



DRUG FREE WORKPLACE PROGRAM CONSENT FORM

I, _____, understand that Streeter Associates, Inc. maintains a drug free workplace policy requiring all employees to report to work in a substance free condition. Furthermore, I understand that as a condition of my initial or continued employment with Streeter Associates, Inc. I am required to submit to and comply with drug and alcohol testing when required by the company. I also understand that I may be hired conditionally pending the results of my pre-employment drug screen, and further understand that if my drug test is non-negative for illegal drugs, my offer of employment will be rescinded and I will not be brought on as a full-time employee.

I hereby consent to provide urine and/or other samples, pursuant to the procedures set forth by Streeter Associates, Inc. and authorize the company to arrange for the test(s) to be conducted by a licensed doctor, laboratory, hospital or other medical facility of their choice. I also authorize such doctor(s) or facilities to release the results of such tests to a designated company representative.

I understand that I may be tested for the following reasons: Pre-Employment Testing, Random Testing, Post Accident Testing, Reasonable Cause Testing, Return to Duty Testing, Follow-Up Testing, Re-Testing. Furthermore, I understand that my specimen will be screened for Cocaine, Amphetamines, Opiates, PCP, and Alcohol

Furthermore, I understand that Streeter Associates, Inc. works for owners who may require more stringent standards for drug and alcohol testing and that it is Streeter Associates, Inc's policy to adhere to the more stringent policy.

I also understand that if I am injured on the job and either refuse to be tested or test positive for drugs and/or alcohol that I hereby forfeit all eligibility for all Workers' Compensation Medical and Indemnity benefits. If I am discharged for a non-negative drug test or non-compliance with the company drug and alcohol testing program, I understand I will forfeit all unemployment benefits.

I understand that the results of any drug screens will be released to the company's authorized representative. The results will not be released to any additional parties without my consent, except that I acknowledge that the company, agents of the company, and the testing laboratory will have access to the test results and may disclose such results to its attorney in connection with Worker's Compensation proceedings, and may use test results when relevant to its defense in other civil or administrative matters.

I release any testing facility personnel and/or any physicians who have tested me from any liability arising from a release or use of any and all test results, written reports; medical records and data concerning my test(s) to the appropriate company officials. I further release all company officials from liability arising from the release or use of these test results.

I understand that nothing in this Consent Form is to be construed to be a contract between the parties and my employment with Streeter Associates, Inc. remains at will.

Print Employee's Name

Employee's Signature

Last 4 – Social Security #

Date

Print Witness Name

Witness Signature

CONFIDENTIAL

