

IBEW/NECA Sound and Communication Agreement Drug Free Workforce Program Summary

In order to protect workers and enhance the safety and productivity in the workplace, the International Brotherhood of Electrical Workers (IBEW) and the National Electrical Contractors Association (NECA) have adopted an area wide substance-abuse testing policy. It is entitled the IBEW and NECA Drug-Free Workforce Program. The following paragraphs provide a brief summary of the Program. If you become a covered employee, as an apprentice, for a Participating Employer, you will be given a complete copy of the Program. The effective date of the Program is June 1, 2009.

The Drug Free Workforce Program is a drug testing and member assistance program (MAP). The MAP is implemented under the IBEW/NECA Sound and Communication Health and Welfare Plan. The Drug Free Workforce Program covers all IBEW members employed by Participating Employers who are signatory to the Northern California Sound and Communication Collective Bargaining Agreement.

1. If you are working for a Participating Employer you may be selected for testing. When you are selected for testing you should be given information on collection sites, which will include addresses, telephone numbers, clinic hours of operation and directions to each location.

2. At your chosen site, an oral swab specimen will be collected following procedures consistent with federal testing standards. Once obtained, the specimen will be screened for marijuana, cocaine, amphetamines, opiates, PCP, and other prohibited substances. Alcohol testing will be conducted in accordance with federal standards as well.

Members are entitled to copies of verifying positive test results, which they may request in writing from the medical review officer.

Testing schedule

A. Initial Testing and Program Implementation:

All current employees of Participating Employers will be tested by September 1, 2009.

B. Initial Hire Testing:

On June 1, 2009 Initial-hire testing was implemented. Applicants referred from the referral hall must be in Active status (already passed a recent drug test within the calendar year) or test within 48 hours of dispatch.

C. Periodic Birthday Testing:

All employees are required to be oral swab drug tested every year at any time of their choosing within the calendar month of their birthday

D. Random Testing:

Employees of Participating Employers are subject to random selection by the program administrator for oral swab drug testing. Random selection may result in testing more than once during the year, or not at all. If you are selected for random testing, your employer will notify you. You will be free to choose the time of your test outside of working hours at any approved site, as long as it takes place within 24 hours from the time you are notified.

E. Post Accident Testing:

Drug and alcohol testing will be conducted after a work-related accident which is caused in part by an employee's performance, and which involves either a reportable injury as defined by OSHA regulations, an injury which requires medical treatment that cannot be handled at the accident scene, or at least \$10,000 in property damage. The alcohol testing will be completed within two (2) hours of the accident, if possible, and the drug testing must be completed within 24 hours of the accident.

It is recognized that no set of standards and guidelines, however complete, can accommodate all possible combinations of circumstances, which may arise. Instead, the Program's procedures are designed to be a working tool and foundation for use, and are to be applied using basic fairness, good judgment, and common sense.

Acknowledgment of Receipt
Summary of Mandatory Drug Testing Requirements
(IBEW-NECA Drug Free Workforce Program)

The undersigned hereby acknowledges that as a condition of satisfying apprentice obligations and conditions of the Northern California Sound and Communication Joint Apprenticeship and Training Program (hereinafter "Apprenticeship Program") I must submit to periodic drug (alcohol and controlled substances) testing as more fully provided for in the attached Summary. Failure to do so can result in termination of my apprenticeship agreement, should I be accepted into and begin the Apprenticeship Program.

Dated: _____

Signature: _____

Print: _____