



NORTHWEST DISTRIBUTION & STORAGE PRE-EMPLOYMENT DRUG TESTING POLICY

PURPOSE AND STATEMENT OF POLICY

There is significant evidence and supporting documentation indicating that the effects of using or abusing drugs or alcohol in the work place have widespread ramifications. While many important issues exist, our most important concern must be for the safety of company personnel and for the general public.

The potential for serious injury or death is present in nearly all aspects of vehicle operation and maintenance. Therefore, it is imperative that all drivers of warehouse and commercial motor vehicles be free of drugs and other intoxicants when operating safety sensitive equipment. In an effort to reduce potential injuries and to adhere to all Oregon and Federal safety regulations, Northwest Distribution & Storage has implemented a substance abuse policy that will apply to all driver applicants and possible forklift operators with the company.

Northwest Distribution & Storage stands resolute in its opposition to the abuse of alcohol, drugs and any other illegal or illicit activity. We, at all times, abide by all laws and represent the highest standards of professionalism and ethics.

All serious candidates for driving positions with Northwest Distribution & Storage will be required to submit a urine specimen to test for the presence of illicit drugs. This policy will apply to all forklift and CDL driving applicants including, permanent, temporary, and contract operators.

SPECIMEN COLLECTION

All specimens will be collected in accordance with the specimen collection referral form that will be provided to you at the time you are sent for testing. After collection and appropriate documentation, the specimen will be transported to a qualified SAMHSA 5 laboratory for analysis.

TEST RESULTS - Negative

Test results will be reported ONLY to Northwest Distribution & Storage Human Resources. The information gained will be used in the overall evaluation of the applicant's qualifications for the position which he/she is applying and will be held in the strictest confidence by all personnel who have access to the results.

Applicants whose test results are negative will continue to be considered as a serious candidate for the position offered. If employed, the applicant will immediately become subject to all DOT/ODOT regulations.



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TEST RESULTS - Positive

Detection of any substances or class of drugs, will be reason for NOT considering the applicant further for employment unless the substance is prescribed by his/her physician.

Applicants who are currently using prescription medications will have an opportunity to make this fact known. If the applicant is taking a prescription drug, he/she will be asked to provide the name of the medication and the prescribing physician's name for verification. All positive results and the information provided will be reviewed by the designated Medical Review Officer (MRO) at the testing facility.

SUBSTANCE OR CLASS OF DRUG

Cutoff Level			
Amphetamine		1000 ng/ml	500 ng/ml
Methamphetamine		1000 ng/ml	500 ng/ml (3)
Cocaine		300 ng/ml	150 ng/ml (1)
Opiates*		300 ng/ml	300 ng/ml
THC (Marijuana)		50 ng/ml	15 ng/ml (2)
PCP (Phencyclidine)		25 ng/ml	25 ng/ml

* 25 ng/ml if immunoassay specific for free morphine.

- (1) As Benzoylcegonine
- (2) As Delta-9-THC
- (3) As specimen must also contain amphetamine as a concentration greater than or equal to 200 ng/ml.

Applicant Signature

Date

Northwest Distribution & Storage

Date



NORTHWEST DISTRIBUTION & STORAGE PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee has applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Company Name:	Northwest Distribution & Storage, Inc.
Street:	2900 Pringle Rd SE #100
City / State / Zip:	Salem, OR 97302

Prospective Employee Name: _____ ID Number: _____
(print name)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: _____ Yes _____ No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: _____ Yes _____ No

Prospective Employee Signature

Date

Witnessed By: (signature)

Date



NORTHWEST DISTRIBUTION & STORAGE

NOTIFICATION OF DRUG TESTING CHANGES

Our drug and alcohol testing policy requires that testing take place at a laboratory certified by the U.S. Department of Health & Human Services (DHHS). DHHS-certified laboratories are changing the cutoffs for amphetamines and cocaine effective October 1, 2010. We will be changing our policy to reflect the new procedures. Meanwhile, this page is meant to notify you of the changes in laboratory testing.

Please review the following and sign below. You may have a copy of this page for your records if you wish.

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What is changing?

- Amphetamine screening and confirmation cutoffs will be lower (more sensitive). Amphetamine testing my now include "ecstasy" (methylenedioxyamphetamine or MDMA) and its metabolites.
- Cocaine screening and confirmation cutoffs will be lower (more sensitive).
- Specimens which are positive for opiates may also be tested for heroin (6-acetyl morphine or 6AM).

Why are the cutoffs changing?

Cutoff concentrations for amphetamines and cocaine were established many years ago and were based on analytical methods available at the time. Certified labs can now reliably test for these compounds at lower concentrations without risk of false positive results. Lower cutoffs will enable labs to detect these critical drug classes in specimens that previously might have been reported as "negative" if the drug was present, but at a level below the old cutoff.

(adapted from Legacy Lab Services, Portland, OR)

The following table show the new cutoffs our lab will use effective 10/1/10.

Initial test analyte	Initial test cutoff concentration	Confirmatory test analyte	Confirmatory test cutoff concentration
Cocaine metabolites	150 ng/mL	Benzoylcegonine	100 ng/mL
Opiate metabolites Codeine / Morphine ¹	2000 ng/mL	Codeine Morphine	2000 ng/mL 2000 ng/mL
6-Acetylmorphine	10 ng/mL	6-Acetylmorphine	10 ng/mL
Amphetamines AMP/MAMP ²	500 ng/mL	Amphetamine Methamphetamine ³	250 ng/mL 250 ng/mL
MDMA ⁴	500 ng/mL	MDMA MDA ⁵ MDEA ⁶	250 ng/mL 250 ng/mL 250 ng/mL

¹ Morphine is the target analyte for codeine/morphine testing.

² Methamphetamine is the target analyte for amphetamine/methamphetamine testing.

³ To be reported positive for methamphetamine, a specimen must also contain amphetamine at a concentration equal to or greater than 100 ng/mL.

⁴ Methylenedioxyamphetamine (MDMA)

⁵ Methylenedioxyamphetamine (MDA)

⁶ Methylenedioxyethylamphetamine (MDEA)

The cutoffs for other drugs will remain the same.

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By signing below, I acknowledge notification of the changes in the company policy to reflect DHHS-certified laboratory testing changes.

Printed Name

Signature

Date



NORTHWEST DISTRIBUTION & STORAGE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1 TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print name) _____
First, M.I., Last Social Security Number

Hereby authorize: _____ Date of Birth

Previous Employer: _____ Phone: _____

Street: _____

City, State, Zip: _____ Fax: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (date of employment application).

To Prospective Employer: Northwest Distribution & Storage, Inc.
Human Resource Department
2900 Pringle Rd SE #100
PO Box 3670
Salem, OR 97302
Confidential Phone#: 503-362-2212
Confidential Fax #: 503-480-0488
E-mail: dschaaf@nwdist.com

In compliance with Section 40.25(g) and 391.23(h), request and release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail or letter.

Applicant's Signature _____ Date _____

SECTION 2 TO BE COMPLETED BY PREVIOUS EMPLOYER

EMPLOYMENT AND ACCIDENT HISTORY

The applicant named above was employed by us. ____ Yes ____ No
He/she was employed as _____
from (mm/dd/yyyy) _____ to (mm/dd/yyyy) _____.

- 1. Did he/she drive a motor vehicle for you? ____ Yes ____ No. If yes, what type? Straight Truck ____ Tractor-trailer ____.
- 2. Reason for leaving your employ: ____ Discharged ____ Resignation ____ Lay Off ____ Military Duty
- 3. Would you rehire? ____ Yes ____ No ____ Upon approval

If there is no safety performance history to report, check here ____, sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (Section 390.15(b)) that involved the applicant in the 3 years prior to the application date show above, or check here ____ if there is no accident register data for this driver.

Please provide information concerning any other accident involving the applicant that were reported to government

Date	Location	# of injuries	# of fatalities	Hazmat Spill
Any other remarks:				

Signature _____ Title: _____ Date: _____

SECTION 3	TO BE COMPLETED BY PREVIOUS EMPLOYER
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DRUG AND ALCOHOL HISTORY

___ Driver was **NOT** subject to Department of Transportation testing requirements while employed by this employer.

Driver was employed from _____ to _____, and was subject to Dept. of Transportation testing requirements for period of _____ to _____.

PLEASE COMPLETE BOTTOM OF SECTION 3, SIGN AND RETURN.

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? ___yes ___no
2. Has this person tested positive or adulterated or substituted a specimen for controlled substances? ___yes ___no
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? ___yes ___no
4. Has this person committed other violations of Subpart B or Part 382, or Part 40? ___yes ___no
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. ___ yes ___no
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, refuse to be tested? ___yes ___no



NORTHWEST DISTRIBUTION & STORAGE FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, (Public Law 91-508), as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, driving record and previous drug and alcohol test results may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

Company Name: Northwest Distribution & Storage, Inc.

Applicant's Signature

Date

Print Name

Social Security Number