE TRANSFER									
EMPLOYER (GROUP) NAME		GROUP NUMBER		EFF. DATE OF COVERAGE		FOR MEMBERSHIP USE ONLY		CONTRACT TYPE		PACKAGE											
LAST NAME		FIRST		INITIAL		TITLE (JR, MD, ETC)		CHECK MARITAL STATUS		BIRTHDATE		MONTH		DAY		YEAR					
RESIDENT ADDRESS STREET, BOX, RT. NO.		ADDITIONAL ADDRESS (APT., BLDG. ETC.)		CITY		STATE		ZIP													
HOME TELEPHONE (with area code)		DATE OF HIRE		OCCUPATION		EMPLOYEE NUMBER		PRIMARY LANGUAGE SPOKEN													
NAME (LAST) (FIRST) (MI)		BIRTHDATE MO. DAY YR.		SEX		RELATIONSHIP		SOCIAL SECURITY NUMBER		IF STUDENT NAME OF COLLEGE		Admission Mo. Yr.		*MANDATORY FOR BLUECHIP COVERAGE PERSONAL CARE PHYSICIAN (PCP)		ARE YOU A CURRENT PATIENT?		PC NUM.			
SUBSCRIBER		/ /		M F		SPOUSE										YES NO					
DEPENDENT		/ /		M F		DEPENDENT										YES NO					
DEPENDENT		/ /		M F		DEPENDENT										YES NO					
DEPENDENT		/ /		M F		DEPENDENT										YES NO					
DEPENDENT		/ /		M F		DEPENDENT										YES NO					
Other Insurance Information																		*APPLICATION CANNOT BE PROCESSED WITHOUT SELECTION OF PCP			
IF YOU OR ANY OF YOUR DEPENDENTS ARE ENROLLED IN ANOTHER INSURANCE PLAN IS COVERAGE WITH HEALTH DENTAL										RELATIONSHIP:				POLICY/CONTRACT #							
NAME OF POLICY HOLDER WITH OTHER INSURANCE:										NAME AND ADDRESS OF OTHER INSURANCE CO./OTHER PLAN											
IS ANYONE NAMED IN THIS APPLICATION ELIGIBLE FOR MEDICARE COVERAGE? YES NO										REASON FOR ELIGIBILITY OVER 65 DISABILITY				MEDICARE A (HOSPITAL) EFFECTIVE DATE MO DAY YR				MEDICARE B (MEDICAL) EFFECTIVE DATE MO DAY YR			
CHANGE	CHANGE FROM SINGLE PLAN TO FAMILY PLAN										CHANGE FROM FAMILY PLAN TO SINGLE PLAN										
	MARRIAGE DATE OF MARRIAGE SPOUSE'S FORMER LAST NAME										DIVORCE DATE OF CHANGE										
	ADDITION OF DEPENDENTS (Complete Dependent Section above) CANCELLATION OF DEPENDENTS										DEATH OF SPOUSE SEPARATED OTHER (specify)										
TRANSFER	NAME CHANGE FORMER NAME: ADDRESS CHANGE (complete address section above)										MILITARY REINSTATEMENT DATE OF ENTRY DATE OF DISCHARGE										
	NAME UNDER WHICH CURRENT CONTRACT IS LISTED										CURRENT IDENTIFICATION NO.										
	CURRENT GROUP NO.										ARE YOU TRANSFERRING FROM ANY OF THE FOLLOWING? BLUE CROSS AND BLUE SHIELD ANOTHER CHIP PROD OTHER										

I hereby authorize any physician, hospital, other medical facility or provider to release to the Corporation(s) offering the plan(s) selected above, i.e. Blue Cross & Blue Shield of Rhode Island and/or Coordinated Health Partners, Inc., and Blue Cross & Blue Shield of Rhode Island and/or Coordinated Health Partners, Inc., as applicable, to release to any physician, hospital, other medical facility or provider any and all records, opinions, reports, x-rays, laboratory tests, analysis or other information of any kind relating to any persons covered under this contract which is requested or received while such persons are members of Blue Cross & Blue Shield of Rhode Island and/or Coordinated Health Partners, Inc., as applicable. Blue Cross & Blue Shield of Rhode Island and/or Coordinated Health Partners, Inc., as applicable, may use this information for purposes of claims payment, case management, coordinated of benefits, and other purposes directly related to the administration of Blue Cross & Blue Shield of Rhode Island and/or Coordinated Health Partners, Inc., as applicable. This authorization shall expire two (2) years from the issue date of this policy. Thereafter, it shall be automatically renewed and revocable in writing at any future time.

I certify the information furnished is true and complete to the best of my knowledge.

SIGNATURE

DATE

# ENROLLMENT FORM

Please print. Complete form to ensure enrollment.

Employer Group Name		Delta Dental Group Number		Date of Hire		Location No. (if applicable)	
Social Security No. / Subscriber ID No.		Subscriber Name: First (8 Characters) Last (16 Characters)					
Date of Birth		Street Address / P.O. Box No.					
Effective Date of Action		Apt. No.		City		State	
						Zip	

<b>QUALIFYING EVENT</b> <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Workers Compensation <input type="checkbox"/> New Hire/Re-hire <input type="checkbox"/> Family Medical or Disability Leave <input type="checkbox"/> Marriage <input type="checkbox"/> Spouse's Loss of Coverage <input type="checkbox"/> Divorce <input type="checkbox"/> Full Time/Part Time Status <input type="checkbox"/> Birth or Adoption <input type="checkbox"/> Death of a Member		<b>DEPENDENT INFORMATION</b>		
<b>ACTION CODE (Check One)</b> (Changes must be made on the first of the month) Explain in "Other Remarks" if necessary.		<b>First Name Only</b> If last name differs, please indicate in "other remarks" below.		
<b>ADDITIONS:</b> <input type="checkbox"/> New Subscriber <input type="checkbox"/> Add Dependent to Family <input type="checkbox"/> Reinstatement		<b>Date of Birth</b>		
<b>TERMINATION:</b> <input type="checkbox"/> Remove Subscriber <input type="checkbox"/> Remove Dependent / Student		<b>Student Ride (over age 19)</b> Please check box below if full-time student		
<b>STATUS CHANGE:</b> <input type="checkbox"/> Individual to Family <input type="checkbox"/> Family to Individual <input type="checkbox"/> Name / Address Change <input type="checkbox"/> Transfer from Sublocation # _____ to # _____		<input type="checkbox"/> Corrections / Other Remarks (Please Explain)		
<b>COBRA:</b> <input type="checkbox"/> Reinstatement of Subscriber <input type="checkbox"/> Addition of Dependent — (From prior ID # _____)				

**Type of Coverage (Check One)**    ☐ Individual    ☐ Family

<b>COORDINATION OF BENEFITS</b>		
<b>DENTAL</b> — Are You or Any of Your Dependents Covered by Another Dental Plan? <input type="checkbox"/> No <input type="checkbox"/> Yes    If Yes, Please Complete the Section Below.		
Other Dental Insurance Name:		Type of Coverage: <input type="checkbox"/> Individual <input type="checkbox"/> Family
Other Dental Insurance Address:		
Employer Name Through Which You/Your Dependents Have Other Insurance:		
Group Policy No.	Policy Holder Name	Policy Holder ID No.
<b>MEDICAL</b> — Are You or Any of Your Dependents Covered by A Medical Plan? <input type="checkbox"/> No <input type="checkbox"/> Yes    If Yes, Please Complete the Section Below.		
Name of Medical Insurance Company/HMO:		Type of Coverage: <input type="checkbox"/> Individual <input type="checkbox"/> Family
Name of Health Plan/Type of Coverage:		
Employer Name Through Which You/Your Dependents Have Other Insurance:		
Group Policy No.	Policy Holder Name	Policy Holder ID No.

I certify that all information is true and correct to the best of my knowledge. Also, I understand that the effective date and termination date of my membership will be determined by my employer or plan sponsor in accordance with the underwriting guidelines of Delta Dental. In addition, if my employer requires employee contributions for this coverage, I authorize the deductions of these amounts from my wages periodically.

Employee Signature

Date

Benefits Administrator Authorization

Date

# Form W-4 (2001)

**Purpose.** Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 2001 expires February 18, 2002.

**Note:** You cannot claim exemption from withholding if (1) your income exceeds \$750 and includes more than \$250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to

income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. **However, you may claim fewer (or zero) allowances.**

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends,

consider making estimated tax payments using **Form 1040-ES**, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

**Two earners/two jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2001. Get Pub. 919 especially if you used the **Two-Earner/Two-Job Worksheet** on page 2 and your earnings exceed \$150,000 (Single) or \$200,000 (Married).

**Recent name change?** If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b> _____				
<b>B</b>	Enter "1" if: <table border="0"><tr><td>• You are single and have only one job; or</td><td rowspan="3">} . . . . . <b>B</b> _____</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.</td></tr></table>	• You are single and have only one job; or	} . . . . . <b>B</b> _____	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.	
• You are single and have only one job; or	} . . . . . <b>B</b> _____					
• You are married, have only one job, and your spouse does not work; or						
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.						
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job. (Entering -0- may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____				
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____				
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b> _____				
<b>F</b>	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit . . . . .	<b>F</b> _____				
<b>(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</b>						
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit): <ul style="list-style-type: none"><li>• If your total income will be between \$18,000 and \$50,000 (\$23,000 and \$63,000 if married), enter "1" for each eligible child.</li><li>• If your total income will be between \$50,000 and \$80,000 (\$63,000 and \$115,000 if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, or enter "3" if you have five or more eligible children.</li></ul>	<b>G</b> _____				
<b>H</b>	Add lines A through G and enter total here. <b>(Note: This may be different from the number of exemptions you claim on your tax return.)</b> ►	<b>H</b> _____				
<div>For accuracy, complete all worksheets that apply.</div> <ul style="list-style-type: none"><li>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li><li>• If you are single, have more than one job and your combined earnings from all jobs exceed \$35,000, or if you are married and have a working spouse or more than one job and the combined earnings from all jobs exceed \$60,000, see the <b>Two-Earner/Two-Job Worksheet</b> on page 2 to avoid having too little tax withheld.</li><li>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</li></ul>						

Cut 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. 1545-0010 <b>2001</b>	
► For Privacy Act and Paperwork Reduction Act Notice, see page 2.					
1 Type or print your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <i>Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.</i>	
City or town, state, and ZIP code				4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card. ► <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 _____	
6 Additional amount, if any, you want withheld from each paycheck . . . . .				6 \$ _____	
7 I claim exemption from withholding for 2001, and I certify that I meet both of the following conditions for exemption: <ul style="list-style-type: none"><li>• Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and</li><li>• This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability.</li></ul> If you meet both conditions, write "Exempt" here . . . . .				7 <input type="checkbox"/>	
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.					
<b>Employee's signature</b> (Form is not valid unless you sign it.) ►					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)				9 Office code (optional)	
				10 Employer identification number	

## Employment Eligibility Verification

Please 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 eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.


### Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
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):	
		<input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

**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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

### Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____				

**CERTIFICATION -** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

### Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____ Expiration Date (if any): ____/____/____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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 (month/day/year)

KATHLEEN A. MORETTI

Director of Personnel



VINCENT A. CIANCI, JR.

Mayor

## Department of Personnel

*"Building Pride In Providence"*

### City of Providence Sexual Harassment Policy Acknowledgment- New Hires

I, \_\_\_\_\_, an employee with the City of Providence hereby acknowledge that I have received and read a copy of the City's Sexual Harassment Policy. Sexual harassment is a form of discrimination and violates the following feeder, state and local laws:

- Title VII of the Civil Rights Act of 1964 as amended in 1972
- Rhode Island Fair Employment Practices Act, and the
- City of Providence's Anti-Discrimination Ordinance.

I have been informed that it is the policy of the city of Providence to prohibit sexual harassment of an employee by another employee or supervisor. In addition every employee is entitled to a working environment free from sexual harassment or offensive conduct of a sex-oriented or sex based nature regardless of its form or manner. Sexual harassment, both in general and as defined in this policy is unlawful conduct that will not be tolerated by the City of Providence. Offensive or inappropriate sexual behavior at work, including but not limited to, unwelcome sexual advances, request for sexual favors or other verbal or physical acts of a sexual or sex based nature where (a) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment and/or (b) such conduct interferes with an individual's work performance or creates an intimidating, hostile or offensive working environment, is conduct which the City of Providence considers to be sexual harassment and is strictly prohibited. All employees must avoid any act or conduct which could be viewed by any other individual as sexual harassment. I also understand that if I'm a victim of sexual harassment I can make a formal complaint to the City EEO/AA Officer at 421-7740 ext 241 or I can contact the Rhode Island Commission for Human Rights, 10 Abbott Park Place, Providence, Rhode Island 277-2661 or the Equal Employment Opportunity Commission, One Congress Street, Boston, Massachusetts, (617) 565-3200 either by phone, sending in a written complaint or by going to either agency in person. I acknowledge that I as well as all my co-workers, supervisors and colleagues are all entitled to a working environment free from sexual harassment or offensive conduct of a sex oriented or sex based nature. Violation of this policy make me subject to discipline up to and including termination. As a condition of City employment, I must abide by the terms of this policy and I will report to the employer any sexual harassment complaint I may have or see by my co-workers.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPARTMENT/SIGNATURE

\_\_\_\_\_  
DATE POLICY REVIEWED WITH EMPLOYEE

**AN EQUAL OPPORTUNITY EMPLOYER**



Department of Personnel  
*"Building Pride in Providence"*

**MEMORANDUM**

**DATE:** OCTOBER 2, 2001

**TO:** ALL CITY OF PROVIDENCE EMPLOYEES

**FROM:** MIRIAM TORRES-THORBURN  
EQUAL EMPLOYMENT OPPORTUNITY & AFFIRMATIVE ACTION OFFICER

**SUBJECT: SEXUAL HARASSMENT POLICY**

---

I have attached a copy of the City of Providence Sexual Harassment Policy for your review. Sexual harassment laws and policies are meant to provide protection to everyone in the workplace. Please take the time to read it and understand the importance of its' contents.

Sexual harassment is against the law, and the City of Providence will not tolerate it. If an individual harasses you or someone you know, immediately inform the harasser that the behavior is inappropriate and must stop. For more information, questions or concerns, feel free to contact me at 421-7740, Extension 241.

**ALWAYS** think about how others feel before you **SPEAK** or **ACT**.

**MAKE TRUST, DIGNITY AND RESPECT**

**THE FOUNDATION OF THE**

**WORKPLACE IN THE CITY OF PROVIDENCE**



## **CITY OF PROVIDENCE SEXUAL HARASSMENT POLICY**

Sexual harassment is a form of discrimination and violates the following federal, state and local laws:

- Title VII of the Civil Rights Act of 1964 as amended in 1972.
- Rhode Island Fair Employment Practices Act, and the
- City of Providence's Anti-Discrimination Ordinance.

The City of Providence believes that every employee is entitled to a working environment free from sexual harassment or offensive conduct of a sex-oriented or sex based nature regardless of its form or manner. Sexual harassment, both in general and as defined in this policy, is unlawful conduct that will not be tolerated by the City of Providence. Offensive or inappropriate sexual behavior at work, including but not limited to, unwelcome sexual advances, request for sexual favors or other verbal or physical acts of a sexual or sex based nature where (a) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment and/or (b) such conduct interferes with an individual's work performance or creates an intimidating, hostile or offensive working environment, is conduct which the City of Providence considers to be sexual harassment and is strictly prohibited. All employees must avoid any act or conduct which could be viewed by any other individual as sexual harassment.

The City of Providence considers the following identified conduct to represent some examples of the types of acts which violate the City of Providence's Sexual Harassment Policy. This list is neither exhaustive nor all inclusive.

- Physical assaults of a sexual nature such as: rape, sexual battery, molestation or attempts to commit these assaults and/or intentional physical conduct which is sexual in nature, such as touching, pinching, patting, grabbing, brushing against or poking any other employee's body without the employee's permission.
- Unwanted sexual advances, propositions or other sexual comments such as: sexually-oriented gestures, noises, remarks jokes or comments about a person's sexuality or sexual experience directed at or made in the presence of any employee who indicates or has indicated in any way that such conduct in his/her presence is unwelcome and/or preferential treatment or promises of preferential treatment to an employee for submitting to sexual conduct, or intentionally making the performance of an employee's job difficult because of that employee's sex.

- Sexual or discriminating displays or publications anywhere in the workplace by employees such as: displaying pictures, posters, calendars, graffiti, objects, written or reading materials or any other material that is sexually suggestive, sexually demeaning or pornographic, or possessing in the work environment any of these materials.

### **COMPLAINT PROCEDURE**

The City of Providence has established a convenient, confidential and reliable mechanism for reporting incidents of sexual harassment and/or retaliation. The City of Providence designates the Equal Employment Opportunity and Affirmative Action Officer to serve as its Investigative Officer for sexual harassment issues. If you have a complaint of sexual harassment and/or retaliation, you should contact the Equal Employment Opportunity and Affirmative Action Officer at (401) 421-7740 Ext. 241. The Investigative Officer may appoint a designee to assist him/her in handling sexual harassment/retaliation complaints.

Complaints of sexual harassment and/or retaliation will be accepted in writing or verbally. All complaints will be taken seriously and investigated expeditiously. A complaint need not be limited to someone who was the target of harassment and/or retaliation. The Investigative Officer will produce a written report, which, together with the investigation file, will be discussed with the complainant within a reasonable period of time. The Investigative Officer will have the duty to immediately bring all sexual harassment and/or retaliation complaints to the confidential attention of his/her supervisor, manager or the Mayor.

- Only those who have an immediate need to know, including the Investigative Officer, the alleged target of harassment and/or retaliation, witnesses to the conduct, and the alleged harasser, will or may find out the identity of the complainant. All individuals contacted in the course of the investigation will be advised that all parties involved are entitled to respect and that any retaliation or reprisal will constitute a separate actionable offense for which penalties may be implemented under this Policy.

An employee who believes that he/she has been a victim of sexual harassment can also contact the Rhode Island Commission for Human Rights, 10 Abbott Park Place, Providence, Rhode Island, (401) 222-2661 or the Equal Employment Opportunity Commission, One Congress Street, Boston, Massachusetts, (617) 565-3200 either by phone, sending in a written complaint or by going to either Agency in person.

## **SCHEDULE OF PENALTIES**

In determining the ultimate penalty in cases of sexual harassment, the nature and severity of the claimed misconduct, along with any other relevant factors, will be reviewed by management. It is within management's discretion to enact a more severe penalty against an accused harasser than as set forth in the following schedule of penalties.

If the investigation leads to a determination that the allegations of harassment are true the City of Providence will apply the following disciplinary consequences;

- An employee may be immediately discharged for any act of sexual harassment which conduct is proven or otherwise demonstrated to the satisfaction of the Investigative Officer and/or management.
- Acts of sexual harassment which are proven to be non-pervasive will generally result in a warning and/or suspension upon the first offense and discharge upon the second offense.
- In determining the ultimate penalty in cases of sexual harassment, the nature and severity of the claimed misconduct, along with any other relevant factors will be reviewed by management and it is within management's discretion to enact a more severe penalty against an accused harasser than as set forth in this Schedule of Penalties.

## **RETALIATION**

It is unlawful to retaliate or take reprisal in any way against anyone who has articulated any concern about sexual harassment or discrimination. Any form of retaliation against a sexual harassment complainant, alleged harasser or witness cooperating with an investigation of a harassment complaint will result in disciplinary action. The severity of the discipline will be based on the nature and extent of the harassment and retaliation and other relevant factors brought to the attention of management. The ultimate determination of the appropriate penalty for retaliation will be within the discretion of management.

## **COOPERATION**

An effective sexual harassment policy requires the support of all the City of Providence's personnel. Anyone who engages in sexual harassment and/or retaliation or who fails to cooperate with any City of Providence sponsored investigation may be disciplined by suspension or termination from employment. The City of Providence officials who refuse to implement remedial measures, obstruct remedial efforts or who retaliate against complainants, witnesses, or the alleged harasser may be disciplined by suspension or termination of employment.

Rev. July, 1997



Department of Personnel  
*"Building Pride in Providence"*

**DRUG FREE WORKPLACE POLICY ACKNOWLEDGEMENT  
NEW HIRES**

I, \_\_\_\_\_, an employee with the City of Providence hereby acknowledge That I have received a copy of the City's Policy regarding the maintenance of a Drug Free Policy Workplace. I have been informed that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance (to include but not limited to such drugs as marijuana, heroin, cocaine, PCP and crack, and may also include legal drugs which may be prescribed by a licensed physician if they are abused), is prohibited on the City's premises or while conducting city business. I also understand that convictions involving illicit drug behavior while off duty may result in disciplinary action. I acknowledge that I must report for work in fit condition to perform my duties. Violation of this policy make me subject to discipline up to and including termination. As a condition of City employment, I must abide by the terms of this policy and I will report to the employer any criminal drug conviction no later than five (5) days after such conviction. I realize that federal law mandates the employer to communicate this conviction to the appropriate federal agency under certain circumstances.

In accordance with the Drug Free Workplace Policy I certify that as a condition of my employment, I do not currently use illegal drugs.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

COMMENTS IF ANY:

\_\_\_\_\_  
Department/Agency Signature

\_\_\_\_\_  
Date policy reviewed with employee

5/94



Department of Personnel  
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CITY OF PROVIDENCE

DRUG FREE WORKPLACE POLICY

Drug use and abuse at the workplace or while on duty are subjects of immediate concern in our society. These problems are extremely complex and ones for which there are no easy solutions. From a safety perspective, the users of drugs may impair the well-being of all employees, the public at large, and result in damage to property. Therefore, it is the policy of the City of Providence that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the workplace. Any employee(s) violating this policy will be subject to discipline up to and including termination. An employee may also be discharged or otherwise disciplined for a conviction involving illicit drug behavior, regardless of whether the employee's conduct was detected within employment hours or whether his/her actions were connected in any way with his/her employment. The specifics of this policy are as follows:

1. Any employee who gives or in any way transfers a controlled substance to another person or sells or manufactures a controlled substance while on the premises of the employer will be subject to discipline up to and including termination..
2. The term "controlled substance" means any drugs listed in 21 U.S.C. 812 and other federal regulations. Generally, all illegal drugs and substances are included such as marijuana, heroin, morphine, codeine, or opium additives, LSD, DMT, STP, amphetamines, methamphetamines and barbiturates.
3. Each employee is required by law to inform the City of Providence Personnel or Department Director within five (5) days after he/she is convicted for violation of any federal or state criminal drug statute. A conviction means finding of guilt (including a plea of nolo contendere) or the imposition of sentence by a judge or jury in any federal or state court.
4. The employer (the hiring authority) will be responsible for reporting conviction (s) to the appropriate federal granting source, within ten (10) days after receiving notice from the employee or otherwise receives actual notice of such a conviction(s). All convictions (s) must be reported in writing to the Office of Personnel within the same time frame.

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City Hall - 25 Dorrance Street, Providence Rhode Island 02903  
Telephone (401) 421-7740, Fax (401) 273-9510, TDD (401) 751-0203

5. If an employee is convicted of violating any criminal drug statute while on duty, he/she will be subject to discipline up to and including termination. Conviction(s) while off duty may result in discipline or discharge.
6. The City of Providence encourages any employee with a drug abuse problem to seek assistance. Should you need more information about the assistance that is available, contact the Personnel Office
7. The Law requires all employees to abide by this policy.

11/93  
DD



Department of Personnel  
"Building Pride In Providence"

WORKERS' COMPENSATION INFORMATION IS REQUIRED ONLY AFTER  
A JOB OFFER HAS BEEN MADE

Are you or have you ever collected Workers' Compensation benefits for a job related injury?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give the date of your injury, nature of the injury, period of disability and present status of your injury.

NOTICE

Please take note that under RI General Laws #28-35-57.1, Workers' Compensation claims shall be denied from the date an employee commences employment for a period of two (2) years if an employee has willfully provided false information or intentionally failed to disclosed his or her workers' compensation history to the employer on an application requesting such information if the information relates to the injury which is the basis of the new claim for compensation. Therefore, please take your time in completing and signing this questionnaire. If you need additional time to obtain the necessary information, you may request it.

CERTIFICATION

I hereby cerify that the medical history information listed above is accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's signature

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Department of Personnel  
"Building Pride In Providence"

TO: DEPARTMENT DIRECTORS  
FROM: PERSONNEL POLICY MANUAL

NEW OR REVISED POLICY

Policy Title	Policy No.	Effective Date
Dress Code Policy	270	August 25, 1997

Policy Title	Policy No.	Effective Date
N/A	N/A	N/A

☐ Revised policy attached; changes are indicated below. Remove current policy from manual and insert revised policy.

☒ New Policy; insert in manual.

☐ Other

Summary of Policy Provisions or changes:

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### APPLICABILITY:

This policy shall apply to all civilian employees of the City of Providence.

### PURPOSE:

City of Providence office personnel and other employees providing City Services are required to dress in appropriate business attire when reporting to the work place.

### POLICY:

- All employees within the City of Providence are required to report to work dressed in appropriate businesslike attire.
- The following attire are examples of what is not to be worn by employees in the course of the work day. This list is not designed to be all inclusive and Department Directors and Supervisors are authorized to send employees home if they are not dressed appropriately.

-Short shorts	-Halter Tops
-Warm-up suits	-Beach or shower thongs
-Jogging suits	-Bare midriffs
-Sweat suits	-Tee Shirts without collars
-Cutoffs	-Sneakers
-Tank tops	-Jeans

- Employees who are required to wear uniforms are to wear the complete uniform. Uniforms are to be kept in good condition, neat and clean.



Department of Personnel  
"Building Pride in Providence"

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

The City of Providence is required by Equal Employment Opportunity Commission (EEOC) and the Department of Housing and Urban Development (HUD) regulations to collect and maintain certain information in support of our Equal Employment Opportunity Program.

THE INFORMATION REQUESTED ON THIS SURVEY IS STRICTLY FOR EEO RECORD KEEPING PURPOSES ONLY.

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP CODE

SS#NUMBER: \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

SEX: MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

RACE:  
WHITE \_\_\_\_\_

BLACK \_\_\_\_\_

HISPANIC \_\_\_\_\_

ASIAN & PACIFIC ISLANDER \_\_\_\_\_

AMERICAN INDIAN/ALASKAN NATIVE \_\_\_\_\_

# Form W-4 (2001)

**Purpose.** Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 2001 expires February 18, 2002.

**Note:** You cannot claim exemption from withholding if (1) your income exceeds \$750 and includes more than \$250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to

income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. **However, you may claim fewer (or zero) allowances.**

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See **Pub. 919, How Do I Adjust My Tax Withholding?** for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends,

consider making estimated tax payments using **Form 1040-ES, Estimated Tax for Individuals**. Otherwise, you may owe additional tax.

**Two earners/two jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Check your withholding.** After your Form W-4 takes effect, use **Pub. 919** to see how the dollar amount you are having withheld compares to your projected total tax for 2001. Get **Pub. 919** especially if you used the **Two-Earner/Two-Job Worksheet** on page 2 and your earnings exceed \$150,000 (Single) or \$200,000 (Married).

**Recent name change?** If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

## Personal Allowances Worksheet (Keep for your records.)

- A** Enter "1" for yourself if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_
- B** Enter "1" if: { • You are single and have only one job; or  
• You are married, have only one job, and your spouse does not work; or  
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. . . . . . **B** \_\_\_\_\_
- C** Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job. (Entering -0- may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_
- D** Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_
- E** Enter "1" if you will file as head of household on your tax return (see conditions under **Head of household** above) . . . . . **E** \_\_\_\_\_
- F** Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit . . . . . **F** \_\_\_\_\_
- (Note: Do not include child support payments. See **Pub. 503, Child and Dependent Care Expenses**, for details.)
- G** **Child Tax Credit** (including additional child tax credit):
- If your total income will be between \$18,000 and \$50,000 (\$23,000 and \$63,000 if married), enter "1" for each eligible child.
  - If your total income will be between \$50,000 and \$80,000 (\$63,000 and \$115,000 if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, or enter "3" if you have five or more eligible children. **G** \_\_\_\_\_
- H** Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ► **H** \_\_\_\_\_
- For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.  
• If you are single, have more than one job and your combined earnings from all jobs exceed \$35,000, or if you are married and have a working spouse or more than one job and the combined earnings from all jobs exceed \$60,000, see the **Two-Earner/Two-Job Worksheet** on page 2 to avoid having too little tax withheld.  
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut 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. 1545-0010 <b>2001</b>	
► For Privacy Act and Paperwork Reduction Act Notice, see page 2.					
1. Type or print your first name and middle initial		Last name		2. Your social security number	
Home address (number and street or rural route)				3. <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <i>Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.</i>	
City or town, state, and ZIP code					
				4. If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card. ► <input type="checkbox"/>	
5. Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5. _____	
6. Additional amount, if any, you want withheld from each paycheck				6. \$ _____	
7. I claim exemption from withholding for 2001, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and • This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here				[Shaded Box]	
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.					
Employee's signature (Form is not valid unless you sign it.) ►					
Date ►					
8. Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)			9. Office code (optional)		10. Employer identification number

# CITY OF PROVIDENCE



# PERSONNEL DEPARTMENT

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Present Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Permanent Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Have you filed an application with the CITY OF PROVIDENCE previously? \_\_\_\_\_

When? \_\_\_\_\_ Under what name? \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Have you ever worked for the CITY OF PROVIDENCE or any of its agencies, boards, commissions? Yes \_\_\_\_\_ No \_\_\_\_\_

Dates: \_\_\_\_\_

Position(s) \_\_\_\_\_

Are you currently receiving, or will you become eligible in the future to receive a pension from any of the following: the CITY OF PROVIDENCE or the Providence School Department? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, are you willing to waive your right to receive such pension or part of such pension during this new employment with the City of Providence? (Section 17-8, Providence Code of Ordinances)? \_\_\_\_\_ Yes \_\_\_\_\_ No.

Are you over 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_ Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of availability: \_\_\_\_\_ Are you under contract? \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodations? \_\_\_\_\_ Yes \_\_\_\_\_ No.

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, explain fully with dates, charges, location, disposition and any other details you feel are appropriate. \_\_\_\_\_

Are you legally eligible for employment in the U.S.A.? Yes \_\_\_\_\_ No \_\_\_\_\_

If offered a position, the Immigration Reform and Control Act of 1986 requires you to furnish proof of your Employment Eligibility and your identity.

continued

## PERSONAL INFORMATION

List all languages in which you are fluent:


Have you ever been dismissed, or asked to resign, from any position? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If YES, explain fully:


What is your current salary? \_\_\_\_\_

## PROFESSIONAL REFERENCES

Please list all references which you feel would supply the CITY OF PROVIDENCE with pertinent information concerning your training and experience.

NAME	POSITION	COMPLETE ADDRESS

## PROFESSIONAL ORGANIZATIONS

List any job-related organizations of which you are a member:


## MILITARY SERVICE RECORD

Have you served in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ Dates of duty \_\_\_\_\_ to \_\_\_\_\_  
(mo./yr.) (mo./yr.)

Branch \_\_\_\_\_ Applicable skills acquired? \_\_\_\_\_


**WORK HISTORY**

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

List each job held. Start with your present or most recent job. Include US military service assignments and volunteer activities which are job related.

<b>1</b>	Employer		From date	To date
	Phone No.		Salary	
	Address		Work Performed:	
	Job Title			
	Supervisor's Name			
	Reason for Leaving			
<b>2</b>	Employer		From date	To date
	Phone No.		Salary	
	Address		Work Performed:	
	Job Title			
	Supervisor's Name			
	Reason for Leaving			
<b>3</b>	Employer		From date	To date
	Phone No.		Salary	
	Address		Work Performed:	
	Job Title			
	Supervisor's Name			
	Reason for Leaving			

## EDUCATION AND PROFESSIONAL TRAINING

List high school attended, followed by higher institutions, in chronological order.

NAME & LOCATION OF INSTITUTION	DIPLOMA	DEGREE	MAJOR	MINOR

## APPLICANTS AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the CITY OF PROVIDENCE, I hereby authorize past employers and educational institutions to release information about my work history and education to determine my qualifications for this position.

You may release or verify the following items:

\_\_\_\_\_ All information below

OR

Past Employers:

\_\_\_\_\_ Salary history

\_\_\_\_\_ Dates of employment

\_\_\_\_\_ Positions held

\_\_\_\_\_ Duties and responsibilities

\_\_\_\_\_ Attendance records

\_\_\_\_\_ Reasons for leaving

\_\_\_\_\_ Eligibility for rehire

Educational  
Institutions:

\_\_\_\_\_ Number of years attended

\_\_\_\_\_ Degree obtained

## APPLICANTS CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. The CITY OF PROVIDENCE is hereby authorized to make any investigations of my prior education or work history as indicated above.

*This application will be kept in the active files for a period of 1 year. If the applicant is not hired during that period, the applicant must complete and execute a new application to be considered for employment.*

*All correspondence or telephone calls concerning application or positions available should be directed to the Director of Personnel, City Hall, Providence, RI 02903-1789.*

**AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER**

*All positions will be filled without regard to race, color, religion, national origin, sex, age, veteran status, disability, or sexual orientation. In addition all employees are subject to the provisions of the Workers' Compensation Act.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

# City of Providence

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

## CHAPTER 1996-36

No. 533

### AN ORDINANCE WITH REFERENCE TO THE RESIDENCY OF EMPLOYEES, AS AMENDED

Approved October 15, 1996

#### *Be it ordained by the City of Providence:*

##### 1. FINDING.

WHEREAS, in order for the employees of the City of Providence to be most effective, it is necessary for them to identify with the needs and goals of the residents of the City of Providence;

WHEREAS, this sense of identification can only be accomplished when an employee is actually a resident of the City;

WHEREAS, as a resident, an employee is also a participant in community activities and issues;

WHEREAS, this participation and commitment is essential to the development of strong sense of public service;

WHEREAS, it is important that the employees of the City of Providence possess this strong sense of public service.

WHEREAS, the electorate has agreed with the need for this sense of public service by voting in the affirmative to require a residency requirement in the Home Rule Charter of the City of Providence;

NOW, THEREFORE, BE IT RESOLVED, that all officers and employees of the City shall be residents of the City of Providence.

##### 2. RESIDENCY REQUIREMENT.

All officers of the City, as defined in section 1207, and all employees of the City and any and all agencies and instrumentalities thereof, including all employees of the school department and the department of public safety, shall be residents of the City during such employment; provided, however, that any person exempted from such residency under the Home Rule Charter or other relevant and applicable provision shall be likewise exempted hereunder.

Persons not residents of the City may be appointed or engaged for employment on the condition that within six (6) months of such appointment or engagement they shall become residents of the City.



Any officer or employee of the City who, during employment ceases to be a resident and who is not exempt shall forfeit his or her position in the employ of the City. It shall be the duty of the Director of Personnel to monitor this residency requirement regularly and to report timely any violations to the Mayor and City Council for appropriate action.

Police officers and firefighters shall become residents of the City of Providence within six (6) months after he/she has been sworn into his/her position.

The residency requirement shall apply to all full and part-time employees of the City of Providence but shall not apply to temporary and seasonal employees, as defined herein.

### 3. NOTIFICATION.

Every employee shall be furnished a copy of the residency ordinance and a copy of the City Charter provision when hired and annually thereafter. Failure to do so, however, shall not be held to excuse any non-compliance.

### 4. AFFIDAVIT.

Every employee shall sign a notarized affidavit averring that he/she is a residence of the City.

### 5. COMMISSION.

There shall be a Commission of five (5) members, which shall enforce the residency requirement, as set forth above. All violations reported to the Mayor and/or City Council shall then be reported to the Commission for investigation and the Commission shall report to the Mayor and the City Council all findings together with a recommended action.

The Commission shall consist of five (5) members, three (3) of whom shall be Council members, appointed by the Council president and two (2) of whom shall be appointed by the Mayor. Each member shall serve a term concurrent with the appointing authority.

### 6. REPORTING.

The Personnel Director, shall monthly report any and all violations of the residency requirement to the Mayor and the City Council. The Executive Director of the Civic Center and the Superintendent of Schools shall report any and all violations by persons under their supervision to the Personnel Director on a monthly basis.

### 7. DEFINITIONS.

*Residence* shall mean domiciled in the City of Providence.

*Domiciled* shall mean that place where a person has his or her true, fixed, and permanent home and principal establishment, and to which, whenever he or she is absent has the intention of returning.

*Part-time* shall mean an employee who is hired for fewer than thirty-five hours per week.

*Temporary* shall mean an individual who is hired for a limited period of time or an individual employed to replace an employee on authorized leave for the period of such leave.

*Seasonal* shall mean an employee who is employed only during the months of June through September and who performs primarily recreation or recreation-related work.

#### 8. INDICIA OF RESIDENCY.

All employees shall sign a release of state tax information relative to residency when hired. The address indicated on such state tax records shall be the primary indicia of residency.

In addition, the following shall be considered evidence of permanent and principal legal residence. An employee shall provide three (3) of the same unless the employee is not entitled to or does not qualify for such three. In such case, the Director of Personnel may use the best available evidence to determine the employee's residence. Provided, however, that upon qualifying and obtaining such documents, the same shall be tendered forthwith to the Director of Personnel.

- (a) The address furnished to the registry of motor vehicles for the employee's operator's license;
- (b) The address from which the employee's motor vehicle is registered;
- (c) The address furnished by the employee to the tax collector and/or assessor in those communities where the employee owns taxable real or personal property for the purpose of notification to such employee;
- (d) The residence address furnished by the employee to the insurance companies with which the employee maintains policies;
- (e) The address furnished by the employee to any business, profession, union, or fraternal organization of which he or she is a member;
- (f) The address furnished by the employee to governmental agencies with which the employee has contact;
- (g) The address furnished by the employee to the United States Postal Service on a change of address form as verified by the United States postal service; and
- (h) The address at which the employee is certified by the Board of Canvassers as an elector and resident of the City.

In all cases, the Director of Personnel shall conduct an appropriate hearing.

#### 9. VIOLATION.

Any officer or employee of the City who, during the term of employment, ceases to be a resident shall forfeit his or her position in the employ of the City. An officer or employee who does not reside in the City on the day after the six-

month period subsequent to hiring, and is required to do so, shall forfeit his or her employ in the City.

#### 10. EXEMPTION.

Upon certification by the Mayor that after diligent search no person with proper qualifications can be found to fill a particular position among residents of the City, the City Council may exempt a non-resident employee from the provisions of this section.

If any individual wishes to apply to the City Council for an extension of the six (6) month period, he/she shall make such application prior to the expiration of the six month period and shall show just cause as to why the period should be extended. Whether or not a reason is "just cause" exists for an extension shall be solely in the discretion of the City Council.

#### 11. SEVERABILITY.

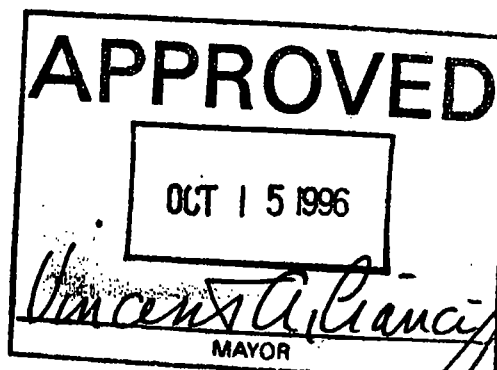
If any provision of this ordinance or any rule or determination made hereunder, or application hereof to any person, agency, or circumstance, is held invalid by a court of competent jurisdiction, the remainder of this chapter and its application to any person, agency or circumstance shall not be affected thereby. The invalidity of any section or sections of this chapter shall not affect the validity of the remainder of the chapter.

IN CITY COUNCIL  
SEP 19 1996  
FIRST READING -  
READ AND PASSED

*Michael R. Clement*

IN CITY  
COUNCIL  
OCT 3 1996  
FINAL READING  
READ AND PASSED  
PR. *Michael R. Clement*  
CLERK

*Michael R. Clement*  
CLERK



A true copy,  
Attest:  
*Michael R. Clement*  
Michael R. Clement  
City Clerk

**CITY OF PROVIDENCE LIMITED RELEASE OF  
STATE INCOME TAX RETURN INFORMATION**

I, \_\_\_\_\_, hereby direct the State of Rhode Island, Division of Taxation, to release my address on any return or document filed by me with the Division of Taxation to the City of Providence, its agents or representatives, for the sole purpose of verifying my residency. I hereby specifically waive any rights of confidentiality which may be necessary to release my address. This is a limited release and I specifically reserve all other rights of confidentiality.

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



CITY OF PROVIDENCE  
EMPLOYEE RESIDENCY AFFIDAVIT

DEPARTMENT \_\_\_\_\_

NAME \_\_\_\_\_

DATE OF HIRE \_\_\_\_\_

SOCIAL SECURITY  
NUMBER \_\_\_\_\_

My residence is \_\_\_\_\_ in the City of  
Providence.

*Residence* shall mean domiciled in the City of Providence.

*Domiciled* shall mean that place where a person has his or her true, fixed,  
and permanent home and principal establishment, and to which, whenever he or  
she is absent has the intention of returning.

**I Understand and acknowledge the following:**

- 1. I have read and received a copy of Section 1210 of the City Charter of the City of Providence and I fully understand the residency provision.**
- 2. That as a condition of employment with the City of Providence, I must be an actual resident of the City of Providence, State of Rhode Island no later than six (6) months after being hired and I must continue to be a resident for the period of my employment.**
- 3. That the falsification of this Affidavit of Residency shall constitute grounds for discharge from the City of Providence; and**

4. That I must report within five (5) workings days to the Department of Personnel any change of my address and failure to provide such notification shall constitute grounds for discharge; and

5. I understand that as a condition of my employment I must reside in the City of Providence, pursuant to Section 1210 of the Home Rule Charter. I further understand that if required by the City of Providence it shall be necessary for me to sign a release of income tax return information relative to residency, as evidence of my legal residence.

6. I further understand that any non-exempt officer or employee of the City who ceases to be a resident of the City shall forfeit his/her position in the employ of the city.

7. That falsification of this statement will be turned over to the Rhode Island Attorney General's Office for investigation of a violation of the Rhode Island General Law Title 11, Chapter 33, Section, 1, entitled Perjury.

By signing this Residency Affidavit, I acknowledge and represent that I have fully read and understand all of the above (Section designated 1, 2,3, and 4) of this Residency Affidavit, and further certify that the information which I have provided herein is true and correct.

Signed: \_\_\_\_\_

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

Subscribed and Sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
(NOTARY PUBLIC)

EMPLOYEES' RETIREMENT SYSTEM  
OF THE  
CITY OF PROVIDENCE  
PROVIDENCE, RHODE ISLAND

TO THE PROVIDENCE RETIREMENT BOARD:

In order that I may be properly enrolled in the Employees' Retirement System of the City of Providence, I have carefully and truthfully filled out the following form. I understand that the full amount of deductions from my compensation for annuity purposes with per cent. compound interest will be returned to me if I leave the service without a retirement benefit or will be paid to my beneficiary if I die from ordinary causes.

1.	Name
2.	Home Address
3.	Department
	Bureau or Office
	Institution
	Commission
4.	Title as it appears on payroll
5.	Rate of compensation received \$.....per <div>day<div><input type="checkbox"/> With Maintenance</div>week<div><input type="checkbox"/> Without Maintenance</div>month<div><input type="checkbox"/> Without Maintenance</div>year</div> <div>Present rate of maintenance allowance if any \$.....per year</div>
6.	Date you began your present continuous service in department.
7.	Check by (X) Marital Condition <div>Single <input type="checkbox"/>Married <input type="checkbox"/>Widowed or Divorced <input type="checkbox"/></div>
8.	Check by (X) Sex <div>Male <input type="checkbox"/>Female <input type="checkbox"/></div>

Data re possible Beneficiaries. If none living, write word "None."

	Beneficiary	Name	Date of Birth		
			Mth.	Day	Year
9.	Self				
10.	Wife				
11.	Children living younger than 16 years				
12.	Father				
13.	Mother				

14.	If you are eligible to retire, do you desire to contribute and obtain increased benefits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15.	The above statements are true to the best of my knowledge and belief. <div>(Signature of Applicant) .....</div>		

16. (Do not fill in)	Membership Status	Group	Age	Payroll Period	Amount Earnable	Rate	Amount Deductible
Entered by							
Checked by							

Reviewed: For Department by.....For Retirement System by.....  
(Fill Out Reverse Side)

