

PERSONAL PROTECTIVE EQUIPMENT POLICY

Nassau County Safety Policy

PERSONAL PROTECTIVE EQUIPMENT POLICY

I. PURPOSE

This written policy documents the steps Nassau County has taken to minimize injuries resulting from various occupational hazards present at our worksites and/or construction sites by protecting workers through the use of Personal Protective Equipment (PPE) when the hazards cannot be eliminated. Risk Management has the overall responsibility for the policy and will designate appropriate Department Heads and Supervisors to train employees, monitor their use of PPE, and provide suggestions for updating PPE.

II. GENERAL OVERVIEW

- A. Nassau County acknowledges its obligation to provide a hazard free environment to our employees. Any employee encountering hazardous conditions must be protected against the potential hazards. The purpose of protective clothing and equipment is to shield or isolate individuals from chemical, physical, biological, or other hazards that may be present in the workplace.
- B. PPE is not to be relied on as the only means to provide protection against hazards, but is used in conjunction with internal safety procedures.
- C. Establishing an overall written PPE Policy will ensure that the County has undertaken appropriate measures to identify hazards, train employees on proper use of PPE in the workplace, and provide documentation of the County's PPE efforts in the event of an inspection. This policy contains the following sections:
 - 1. Discipline
 - 2. Hazard Assessment
 - 3. PPE Selection Guidelines
 - 4. Employee Training
 - 5. Cleaning and Maintenance
 - 6. PPE Specific Information
 - 7. Miscellaneous Information
- D. All suggestions for improvements or updates to PPE can be made by contacting the Supervisor or Department Head who will then coordinate

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with Risk Management. We encourage all suggestions because we are committed to the success of our PPE Policy. We strive for a clear understanding, safe behavior, and involvement in the policy from every level of the County's organizational structure.

- E. Unless specifically stated otherwise, all PPE used by Nassau County shall comply with the usage guidelines and recommendations by the American National Standards Institute (ANSI) or Occupational Safety and Health Administration (OSHA).
- F. It should be understood that the County cannot be held responsible if individually purchased PPE that does not fit properly.

III. DISCIPLINE

- A. The failure to comply with the County's Safety Policy concerning PPE can result in disciplinary actions as well as employee injury. An employee who does not comply with this policy will be disciplined for noncompliance according to the following schedule:
 - 1. Verbal warning for the first (1st) offense accompanied by retraining.
 - 2. Written reprimand for the second (2nd) offense to be included in the employee's personnel file.
 - 3. Suspension without pay for a third (3rd) offense to be included in the employee's personnel file.
 - 4. Dismissal as a last resort.
- B. In the event the job related injury occurs as a result of the employee's failure to wear the appropriate County provided PPE, there may be a reduction of twenty-five percent (25%) of the lost wage benefit per the Florida Workers' Compensation, Statute 440.

IV. HAZARD ASSESSMENT

The purpose of this policy is to provide a process to conduct hazard assessments of worksites throughout the County and determine the use of appropriate PPE to prevent injury to County employees.

- A. Risk Management, Department Heads, and Supervisors identify where exposures occur or could occur. Risk Management may examine the following records to identify exposure hazards:

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1. Injury/Illness Records
 2. First Aid Logs
 3. Claim Analysis
- B. A walkthrough survey of the workplace areas where hazards exist or may exist should be conducted to identify sources of hazards to employees. Risk Management, Department Heads and Supervisors will review the results of the survey to identify the hazards.
- C. Risk Management will document the hazard assessment with a written summary of the exposures and resolutions, including the dates of the assessment and people involved.

V. PPE SELECTION GUIDELINES

Once hazards have been identified and evaluated through a hazard assessment, Department Heads or Supervisors should use the following general procedure for selecting appropriate protective equipment:

- A. Become familiar with the potential hazards and the type of PPE that is available.
- B. Compare types of PPE to the hazards associated with the environment.
- C. Select the PPE that meets selection requirements found in the OSHA regulations and ensure a level of protection greater than the minimum required to protect employees from the hazards.
- D. Fit the user with proper, comfortable, well fitting PPE and instruct employees on care and use of the PPE. It is very important that the employees are aware of all warning labels for and limitations of their PPE. (See the Employee Training section of this policy for a more detailed description of training procedures.)
- E. It is the responsibility of the Department Head or Supervisor to reassess the workplace hazard situation as necessary, to identify and evaluate new equipment and processes, to review accident records, and to re-evaluate the suitability of previously selected PPE. This reassessment will take place as needed, but at least once per year. Elements that should be considered in the reassessment include:
 1. Adequacy of the PPE Safety Policy
 2. Accidents and illness experience

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3. Levels of exposure (this implies appropriate exposure monitoring)
4. Adequacy of equipment selection
5. Number of hours that workers wear various protective ensembles
6. Adequacy of training/fitting of PPE
7. Policy costs
8. The adequacy of Policy records
9. Recommendation for Policy improvement and modification
10. Coordination with overall Safety Policy

VI. EMPLOYEE TRAINING

- A. The Department Head has the overall responsibility to ensure that training is provided within his/her department. Supervisors provide actual training for each employee who is required to use PPE. Training includes:
 1. When PPE is necessary
 2. What PPE is necessary
 3. How to wear assigned PPE
 4. Limitations of PPE
 5. The proper care, maintenance, useful life, and disposal of assigned PPE
- B. Employees must demonstrate an understanding of the training and the ability to use the PPE properly before they are allowed to perform work requiring the use of the equipment.
- C. Employees are prohibited from performing work without donning appropriate PPE to protect them from the hazards they will encounter in the course of that work.
- D. If Risk Management has reason to believe an employee does not have the understanding or skill required the Department Head, Supervisor or Risk Management must retrain the employee. Circumstances where retraining may be required include changes in the workplace or changes in the types

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of PPE to be used, which would render previous training obsolete. Also, inadequacies in an employee's knowledge or use of the assigned PPE, which indicates that the employee has not retained the necessary understanding or skills, would require retraining.

- E. The employee must acknowledge and the Supervisor certify in writing that the employee has received and understands the PPE training (PPE-1).

VII. CLEANING AND MAINTENANCE

It is important that all PPE be kept clean and properly maintained by the employee to whom it is assigned. Cleaning is particularly important for eye and face protection where dirty or fogged lenses could impair vision. PPE is to be inspected, cleaned, and maintained by employees at regular intervals as part of their normal job duties so that the PPE provides the required protection. Supervisors are responsible for ensuring compliance with cleaning responsibilities by employees. If a piece of PPE is in need of repair or replacement it is the responsibility of the employee to bring it to the immediate attention of his/her Supervisor, Department Head or Risk Management. It is against work rules to use PPE that is in disrepair or not able to perform its intended function. Contaminated PPE that cannot be decontaminated must be disposed of in a manner that protects employees from exposure to hazards.

VIII. PPE SPECIFIC INFORMATION

Eye and face protection—Goggles and face shields (OSHA Standard 29CFR 1910.133)

- A. As a condition of employment, all regular full time, part time, and temporary employees working in designated work areas and/or job assignments are required to wear ANSI approved goggles/face shields to help prevent eye and face injuries, including those resulting from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or light radiation.
- B. Each employee shall use eye protection that provides side protection when there is a hazard from flying objects. Detachable side protectors (e.g. clip-on or slide-on side shields) meeting the pertinent requirements of this section are acceptable.
- C. Each department shall ensure that each employee who wears prescription lenses while engaged in operations that involve eye hazards wears eye protection that incorporates the prescription in its design, or wears eye protection that can be worn over the prescription lenses without disturbing

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the proper position of the prescription lenses or the protective lenses. Eye protection that incorporates the prescription in its design will be at the expense of the employee.

- D. Nassau County shall ensure that each employee uses equipment with filter lenses that have a shade number appropriate for the work being performed for protection from injurious light radiation.
- E. All employees who work in designated work areas and/or job assignments are responsible for wearing County provided goggles/face shields to comply with this policy. Failure to comply will result in disciplinary action up to and including discharge.
- F. All employees required to wear goggles/face shields must routinely inspect and properly care for their goggles/face shields.

Foot Protection-Safety Shoes (OSHA Standard 29CFR 1910.136)

- A. As a condition of employment, all regular full time, part time, and temporary employees working in designated work areas and/or job assignments are required to wear ANSI approved safety shoes to prevent foot injuries, puncture injuries, ankle injuries, slips, and falls. Each employee shall wear protective footwear when working in areas where there is a danger of foot injuries due to falling or rolling objects, objects piercing the sole, work assignments involving heavy equipment, machinery, or moving heavy objects, and where such employee's feet are exposed to electrical hazards. *Accommodations will be reviewed for employees who as, determined by physician, cannot wear safety shoes.
- B. Acceptable protective footwear includes shoes that have steel, plastic or other hard cover protective material over the toes.
- C. With the exception of Union 630 and Union 3101, employees are required to purchase his/her own safety shoes/boots. Union 630 and Union 3101 members should refer to their Collective Bargaining Agreement.
- D. Employees should be cautioned that if the shoe they select does not fit properly or otherwise causes discomfort it becomes their responsibility to arrange for necessary adjustment or replacement.
- E. It therefore, becomes the responsibility of the individual employee to report mal-fitting PPE to his/her supervisor immediately when detected.
- F. It should be understood that the County cannot be held responsible for individually purchased safety shoes that do not fit properly.

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- G. Those employees who work in non-designated job assignments for the County, vendors and visitors will be allowed to walk through the designated work areas without safety shoes as long as they remain in outlined aisles or walkways.
- H. The Supervisor is responsible for informing new employees who are assigned to designated job assignments of the safety shoe policy and the procedures for obtaining them.

Hand Protection-Gloves (OSHA Standard 29CFR 1910.138)

- A. As a condition of employment, all regular full time, part time, and temporary employees are required to use appropriate hand protection when employees' hands are exposed to hazards such as those from skin absorption of harmful substances; severe cuts or lacerations; severe abrasions; punctures; chemical burns; thermal burns; and harmful temperature extremes.
- B. Department Heads or Supervisors shall base the selection of the appropriate hand protection on an evaluation of the task(s) to be performed, conditions present, duration of use, and the hazards and potential hazards identified.
- C. All employees required to wear protective gloves must routinely inspect and properly care for their assigned gloves (if the gloves are not disposable).

Head Protection- Hard Hats/Helmets (OSHA Standard 29CFR1926.100)

- A. As a condition of employment, all regular full time, part time, and temporary employees working in areas where there is a possible danger of head injury from impact, or from falling or flying objects, or from electrical shock and burns, shall be protected by protective hard hats/helmets.
- B. Hard hats/helmets for the protection of employees against impact and penetration of falling and flying objects shall meet the specifications contained in American National Standards Institute (ANSI), Z89.1-1969, Safety Requirements for Industrial Head Protection.
- C. Hard hats/helmets for the head protection of employees exposed to electrical conductors or high voltage electrical shock and burns shall meet the specifications contained in American National Standards Institute (ANSI), Z89.2-1971.
- D. All employees required to wear hard hats/helmets must routinely inspect and properly care for their hard hats/helmets.

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Hearing Protection-Noise Exposure (OSHA Standard 29CFR 1910.52)

- A. As a condition of employment, all regular full time, part time, and temporary employees must use appropriate ear muffs or ear plugs if it is not possible to make the workplace less noisy. If no other method of eliminating or reducing the noise exposure is found, the County must supply or require PPE.
- B. Employees shall be given the opportunity to select their hearing protectors from a variety of suitable hearing protectors provided by the employer.
- C. The Supervisor shall provide training in the use and care of all hearing protectors provided to employees.
- D. The Supervisor shall ensure proper initial fitting and supervise the correct use of all hearing protectors.
- E. All employees required to wear hearing protection must routinely inspect and properly care for their hearing protection.

Respirators (OSHA Standard 29CFR 1910.134)

- A. As a condition of employment, all regular full time, part time, and temporary employees must use appropriate respirators, if it is not possible to ventilate the work area properly.
- B. Respirators shall be provided by Nassau County when such equipment is necessary to protect the safety of the employee. The County shall provide the respirators which are applicable and suitable for the purpose intended.
- C. All employees required to use respirators must routinely inspect and properly care for their respirators.

IX. MISCELLANEOUS INFORMATION

- A. All employees of Nassau County and its associated members must wear all protective equipment where PPE is outlined in this policy.
- B. All employees and passengers operating or riding in/on County-owned vehicles/equipment are to be positioned properly in a seat belt/safety belt or safety harness fastened.
- C. Employees are to wear all required protective clothing prior to initiating a task or procedure conducted in an unsafe area, i.e., excessive dust/debris requires respiratory and eye protection.

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- D. All employees working in extreme heat conditions are to maintain sufficient water intake to prevent dehydration. Light colored clothing of one hundred percent (100%) cotton or cotton blend will aid in cooling the body during excessive heat conditions.
- E. All employees exposed to low temperature conditions while working will wear gloves and clothing to ensure protection against cold weather hazards such as frostbite or hypothermia.
- F. All employees working on or above water surfaces including but not limited to (i.e., river, creek, ocean, holding tanks, etc.), must wear a properly secured and approved floatation device (float coats or life preservers) prior to entering the work area.
- G. In the event work is being performed from a boat or floatation platform, one (1) life preserver must be available for each person requiring access to the work area. When work is performed near the opening of a holding tank, a minimum of one life ring will be accessible at all times.
- H. All life rings or buoys utilized at the site must have a properly attached hand line of at least twenty-five (25) feet in length or not less than the diameter of the holding tank.

ATTACHMENT 1

Nassau County Safety Policy

NASSAU COUNTY, FLORIDA DRUG-FREE WORKPLACE PROGRAM POLICY STATEMENT

As a part of its commitment to safeguard the health of its employees, to provide a safe place for its employees to work, and to promote a drug-free community, Nassau County has established this policy on the use or abuse of drugs by its employees. Substance abuse, while at work or otherwise, seriously endangers the safety of employees, as well as the general public, and creates a multitude of workplace problems. Therefore, Nassau County has established the following policy:

1. It is a violation of County policy for any employee to use, possess, sell, trade, offer for sale, or offer to buy illegal drugs or alcohol or otherwise engage in the illegal use of drugs or alcohol on the job.
2. It is a violation of County policy for anyone to report to work under the influence of illegal drugs or alcohol.
3. It is a violation of County policy for anyone to use prescription drugs illegally. (However, nothing in this policy precludes the appropriate use of legally prescribed medications).
4. Violations of this policy are subject to disciplinary action up to and including termination.

A safe and productive drug-free workplace is achieved through cooperation and shared responsibility. Both employees and management have important roles to play.

All employees are prohibited from reporting to work or being subject to duty while their ability to perform job duties is impaired due to on or off-duty use of alcohol or other drugs.

In addition, employees are encouraged to:

- Be concerned about working in a safe environment.
- Support fellow workers in seeking help.
- Use the Employee Assistance Program.
- Report dangerous behavior to their supervisor.

It is the supervisor's responsibility to:

- Observe employee performance.
- Investigate reports of dangerous practices.
- Document negative changes and problems in performance.
- Clearly state consequences of policy violations.

ATTACHMENT 2

Nassau County Safety Policy

NOTICE TO EMPLOYEES AND JOB APPLICANTS

I. POLICY

Nassau County BOCC (the County) has established a Drug Free Workplace Program pursuant to Chapter 440.101, Florida Statutes. Employees are prohibited from using illegal drugs (including the non-prescribed use of prescription medication) on or off the County's premises. Employees are also prohibited from possessing or transporting alcohol or illegal drugs on the premises. Possession of paraphernalia used in connection with the use of any drug is evidence of violation of this rule.

The County will require all applicants for special risk and mandatory testing positions and all existing employees, under certain circumstances, to be tested for the presence of drugs or alcohol as part of this policy prohibiting drug or alcohol use. An employee or job applicant violates the Drug Free Workplace Program by testing positive in a confirmed test for drugs. If there is a positive confirmed drug/alcohol test, you will be denied employment with Nassau County or if presently employed, you will be immediately terminated or otherwise disciplined. Such positively confirmed drug test shall not create a "handicap" or "disability" as that term is defined by handicap and discrimination laws. Refusal to cooperate in the drug testing procedure is an independent violation of this policy and accordingly, will be treated as a positive confirmed test for drugs.

Upon conviction for violating any state or federal drug law, any employee of the County is required to notify his/her immediate supervisor of such conviction within five (5) business days thereof. This "notification of drug conviction" requirement applies whether the conviction resulted from conduct performed while in the course and scope of employment or off duty.

Any violation of this policy will result in discipline, up to and including termination and possible forfeiture of workers' compensation medical and indemnity benefits.

II. REQUIRED TESTING

The County will conduct the following types of drug tests for those drugs listed in the Drugs Tested For (Attachment 6).

- A. Job Applicant Testing – Job applicants for special risk or mandatory testing positions will be tested for the presence of drugs. (Attachment 3)
- B. Post Accident Testing - Drivers and employees will be tested following involvement in an accident which results in:

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- a) A fatality.
 - b) Bodily injury to any involved party requiring immediate medical treatment or treatment away from the scene.
 - c) All workers' compensation claims.
 - d) Disabling damage to any motor vehicle requiring tow away or the driver received a citation. Disabling damage is defined as damage that precludes departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repairs. Included is damage to motor vehicles that could have been driven, but would have been further damaged if so driven. Exclusions are damage which can be remedied temporarily at the scene of the accident without special tools or parts, tire disablement without other damage even if no spare tire is available, headlight or taillight damage, or damage to turn signals, horn or windshield wipers which make them inoperative.
 - e) Property damage totaling \$1,000 or more, i.e. damage to buildings, fences, transformers, guardrails, etc.
 - f) Reasonable suspicion.
- C. Reasonable Suspicion Testing - Reasonable suspicion testing will be performed on employees when the County has an articulable belief that an employee possesses, is using, or has used illegal drugs or is impaired or intoxicated by alcohol use in violation of the employer's policy. This articulable belief must be supported by specific and particularized facts and reasonable inferences drawn from those facts. Among other things, those facts and inferences may be based upon:
- a. Observable phenomena while at work, such as direct observation of drug use or of the physical symptoms or manifestations of being under the influence of a drug;
 - b. Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance;
 - c. A report of drug use, provided by a reliable and credible source;
 - d. Evidence that an individual has tampered with a drug test during his/her employment with the County;
 - e. Information that an employee has caused, or contributed to, or been involved in an accident while at work; or

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- f. Evidence that an employee has used, possessed, sold, solicited, or transferred drugs while working or while on the employer's premises or while operating the employer's vehicle, machinery, or equipment.
- D. Routine Fitness for Duty Testing - The County may require an employee to submit to a drug test if the test is conducted as part of a routinely scheduled employee fitness-for-duty medical examination that is part of established policy or that is scheduled routinely for all members of an employment classification group.
- E. Follow-up Testing: If the County requires an employee to enter an employee assistance program, or a drug rehabilitation program, as a condition of continued employment after a confirmed, positive drug test, the County will require the employee to submit to random drug tests, at least once per year for a two (2) year period after completion of the program. Advance notice of the testing dates must not be given to the employee being tested. If the employee voluntarily enters the program, the employer has the option to not require follow-up testing.

III. REFUSAL TO SUBMIT TO TESTING

Refusal to submit to a drug test may be the basis for refusing to hire you. If already hired, such refusal will preclude further employment with Nassau County or result in disciplinary action. If injured on the job, refusal to test will be the basis for your forfeiture of being eligible for medical and indemnity benefits under the Workers' Compensation Act. Adulteration or tampering with a sample is considered conduct that obstructs the testing process and is considered a refusal to test.

IV. REPORTING OF PRESCRIPTION OR NON-PRESCRIPTION MEDICATIONS

Employees and job applicants have the right to report to the medical review officer (MRO) the use of prescription or non-prescription medications both before and after being tested. The County will provide employees and applicants with a form on which to confidentially report the use of prescription or non-prescription medications both before and after being tested. Certain drugs may alter or affect a drug test. A list of such medications by brand name or common name, as well as by chemical name, where applicable, as developed by the Agency for Health Care Administration is attached (Attachment 5). You have the right to consult with the MRO for technical information regarding prescription or non-prescription medication. Your statements, written or otherwise, in regard to information provided pursuant to this paragraph shall be held strictly confidential unless you specifically authorize the release of this information.

V. EMPLOYEE ASSISTANCE, ALCOHOL AND DRUG REHABILITATION

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The Nassau County Human Resources Department will provide Employee Assistance Program (EAP) information to all employees. Nassau County utilizes Horizon Health EAP Services to manage and administer its EAP. This is a completely separate, confidential counseling service that is available to all employees at anytime. More information on Horizon Health EAP Services can be obtained by contacting the Nassau County Human Resources Department at (904) 491-7332. Horizon Health EAP Services can be reached by phone at (800) 272-7252.

Local Rehabilitation Programs: below is a list of local treatment facilities in the Nassau County area. This list is not exhaustive but meant to be a reference.

1. Island Professional Plaza Nassau County: (904) 491-2011
2. Alcoholics Anonymous Serving Callahan, Fernandina Beach and Yulee: (904) 389-8535
3. AA Alcohol Rehab & Drug Rehab: (904) 277-8995
4. McPherson Training Concepts, Inc: (904) 548-0160
5. Sutton Place Behavioral Health: (904) 225-8280
6. Ten Broeck Hospital: (800) 749-3967
7. Transformations: (877) 443-6838

VI. CONTESTING DRUG TESTING RESULTS

If you receive a positive confirmed drug test result, you have the right to legally or administratively contest the result. You may explain the result to a MRO whose information can be provided by Risk Management (904) 491-7385. Within five (5) working days after receiving notice of a positive confirmed test result, an employee or job applicant may submit information to the medical review officer explaining or contesting the test result. If your explanation or challenge of the positive confirmed test is unsatisfactory to the MRO, the MRO shall report a positive test to the employer.

If there is a collective bargaining agreement that applies to you, you may appeal a decision under the Drug Free Workplace Policy as provided for under the terms of any applicable collective bargaining agreement. You also may have the right to appeal to the Public Employee Relations Commission or appropriate court pursuant to law or to rules adopted by the Agency for Health Care Administration.

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You must notify the testing laboratory of any administrative or civil action brought pursuant to this policy and Florida laws and advise the laboratory of the need to retain any sample taken until the case or administrative appeal is settled. You have the right under law to have the specimen given by you retested at your expense at another laboratory chosen by you. The laboratory you choose must be licensed and approved by the Agency for Healthcare Administration (Attachment 4). This retesting must be performed within one hundred eighty (180) days after written notification of a positive test result. The second (2nd) laboratory test must test at equal or greater sensitivity for the drug in question as the first (1st) laboratory. The first (1st) laboratory which performed the test for the County shall be responsible for the transfer of the portion of the specimen to be retested and for the integrity of the chain of custody during such transfer.

VII. CONFIDENTIALITY

You are advised that all information, interviews, reports, statements, memoranda and drug test results, written or otherwise received by the employer through this drug testing program are confidential communications and may not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceedings, except in accordance with Section 440.102, Florida Statutes, or in determining the compensability of workers' compensation claims. The Nassau County BOCC, any laboratory, EAPs, drug and alcohol rehabilitation programs or their agents who receive or have access to information concerning drug tests results shall keep all information confidential. Release of such information under any other circumstance shall be solely pursuant to a written consent form signed voluntarily, by you, unless such release is compelled by a hearing officer or a court or professional or occupational licensing board. However, the employer, agent of the employer, or laboratory conducting a drug test shall not be prohibited from releasing any such information when consulting with legal counsel in actions brought under or related to Section 440.102, Florida Statutes, or when such information is relevant to its defense in a civil or administrative matter.

By the signing of this statement, I understand the Nassau County BOCC's drug testing program and consent to its terms. I further understand that the program has been publicly posted in an appropriate and conspicuous place on the County's premise and copies of this policy, in its entirety, are available for inspection by me or the general public in Risk Management or other designated place during regular business hours. By the signing of this agreement, I herewith acknowledge that I have read this instrument and fully understand my rights, duties, and obligations under this Drug-Free Workplace Program. I further understand the Nassau County BOCC can establish reasonable work rules related to any possession, use, sale or solicitation of drugs, including conviction for drug related offenses and can terminate my employment or deny employment for such conduct.

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IN WITNESS WHEREOF, I have hereunto set my hand and seal on this _____
day of _____, 20_____.

Witness

Applicant/Employee

Witness

ATTACHMENT 3

Nassau County Safety Policy

NASSAU COUNTY SPECIAL RISK/SAFETY SENSITIVE/MANDATORY TESTING POSITIONS

Below is a list of employee classifications that the Nassau County Board of County Commissioners considers to be special risk, safety sensitive, and/or mandatory testing positions. These positions will require post-offer, pre-employment and in some circumstances random drug screening:

- Animal Control Officer
- Animal Shelter/Center Manager
- Building Inspector I & II
- Building Maintenance Technician
- Convenience/Recycle Center Closure Operator*
- Custodial Worker
- Custodial Foreman
- Emergency Medical Technician
- Equipment Operator I & II*
- Firefighter/EMT
- Firefighter/Paramedic
- Foreman*
- Grounds Maintenance Technician
- Heavy Equipment Mechanic*
- Logistics Officer
- Maintenance Helper*
- Paramedic
- Parks and Recreation Technician II & III
- Preventative Maintenance Mechanic*
- Road & Bridge Field Manager*
- Road & Bridge Supervisor*
- Senior Shelter/Center Attendant
- Shelter/Center Attendant
- Traffic Sign Technician I & II
- Traffic Signal Technician
- Truck Driver*
- Water & Sewer Maintenance I & II
- Water & Sewer Operator I & II

This list may be changed from time to time. If there are additional classifications that need to be added or deleted from this list, Human Resources will advise Risk Management of such.

*CDL Required Positions

ATTACHMENT 4

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**LICENSED LABORATORIES AUTHORIZED TO PERFORM DRUG FREE
WORKPLACE TESTING**

Advanced Toxicology Network –
Memphis
3560 Air Center Cove
Memphis, TN 38118
888-290-1150

Alere Toxicology Services, Inc.
1111 Newton Street
Gretna, LA 70053
504-361-8989

Clinical Reference Laboratory
8433 Quivira Road
Lenexa, KS 66215
913-492-3652

Doctors Laboratory
2906 Julia Drive
Valdosta, GA 31604
229-671-2225

Drugscan Inc.
1119 Mearns Road
Warminster, PA 18974
215-674-9310

Laboratory Corporation of America
Holdings
1904 Alexander Drive
Research Triangle Park, NC 27709
919-572-6900

Laboratory Corporation of America
Holdings
1120 State Line Road
Southaven, MS 38671
662-342-1286

Meditox Laboratories Inc.
402 W. County Road D
Saint Paul, MN 5512
651-636-7466

Mercy Hospital Forensic Toxicology
Lab
3663 South Miami Avenue
Miami, FL 33133
(305) 285-2731

Psychemedics Corporation
5832 Uplander Way
Culver City, CA 90230
(800) 522-7424

Quest Diagnostics
1777 Montreal Circle
Tucker, GA 30084
678-406-1100

Quest Diagnostics Inc.
10101 Renner Boulevard
Lenexa, KS 66219
913-982-2940

Toxicology Testing Service, Inc.
5426 NW 79 Avenue
Doral, FL 33166
305-593-2260

ATTACHMENT 5

Nassau County Safety Policy

OVER THE COUNTER & PRESCRIPTION DRUGS WHICH COULD ALTER OR AFFECT DRUG TEST RESULTS

| | |
|-----------------|--|
| Alcohol | All liquid medications containing ethyl alcohol (ethanol). Please read the label for alcohol content. As an example, Vick's Nyquil is 25% (50 proof) ethyl alcohol, Comtrex is 20% (40 proof), Contact Severe Cold Formula Night Strength is 25% (50 proof) and Listerine is 26.9% (54 proof). |
| Amphetamines | Obetrol, Biphphetamine, Desoxyn, Dexedrine, Didrex, Ionamine, Fastine. |
| Cannabinoids | Marinol (Dronabinol, THC) |
| Cocaine | Cocaine HCl topical solution (Roxanne). |
| Phencyclidine | Not legal by prescription |
| Methaqualone | Not legal by prescription |
| Opiates | Paregoric, Parepectolin, Donnagel PG, Morphine, Tylenol with Codeine, Emprin with Codeine, APAP with Codeine, Aspirin with Codeine, Robitussin AC, Guafenesin AC, Novahistine DH, Novahistine Expectorant, Dilaudid (Hydromorphone), M-S Contin and Roxanol (morphine sulfate), Percodan, Vicodin, Tussi-organidin, etc. |
| Barbituates | Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Fioricet, Esgic, Butisol, Mebril, Butabarbital, Butalbital, Phenrinin, Triad, etc. |
| Benzodiazepines | Activan, Azene, Clonopin, dalmine, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restoril, Centrax. |
| Methadone | Dolphine, Metadose |
| Propoxyphene | Darvocet, Darvon N, Dolene, etc. |

*Due to the large number of obscure brand names and constant marketing of new products, this list can not and is not intended to be all-inclusive

ATTACHMENT 6

Nassau County Safety Policy

DRUGS TESTED FOR

The following is a list of drugs, along with their brand and common names, that the Nassau County BOCC may routinely test for. This list is not all inclusive and the County reserves the right to test for any illegal substance:

1. Alcohol (including a distilled spirit, wine, a malt beverage or an intoxicating liquor)
2. Amphetamines (Obetrol, Biphedamine, Desoxyn, Dexedrine, Didrex, Lonamine, Fastin)
3. Cannabinoids (Marijuana, THC, Pot)
4. Heroin
5. Cocaine
6. Phencyclidine (PCP)
7. Opiates (Paregoric, Parapectolin, Donnegel PG, Morphine, Tylenol with Codeine, Empirin with Codeine, APAP with Codeine, Aspirin with Codeine, Robitussin AC, Guaiatuss AC, Novahistine Expectorant, Dilaudid (Hysdromophone), M-S Contine and Roxanol (morphine sulfate), Percodan, Vicodin, Tuss-Organidin, etc.)
8. Methamphetamine
9. Hallucinogens
10. Methaqualone
11. Methadone
12. Propoxyphene (Darvocet, Darvon N, Dolene, etc.)
13. Barbiturates (Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Fioricet, Esgic, Butisol, Mebaral, Butabarbital, Butabital, Phrenilin, Triad, etc.)
14. Benzodiazepines (Avitan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Halcion, Paxipam, Restoril, Centrax)
15. Synthetic Narcotics
16. Designer Drugs
17. Or a Metabolite of any of the Substances Listed Herein

For CDL Drivers, in accordance with FMCSA rules, urinalyses will be conducted to detect the presence of the following substances:

1. Marijuana
2. Cocaine
3. Opiates
4. Amphetamines
5. Phencyclidine (PCP)

ATTACHMENT 7

Nassau County Safety Policy

DRUG & ALCOHOL FREE POLICY STATEMENT FOR COMMERCIAL VEHICLE DRIVERS

I. GENERAL

- A. The serious impact of drug use and alcohol abuse has been recognized by the federal government. The Federal Motor Carrier Safety Administration (FMCSA) has issued regulations which require the County to implement an alcohol and controlled substance testing program for safety sensitive employees who operate a commercial motor vehicle requiring a commercial driver's license (CDL).
- B. The purpose of the FMCSA issued regulations is to establish programs designed to help prevent accidents and injuries resulting from the misuse of alcohol or use of controlled substances by drivers of commercial motor vehicles.
- C. The County will comply with these regulations and is committed to maintaining a drug-free workplace.
- D. It is the policy of the Nassau County BOCC that the use, sale, purchase, transfer, possession, or presence in one's system of any controlled substance (except medically prescribed drugs) by any driver while on the County premises, engaged in County business, operating County equipment, or while under the authority of Nassau County BOCC is strictly prohibited. Disciplinary action will be taken as necessary.
- E. Neither this policy nor any of its terms are intended to create a contract of employment or contain the terms of any contract of employment. The County retains the sole right to change, amend, or modify any term or provision of this policy without notice.
- F. Nassau County Risk Management will be designated to answer driver questions about this policy and will provide materials to drivers upon request. Risk Management can be reached at (904) 491-7385. See the Appendix for information on the effects of alcohol misuse and controlled substances use.

II. REGULATORY REQUIREMENTS

All safety sensitive employees who operate commercial motor vehicles that require a CDL under 49 CFR Part 383 are subject to the FMCSA's drug and alcohol regulations, 49 CFR Part 382 and the Department of Transportation's 49 CFR Part 40.

III. NON-REGULATORY REQUIREMENTS

The Federal Motor Carrier Safety Regulations (FMCSRs) and the Department of Transportation (DOT) set the minimum requirements for testing. The County's policy

Nassau County Safety Policy

in certain instances may be more stringent. This policy will clearly define what is mandated by the FMCSRs and what County procedure is.

IV. ALCOHOL PROHIBITIONS

A. Part 382, Subpart B, prohibits any alcohol misuse that could affect performance of safety-sensitive functions.

1. This alcohol prohibition includes:

- a) Use while performing safety-sensitive functions;
- b) Use during the four (4) hours before performing safety-sensitive functions;
- c) Reporting for duty or remaining on duty to perform safety-sensitive functions with an alcohol concentration of point zero four (0.04) or greater;
- d) Use of alcohol for up to eight (8) hours following an accident or until the driver undergoes a post-accident test; or
- e) Refusal to take a required test, adulteration of a test specimen or test results.

B. Drivers who have engaged in alcohol misuse cannot return to safety sensitive duties until they have been evaluated by a substance abuse professional, complied with any treatment recommendations to assist them with an alcohol problem, and passed any required return to duty test. Per FMCSA regulation (Sec. 382.505), a driver found to have an alcohol concentration of point zero two (0.02) or greater but less than point zero four (0.04) shall not perform, nor be permitted 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 administration of the test.

V. DRUG PROHIBITIONS

A. Part 382, Subpart B, prohibits any drug use that could affect the performance of safety-sensitive functions. This drug prohibition includes:

- 1. Use of any drug, except when administered to a driver by, or under the instructions of, a licensed medical practitioner, who has advised the driver that the substance will not affect the driver's ability to safely operate a commercial motor vehicle. (The use of marijuana under California Proposition 215 or the use of any Schedule I drug under Arizona Proposition 200 is not a legitimate medical explanation. Under federal law, the use of marijuana or any Schedule I drug does not have a legitimate medical use in the United States.);

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2. Testing positive for drugs; or
3. Refusing to take a required test.

B. All drivers will inform Human Resources and Risk Management of any therapeutic drug use prior to performing a safety-sensitive function. He/She may be required to present written evidence from a health care professional which describes the effects such medications may have on the driver's ability to perform his/her tasks.

VI. CONDITIONS FOR PRE-EMPLOYMENT – ALOCHOL & DRUG TESTING

A. Refusal to Test:

A driver applicant, who has refused a drug or alcohol test required or permitted by the regulations, will not be considered for employment with the Nassau County BOCC.

B. Positive Test:

A driver applicant who has tested positive for drugs or alcohol during a pre-employment test will be not be considered for employment with the Nassau County BOCC.

VII. CIRCUMSTANCES REQUIRING TESTING

A. *Pre-Employment or Transfer Alcohol & Drug Testing*

1. A pre-employment alcohol test and drug test will be conducted after the County has made a contingent offer of employment.
2. An employee of the County transferring to a CDL driving position is subject to and must pass an alcohol and drug test as a condition of the transfer.

B. *Post-Accident Testing:*

Drivers are to notify their supervisors and Risk Management as soon as possible if they are involved in an accident.

1. According to FMCSA regulations, testing will occur if:
 - a) The driver was performing safety-sensitive functions and the accident involved a fatality,
 - b) The driver received a citation under state or local law for a moving traffic violation arising from the accident, and the accident involved either bodily

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injury requiring immediate medical treatment away from the scene, or
Disabling damage to any motor vehicle requiring tow away.

2. The driver will be tested for drugs and alcohol as soon as possible following the accident. The driver must remain readily available for testing. If the driver isn't readily available for alcohol and drug testing, he/she may be deemed as refusing to submit to testing. A driver involved in an accident may not consume alcohol for eight (8) hours or until testing is completed.
3. If the alcohol test is not administered within two (2) hours following the accident the supervisor will prepare a report and maintain a record stating why the test was not administered within two (2) hours.
4. If the alcohol test is not administered within eight (8) hours following the accident, all attempts to administer the test will cease. A report and record of why the test was not administered will be prepared and maintained.
5. The drug test must be administered within thirty two (32) hours of the accident. If the test could not be administered within thirty two (32) hours, all attempts to test the driver will cease. The supervisor will prepare and maintain a record stating the reasons why the test was not administered within the allotted time frame.

C. Reasonable Suspicion Testing:

If the driver's supervisor or another appropriate County employee believes a driver is under the influence of alcohol or drugs, the driver will be required to undergo a drug and/or alcohol test.

1. The basis for this decision will be specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the driver.
2. The driver's supervisor or another appropriate County employee will immediately remove the driver from any and all safety sensitive functions and take the driver or make arrangements for the driver to be taken to a testing facility.
3. The person who makes the determination that reasonable suspicion exists to conduct an alcohol test may not administer the alcohol test.
4. Per FMCSA regulation, reasonable suspicion alcohol testing is only authorized if the observations are made during, just preceding, or just after the driver is performing a safety sensitive function.
5. Per FMCSA regulation, if the driver tests point zero two (0.02) or greater, but

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less than point zero four (0.04) for alcohol the driver will be removed from all safety sensitive functions, including driving a commercial motor vehicle, until the start of the driver's next regularly scheduled duty period, but not less than twenty four (24) hours following administration of the test.

6. If an alcohol test is not administered within two (2) hours following a reasonable suspicion determination, the program administrator will prepare and maintain a record stating the reasons why the test was not administered within two (2) hours.
7. If the alcohol test was not administered within eight (8) hours after a reasonable suspicion determination, all attempts to administer the test shall cease. A record of why the test was not administered must be prepared and maintained.
8. A written record of the observations leading to an alcohol or controlled substance reasonable suspicion test, signed by the supervisor or County employee who made the observation, will be completed within twenty four (24) hours of the observed behavior or before the results of the alcohol or controlled substances test are released, whichever is first.
9. A driver awaiting the results of a reasonable suspicion test will be prohibited from performing safety sensitive duties.

D. Random Testing:

Nassau County BOCC will conduct random testing for all drivers as follows:

1. The Nassau County BOCC will use a consortium. The consortium will use a selection process based on a scientifically valid method, prescribed by FMCSA regulations.
2. At least ten percent (10%) of the consortium's average number of driver positions will be tested for alcohol each year. At least fifty percent (50%) of the consortium's average number of driver positions will be tested for drugs each year.
3. When possible, the random testing will be spread reasonably throughout the calendar year. All random alcohol and drug tests will be unannounced, with each driver having an equal chance of being tested each time selections are made.
4. A driver may only be tested for alcohol while he/she is performing a safety-sensitive function, just before performing a safety-sensitive function, or just after completing a safety-sensitive function.

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5. Once notified that he/she has been randomly selected for testing, the driver must proceed immediately to Risk Management.

E. Return to Duty Testing

After failing an alcohol test, a driver must undergo an SAP evaluation, and complete any necessary referral, education/treatment process. The driver must also undergo a return-to-duty test prior to performing a safety-sensitive function. The test result must indicate a breath alcohol concentration of less than point zero two (0.02).

After testing positive for a controlled substance, a driver must undergo an SAP evaluation, and complete any necessary referral, education/treatment process. The driver must also undergo a return-to-duty test prior to performing a safety-sensitive function. The test must indicate a verified negative result for drug use.

F. Follow-Up Testing

Following the driver's violation of Part 382, Subpart B, the driver will be subject to follow-up testing. Follow-up testing will be unannounced. The number and frequency of such follow-up testing may be directed by the Substance Abuse Professional (SAP), and consist of at least six (6) tests in the first twelve (12) months. Follow-up testing may be done for up to sixty (60) months following the employee's return to duty.

VIII. REFUSAL TO SUBMIT

- A. A driver may not refuse to submit to a post-accident, random, reasonable suspicion, pre-employment, return to duty, or follow-up alcohol or controlled substances test required by the regulations. A driver who refuses to submit to such tests may not perform or continue to perform safety sensitive functions and must be evaluated by a SAP as if the driver tested positive for drugs or failed an alcohol test. Refusals to submit as outlined in this policy may result in the termination of employment.
- B. As defined herein, refusal to submit means:
 - a) Fails to appear for any test (except pre-employment) within a reasonable time, as determined by the County, consistent with applicable DOT regulations, after being directed to do so by the County. This includes the failure of a driver to appear for a test when called by the County;
 - b) Fails to remain at the testing site until the testing is complete (except pre-employment if the driver leaves before the testing process begins);
 - c) Fails to provide a urine specimen for any DOT required drug test.

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(except pre-employment if the driver leaves before the testing process begins);

- d) In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of the driver's provision of the specimen;
- e) Fails to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;
- f) Fails or declines to take a second test the employer or collector has directed the driver to take;
- g) Fails to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER (In the case of a pre-employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment);
- h) Fails to cooperate with any part of the testing process; or
- i) Reported by the MRO as having a verified adulterated or substituted test result.

IX. DILUTED SPECIMENS

- A. If the MRO informs the County that a positive drug test was dilute, the Nassau County BOCC will simply treat the test as a verified positive test. The County will not direct the employee to take another test based on the fact that the specimen was dilute. This is in accordance with § 40.197.
- B. If the MRO directs the County to conduct a recollection under direct observation (i.e., because the creatinine concentration of the specimen was equal to or greater than two (2) mg/dL, but less than or equal to five (5) mg/dL (see §40.155(c)), the County will do so immediately.
- C. Otherwise, such recollections will not be collected under direct observation, unless there is another basis for use of direct observation. The following provisions apply to all tests that Nassau County BOCC sends the driver for under the directive of the MRO:
 - 1. The employee is given the minimum possible advance notice that he or she must go to the collection site;
 - 2. The result of the retest taken under § 40.197(b), and not a prior test, is

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accepted as the test result of record;

3. If the result of the retest is also negative and dilute, Nassau County BOCC will not make the employee take an additional test because the result was dilute. Provided, however, that if the MRO directs Nassau County BOCC to conduct a recollection under direct observation, the County must immediately do so.
 4. If the employee declines to take a test as directed, the employee has refused the test for purposes of this part and DOT agency regulations.
- D. If the creatinine concentration of the dilute specimen is greater than five (5) mg/dL, the County will direct the employee to take another test immediately under County policy.

X. ALCOHOL TESTING PROCEDURES

- A. Alcohol testing will be conducted by a qualified breath alcohol technician (BAT) or screening test technician (STT), according to 49 CFR Part 40 procedures. Only products on the conforming products list (approved by the National Highway Traffic Safety Administration (NHTSA)) and Part 40 requirements will be utilized for testing under this policy.
- B. The testing will be performed in a private setting. Only authorized personnel will have access, and are the only individuals who can see or hear the test results.
- C. When the driver arrives at the testing site, the BAT or STT will ask for identification.
- D. The driver may ask the BAT or STT for identification.
- E. The BAT or STT will then explain the testing procedure to the driver. The BAT or STT may only supervise one test at a time, and may not leave the testing site while the test is in progress.
- F. A screening test is performed first. When a breath testing device is used, the mouthpiece of the breath testing device must be sealed before use, and opened in the driver's presence. Then the mouthpiece is inserted into the breath testing device.
- G. The driver must blow forcefully into the mouthpiece of the testing device for at least six (6) seconds or until an adequate amount of breath has been obtained.
- H. Once the test is completed, the BAT must show the driver the results. The results may be printed on a form generated by the breath testing device or may be displayed on the breath testing device. If the breath testing device does not

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print results and test information, the BAT is to record the displayed result, test number, testing device, serial number of the testing device, and time on the alcohol testing form (ATF). If the breath testing device prints results, but not directly onto the form, the BAT must affix the printout to the alcohol testing form in the designated space.

- I. When an alcohol screening device (ASD) is used, the STT must check the device's expiration date and show it to the driver. A device may not be used after its expiration date.
- J. The STT will open an individually wrapped or sealed package containing the device in front of the driver and he/she will be asked to place the device in his/her mouth and use it in the manner described by the device's manufacturer.
- K. If the driver declines to use the device, or in a case where the device doesn't activate, the STT must insert the device in the driver's mouth and use it in the manner described by the device's manufacturer. The STT must wear single-use examination gloves and must change the gloves following each test.
- L. When the device is removed from the driver's mouth, the STT must follow the manufacturer's instructions to ensure the device is activated.
- M. If the procedures listed above can't be successfully completed, the device must be discarded and new test must be conducted using a new device. Again, the driver will be offered the choice of using the new device or having the STT use the device for the test.
- N. If the new test can't be successfully completed, the driver will be directed to immediately take a screening test using an evidential breath testing device (EBT).
- O. The result displayed on the device must be read within fifteen (15) minutes of the test. The STT must show the driver the device and its reading and enter the result on the ATF.
- P. If the reading on the EBT or ASD is less than point zero two (0.02), both the driver and the BAT or STT must sign and date the result form. The form will then be confidentially forwarded to the County's designated employer representative (DER).
- Q. If the reading on the EBT or ASD is point zero two (0.02) or more, a confirmation test must be performed. An EBT must be used for all confirmation tests.
- R. The test must be performed after fifteen (15) minutes have elapsed, but within thirty (30) minutes of the first test. The BAT will ask the driver not to eat, drink, belch, or put anything into his/her mouth. These steps are intended to prevent

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the buildup of mouth alcohol, which could lead to an artificially high result.

- S. A new, sealed mouthpiece must be used for the new test. The calibration of the EBT must be checked. All of this must be done in the driver's presence.
- T. If the results of the confirmation test and screening test are not the same the confirmation test will be used.
- U. Refusal to complete and sign the ATF or refusal to provide breath or saliva will be considered a failed test, and the driver will be removed from all safety sensitive functions until the matter is resolved.

XI. DRUG TESTING PROCEDURES

- A. Drug testing will be conducted by the Nassau County MRO or other qualified testing center. Specimen collection will be conducted in accordance with 49 CFR Part 40 and any applicable state law. The collection procedures have been designed to ensure the security and integrity of the specimen provided by each driver. The procedures will strictly follow federal chain of custody guidelines.
- B. A drug testing custody and control form (CCF) will be used to document the chain of custody from the time the specimen is collected at the testing facility until it is tested at the laboratory.
- C. A collection kit meeting the requirements of Part 40, Appendix A must be used for the drug test.
- D. The collection of specimen must be conducted in a suitable location and must contain all necessary personnel, materials, equipment, facilities, and supervision to provide for collection, security, and temporary storage and transportation of the specimen to a certified laboratory.
- E. When the driver arrives at the collection site, the collection site employee will ask for identification. The driver may ask the collection site employee for identification.
- F. The driver will be asked to remove all unnecessary outer garments (coat, jacket) and secure all personal belongings. The driver may keep his/her wallet.
- G. The driver should then wash and dry his/her hands. After washing hands, the driver must remain in the presence of the collection site employee and may not have access to fountains, faucets, soap dispensers, or other materials that could adulterate the specimen.
- H. The collection site employee will select, or allow the driver to select, an individually wrapped or sealed container from the collection kit materials. Either

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the collection site employee or the driver, with both individuals present, must unwrap or break the seal of the collection container. The seal on the specimen bottle may not be broken at this time. Only the collection container may be taken into the room used for urination.

- I. The driver is then instructed to provide his/her specimen in a room that allows for privacy.
- J. The specimen must consist of at least forty five (45) mL of urine. Within four (4) minutes after obtaining the specimen, the collection site employee will measure its temperature. The acceptable temperature range is ninety (90) to one hundred (100) degrees Fahrenheit. If the specimen temperature is outside the acceptable range, the collector must note this on the CCF and must immediately conduct a new collection using direct observation procedures outlined in Sec. 40.67. Both specimens must be sent to the lab for testing. The collector must notify both the DER and collection site supervisor that the collection took place under direct observation and the reason for doing so.
- K. The collection site employee will also inspect the specimen for color and look for signs of contamination or tampering. If there are signs of contamination or tampering, the collector must immediately conduct a new collection using direct observation procedures outlined in Sec. 40.67. Both specimens must be sent to the lab for testing. The collector must notify both the DER and collection site supervisor that the collection took place under direct observation and the reason for doing so.
- L. The forty five (45) mL sample provided must be split into a primary specimen of thirty (30) mL and a second specimen (used as the split) of fifteen (15) mL. The collection site employee must place and secure the lids on the bottles, place tamper-evident bottle seals over the lids and down the sides of the bottles, and write the date on the tamper-evident seals. The driver then initials the tamper-evident bottle seals to certify that the bottles contain specimens he/she provided. All of this must be done in front of the driver.
- M. All identifying information must be entered on the CCF by the collection site employee.
- N. The CCF must be signed by the collection site employee, certifying collection was accomplished in accordance with the instructions provided. The driver must also sign this form indicating the specimen was his/hers.
- O. The collector is responsible for placing and securing the specimen bottles and a copy of the CCF into an appropriate pouch or plastic bag.
- P. At this point, the driver may leave the collection site.

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Q. The collection site must forward the specimens to the lab as quickly as possible, within twenty four (24) hours or during the next business day.

R. *Laboratory analysis:* As required by FMCSA regulations, only a laboratory certified by the Department of Health and Human Services (DHSS) to perform urinalysis for the presence of controlled substances will be retained by Nassau County BOCC. The laboratory will be required to maintain strict compliance with federally approved chain-of-custody procedures, quality control, maintenance, and scientific analytical methodologies.

All specimens are required to undergo an initial screen followed by confirmation of all positive screen results.

S. *Split Sample:* As required by FMCSA regulations, the MRO must notify each driver who has a positive, adulterated, substituted, or invalid drug test result that he/she has seventy two (72) hours to request the test of the split specimen. If the driver requests the testing of the split, the MRO must direct (in writing) the lab to provide the split specimen to another certified laboratory for analysis and must provide the driver with all information required by Part 40.

If the analysis of the split specimen fails to reconfirm the results of the primary specimen, or if the split specimen is unavailable, inadequate for testing, or unstable, the MRO must cancel the test and report the cancellation and the reasons for it to the DER and the driver.

XII. CONFIDENTIALITY/RECORDKEEPING

A. All driver alcohol and controlled substance test records are considered confidential. For the purpose of this policy/procedure, confidential recordkeeping is defined as records maintained in a secure manner, under lock and key, accessible only to the program administrator.

B. Driver alcohol and controlled substance test records will only be released in the following situations:

1. To the driver, upon his/her written request;
2. Upon request of a DOT agency with regulatory authority over Nassau County BOCC;
3. Upon request of state or local officials with regulatory authority over Nassau County BOCC;
4. Upon request by the United States Secretary of Transportation;
5. Upon request by the National Transportation Safety Board (NTSB) as part of

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an accident investigation;

6. Upon request by subsequent employers upon receipt of a written request by a covered driver;
7. In a lawsuit, grievance, or other proceeding if it was initiated by or on behalf of the complainant and arising from results of the tests; or
8. Upon written consent by the driver authorizing the release to a specified individual.

C. All records will be retained for the time period required in Sec. 382.401.

XIII. SELF-IDENTIFICATION

A. Nassau County BOCC will not take disciplinary action against a driver who makes a voluntary admission of alcohol misuse or controlled substance use if:

1. The admission is in accordance with the County's voluntary self-identification program;
2. The driver does not self-identify in order to avoid Part 382 testing;
3. The driver makes the admission of alcohol misuse or controlled substances use prior to performing a safety-sensitive function; and
4. The driver does not perform a safety-sensitive function until the County is satisfied that the driver has been evaluated and has successfully completed education or treatment requirements in accordance with the self-identification program guidelines.

B. The driver will be allowed to return to safety-sensitive duties upon successful completion of an education or treatment program, as determined by a drug and alcohol abuse evaluation expert. Also, the driver must undergo:

1. A return-to-duty test with a result indicating an alcohol concentration of less than point zero two (0.02); and/or
2. A return-to-duty controlled substances test with a verified negative test result.

XIV. VERIFIED POSITIVE TEST RESULTS AND DISCIPLINE

A. The County may not stand-down a driver before the MRO has completed his/her verification process unless the County has applied for and has received an FMCSA issued waiver.

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B. According to FMCSA regulation, no person who has failed an alcohol or drug test, or refused to test, will be allowed to perform safety-sensitive functions until the referral, evaluation, and treatment requirements have been complied with. The following County disciplinary measures apply to all reasonable suspicion, post-accident, and random tests.

1. *Controlled Substance Positive Test Result:* Upon notification that a driver has a drug test result of positive, adulterated, substituted, or invalid, the driver will be given the option of requesting a test of the split sample within seventy two (72) hours. If the split sample testing disputed the initial test results or if the initial test results are designated invalid, the driver will be reinstated. If the retest is verified as a positive result, the driver will be subject to termination.
2. *Refusal to Test:* As described above, a driver's refusal to test for alcohol or controlled substances will be considered a positive test result. Adulteration or tampering with a urine or breath sample is considered conduct that obstructs the testing process and is considered a refusal to test. A driver whose conduct is considered a refusal to test will be subject to immediate termination.
3. *Failed Alcohol Test Result:* Upon notification that a driver has failed an alcohol test, point zero four percent (0.04%) BAC or greater, the driver will be subject to termination.
4. Upon notification that a driver tested point zero two percent (0.02%) BAC or greater, but less than point zero four percent (0.04%) BAC in initial and confirmatory tests for alcohol, the driver will not be allowed to perform safety sensitive functions and will be subjected to formal reprimand policies up to and including termination.

CERTIFICATE OF RECEIPT

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I have received a copy of the Nassau County Board of Commissioners' Drug & Alcohol
Free Policy for Commercial Vehicle Drivers, Employee Policy Statement.

Date

Driver's Signature

Driver's Name (Printed)

Driver Identification

APPENDIX: ALCOHOL AND DRUG INFORMATION

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Alcohol Fact Sheet

Alcohol is a drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings. However, when consumed primarily for its physical and mood-altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions.

- **Generic/Chemical Names (Representative):** Beer (about 4.5 percent alcohol), wine (about 14 to 20 percent alcohol), distilled spirits or liquor (about 50 percent alcohol).

- **Duration of Single Dose Effect:** Alcohol is fully absorbed into the bloodstream within 30 minutes to 2 hours, depending upon the beverage consumed and associated food intake. The body can metabolize about one quarter of an ounce (0.25 oz. roughly half the amount in a can of beer) of alcohol per hour.

The effects of alcohol on behavior (including driving behavior) vary with the individual and with the concentration of alcohol in the individual's blood. The level of alcohol achieved in the blood depends in large part (although not exclusively) upon the amount of alcohol consumed and the time period over which it was consumed. One rule of thumb says that in a 150-pound person, each drink adds 0.02% to blood alcohol concentration and each hour that passes removes 0.01 percent from it.

Generally speaking, alcohol is absorbed into the blood relatively quickly and metabolized more slowly. Therefore, the potential exists for alcohol concentrations to build steadily throughout a drinking session. The table below shows some general effects of varying levels of BAC:

| BAC | Behavioral Effects |
|------------|--|
| 0.02-0.09% | Loss of muscular coordination, impaired senses, changes in mood and personality. |
| 0.10-0.19% | Marked mental impairment, further loss of coordination, prolonged reaction time. |
| 0.20-0.29% | Nausea, vomiting, double vision. |
| 0.30-0.39% | Hypothermia, blackouts, anesthesia. |
| 0.40-0.70% | Coma, respiratory failure, death. |

Signs and Symptoms of Use

- **Evidence of Presence of Alcohol:** Bottles, cans, and other containers which alcohol-containing beverages may have been purchased and/or consumed in; bottle caps from alcohol containers; bottle or can openers; drivers drinking from paper bags; odor of alcohol on containers or on driver's breath.
- **Physical Symptoms:** Reduction of reflexes, slurred speech, loss of coordination, unsteady gait.
- **Behavioral Symptoms:** Increased talkativeness, reduced emotional control, distorted judgment, impaired driving ability, gross effects on thinking and memory.

Effects on Driver Performance

The statistics reported above make it clear that alcohol can have a devastating effect on driver performance. By affecting vision, reflexes, coordination, emotions, aggressiveness, and judgment, alcohol deprives the professional driver of most of the tools he or she relies upon to perform safely.

Hangovers also present a risk to driving behavior, as would other illnesses. The sick feeling associated with hangovers, including headaches, nausea, and other symptoms, can distract a driver's attention and lead to accidents even though alcohol may no longer be detectable in the body.

Amphetamine Fact Sheet

Nassau County Safety Policy

Amphetamines are central nervous system stimulants that speed up the mind and body. The physical sense of energy at lower doses and the mental exhilaration at higher doses are the reasons for their abuse. Although widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. Most amphetamines that are abused are illegally manufactured in foreign countries and smuggled into the United States or clandestinely manufactured in crude laboratories.

- **Generic/Chemical Names:** Include amphetamine and methamphetamine. Trade names include: Desoxyn, Dexapex, Fastin, Vasotilin, Dexedrine, Delcobese, Fetamine, Obetrol.
- **Common Street Names:** Uppers, speed, bennies, crystal, black beauties, Christmas trees, white crosses, mollies, bam, crank, meth, ice, LA ice.
- **Paraphernalia:** Needles, syringes, and rubber tubing for tourniquets, used for the injection method.
- **Method of Intake:** The most common forms of amphetamines are pills, tablets, or capsules, which are ingested. The less frequent forms, liquid and powder, are injected or snorted.
- **Duration of Single Dose Effect:** 2 to 4 hours.
- **Dependency Level:** Psychological dependence on amphetamines is known to be high. Physical dependence is possible.

Signs and Symptoms of Use

- **Evidence of Presence of Amphetamines:** Most frequently pills, capsules, or tablets; envelopes, bags, vials for storing the drug; less frequently syringes, needles, tourniquets.
- **Physical Symptoms:** Dilated pupils, sweating, increased blood pressure, palpitations, rapid heartbeat, dizziness, decreased appetite, dry mouth, headaches, blurred vision, insomnia, high fever (depending on the level of the dose).
- **Behavioral Symptoms:** Confusion, panic, talkativeness, hallucinations, restlessness, anxiety, moodiness, false sense of confidence and power; "amphetamine psychosis" which might result from extended use (see health effects).

Effects on Driver Performance

Amphetamines cause a false sense of alertness and potential hallucinations, which can result in risky driving behavior and increased accidents. Drivers who fail to get sufficient rest may use the drug to increase alertness. However, although low doses of amphetamines will cause a short-term improvement in mental and physical functioning, greater use impairs functioning. The hangover effect of amphetamines is characterized by physical fatigue and depression, which make operation of equipment or vehicles dangerous.

Cocaine Fact Sheet

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.

- **Generic/Chemical Names:** Cocaine hydrochloride or cocaine base.
- **Common Street Names:** Coke, crack, snow, blow, flake, "C", toot, rock, base, nose candy, snort, white horse.
- **Paraphernalia:** Cocaine hydrochloridesingle-edged razor blade, 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

Nassau County Safety Policy

cocaine (used for snorting), needles, tourniquets (used for injecting). Cocaine base "crack pipe" (small glass smoking device for vaporizing the crack crystals); a lighter, alcohol lamp, or small butane torch for heating the substance.

- **Duration of Single Dose Effect:** 1 to 2 hours.

Signs and Symptoms of Use

- **Evidence of Presence of Cocaine:** Small folded envelopes, plastic bags, or vials used to store cocaine; razor blades; cut-off drinking straws or rolled bills for snorting; small spoons; heating apparatus.
- **Physical Symptoms:** Dilated pupils, runny or irritated nose, profuse sweating, dry mouth, tremors, needle tracks, loss of appetite, hyperexcitability, restlessness, high blood pressure, heart palpitations, insomnia, talkativeness, formication (sensation of bugs crawling on skin).
- **Behavioral Symptoms:** Increased physical activity, depression, isolation and secretive behavior, unusual defensiveness, frequent absences, wide mood swings, difficulty in concentration, paranoia, hallucinations, confusion, false sense of power and control.

Effects of Cocaine Use on the Individual

Effects on Driver Performance

Cocaine use results in an artificial sense of power and control, which leads to a sense of invincibility. Lapses in attention and the ignoring of warning signals brought on by cocaine use greatly increase the potential for accidents. Paranoia, hallucinations, and extreme mood swings make for erratic and unpredictable reactions while driving.

The high cost of cocaine frequently leads to workplace theft and/or dealing. Forgetfulness, absenteeism, tardiness, and missed assignments can translate into lost business.

Cannabinoids (Marijuana) Fact Sheet

Marijuana is one of the most misunderstood and underestimated drugs of abuse. People use marijuana for the mildly tranquilizing and mood and perception-altering effects it produces.

- **Generic/Chemical Name:** Dronabinol, marinol, nabilone.
- **Common Street Names:** Pot, dope, grass, hemp, weed, hooch, herb, hash, joint, Acapulco gold, reefer, sinsemilla, Thai sticks.
- **Paraphernalia:** 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.
- **Duration of Single Dose Effect:** The most obvious effects are felt for 4 to 6 hours. Preliminary studies suggest that performance impairment lasts longer. The active chemical, THC, is stored in body fat and slowly metabolized over time.
- **Dependency Level:** Evidence indicates moderate psychological dependence.

Signs and Symptoms of Use

- **Evidence of Presence of Marijuana:** Plastic bags (commonly used to sell marijuana); smoking papers; roach clip holders; small pipes of bone, brass, or glass; smoking bongs; distinctive odor.
- **Physical Symptoms:** Reddened eyes (often masked by eye drops); stained fingertips from holding "joints," particularly for nonsmokers; chronic fatigue; irritating cough; chronic sore throat; accelerated heartbeat; slowed speech; impaired motor coordination; altered perception; increased appetite.

Nassau County Safety Policy

- **Behavioral Symptoms:** Impaired memory, time-space distortions, feeling of euphoria, panic reactions, paranoia, "I don't care" attitude, false sense of power.

Effects of Marijuana Use on the Individual

Effects on Driver Performance

- The mental impairments resulting from the use of marijuana produce reactions that can lead to unsafe and erratic driving behavior. Distortions in visual perceptions, impaired signal detection, and altered reality can make driving a vehicle very dangerous.

Opiates (Narcotics) Fact Sheet

Opiates (also called narcotics) are drugs that alleviate pain, depress body functions and reactions, and, when taken in large doses, cause a strong euphoric feeling.

- **Generic/Chemical Names:** Natural and natural derivatives include opium, morphine, codeine, and heroin (semi-synthetic). Synthetics include meperidine (Demerol), oxymorphone (Numorphan), and oxycodone (Percodan).
- **Common Street Names:** Big M, micro, dots, horse, "H", junk, smack, scag, Miss Emma, dope, China white.
- **Paraphernalia:** Needles, syringe caps, eyedroppers, bent spoons, bottle caps, and rubber tubing (used in the preparation for and injection of the drug).
- **Method of Intake:** Opiates may be taken in pill form, smoked, or injected, depending upon the type of narcotic used.
- **Duration of Single Dose Effect:** 3 to 6 hours.
- **Dependency Level:** Both physical and psychological dependence on opiates are known to be high. Dependence on codeine is moderate.

Signs and Symptoms of Use

- **Evidence of Presence of Drug:** In addition to paraphernalia enumerated above, the following items may be present: foil, glassine envelopes, or paper "bindles" (packets for holding drugs); balloons or prophylactics used to hold heroin; bloody tissues used to wipe the injection site; a pile of burned matches used to heat the drug prior to injection.
- **Physical Symptoms:** Constricted pupils, sweating, nausea and vomiting, diarrhea, needle marks or "tracks," wearing long sleeves to cover "tracks", loss of appetite, slurred speech, slowed reflexes, depressed breathing and heartbeat, and drowsiness and fatigue.
- **Behavioral Symptoms:** Mood swings, impaired coordination, depression and apathy, stupor, euphoria.

Effects of Narcotics Use on the Individual

Effects on Driver Performance

The apathy caused by opiates can translate into an "I don't really care" attitude toward performance. The physical effects as well as the depression, fatigue, and slowed reflexes impede the reaction time of the driver, raising the potential for accidents. Although opiates have a legitimate medical use in alleviating pain, workplace use may cause impairment of physical and mental functions.

Phencyclidine (PCP) Fact Sheet

Nassau County Safety Policy

Phencyclidine (PCP) was originally developed as an anesthetic, but the adverse side effects prevented its use except as a large animal tranquilizer. Phencyclidine acts as both a depressant and a hallucinogen, and sometimes as a stimulant. It is abused primarily for its variety of mood-altering effects. Low doses produce sedation and euphoric mood changes. The mood can change rapidly from sedation to excitation and agitation. Larger doses may produce a comalike condition with muscle rigidity and a blank stare with the eyelids half-closed. Sudden noises or physical shocks may cause a "freak-out," in which the person has abnormal strength, extremely violent behavior, and an inability to speak or comprehend communication.

- **Generic/Chemical Names:** Phencyclidine.

- **Common Street Names:** Angel dust, dust, peace pills, hog, killer weed, mint, monkey dust, supergrass, Tran Q, weed.

- **Paraphernalia:** Foil or paper packets; stamps (off which PCP is licked); needles, syringes, and tourniquets (for injection); leafy herbs (for smoking).

- **Method of Intake:** In pill, capsule, or tablet form, PCP may be ingested. It is commonly injected as "angel dust." It may be smoked or snorted when applied to leafy materials or combined with marijuana or tobacco.

- **Duration of Single Dose Effect:** Days.

- **Dependency Level:** Psychological dependence on PCP is known to be high. Physical dependence is unknown.

Signs and Symptoms of Use

- **Evidence of Presence of PCP:** Packets, stamps, injection paraphernalia, herbs.

- **Physical Symptoms:** Dilated or floating pupils, blurred vision, nystagmus (jerky eye movement), drooling, muscle rigidity, profuse sweating, decreased sensitivity to pain, dizziness, drowsiness, impaired physical coordination (e.g., drunken-like walk, staggering), severe disorientation, rapid heartbeat.

- **Behavioral Symptoms:** Anxiety, panic/fear/terror, aggressive/violent behavior, distorted perception, severe confusion and agitation, disorganization, mood swings, poor perception of time and distance, poor judgment, auditory hallucinations.

Effects on the Individual

Effects on Driver Performance

The distortions in perception and potential visual and auditory delusions make driver performance unpredictable and dangerous. PCP use can cause drowsiness, convulsions, paranoia, agitation, or coma, all obviously dangerous to driving.

FORMS

Nassau County Safety Policy

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| | | |
|------|---|-----------|
| DF-6 | NOTICE OF POSITIVE DRUG TEST RESULTS | Drug Free |
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| | | |
|-------|---|-----|
| PPE-1 | ACKNOWLEDGMENT OF PERSONAL PROTECTIVE EQUIPMENT TRAINING | PPE |
|-------|---|-----|

SAFETY FORMS



RISK MANAGEMENT

ACKNOWLEDGMENT OF RECEIPT OF SAFETY ORIENTATION

1. Nassau County's Safety Mission Statement
2. Safety Policy and Procedures
3. Vehicle Use Policy
4. Drug-Free Workplace Policy
5. On the Job Injury/Worker's Compensation Procedures
6. Sexual Harassment

I hereby acknowledge that I have received an orientation overview on the above listed policies/procedures established by the Nassau County Board of County Commissioners and have had ample opportunity to openly ask questions regarding the same. I also understand that these policies and procedures may be changed at the discretion of the Board.

(Print Name)

(Signature)

(Date)



RISK MANAGEMENT

SAFETY COMMITTEE AGENDA

Date:

Location:

Time:

- I. Approval of Minutes from prior meeting:
- II. Old Business
- III. Accidents, injuries, near-misses:
 1. Incidents that have occurred since last meeting
 2. Any follow up that has been done as a result of investigations into incidents, near misses or injuries. Any recommendations and necessary changes due to investigation.
- IV. Results of Safety Inspection:
 1. Discussion of loss control/safety inspections
 2. Follow up on eliminating or controlling safety hazards
 3. Encourage employees to identify any unsafe conditions or tasks and how to eliminate the hazards.
- V. Training
 1. Discuss any new safe work procedures or other policies and procedures that need to be implemented.
 2. Safety topic: presentation and discussion on chosen topic.
- VI. Open Forum/New Business
 1. Any concern about safety, open discussion.
- VII. Next Meeting
 1. Date and time
 2. Safety topic/presenter

Persons attending this meeting:

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |

Signed: _____



RISK MANAGEMENT

Job Hazard Notification

Submit to Risk Management and Supervisor

Prepared by: _____ Department: _____

Date: _____

HAZARD INFORMATION

Department: _____

Location: _____

Function: _____

HAZARD OR UNSAFE PROCEDURE

Description: _____

RECOMMENDATIONS

To be filled out by Supervisor/Risk Management:

CORRECTIVE ACTIONS

Description of actions taken: _____

Date corrective action completed: _____

Permanent ☐

Temporary ☐

Employee Signature: _____

Supervisor Signature: _____

Risk Management Signature: _____

CLAIM FORMS



RISK MANAGEMENT

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Employee Name _____ Occupation _____

Date / Time of Accident _____ Location of Accident _____

Injury _____

Witness _____

Property Damaged _____

Employee's description of accident _____

What acts, failure to act and/or conditions contributed most directly to this accident?

What are the reasons for the existence of these acts/or conditions?

What is the plan of action to prevent recurrence?

Supervisor's comments: _____

Investigated By: _____ Date _____

Management Review: _____ Date _____



RISK MANAGEMENT

INCIDENT REPORT

General Information

Date of Incident:

Time of Incident:

Location of Incident (street, city, state, zip):

Persons Involved

Nassau County Employee Involved: Name: Dept: Phone:

Nassau County Contact: Name: Dept: Phone:

Complainant: Name: Address: Phone:

Witness1: Name: Address: Phone:

Witness2: Name: Address: Phone:

Accident/Incident Details

Description of Incident:

Cause of Incident:

Other Party Injured/Property Damaged

Name (Injured/Owner): Address: Phone:

Injuries: Yes ☐ No ☐ Transported: Yes: ☐ No: ☐

Description of Injury:

Description of Property

Damage to Nassau County Property

Person Causing Damage: Address: Phone:

Damage is to be repaired as follows:

Signatures

Employee Signature: Date:

Supervisor Signature: Date:

Risk Management Department: Date:



RISK MANAGEMENT

Vehicle Incident/Accident Report

WHAT TO DO IN CASE OF AN ACCIDENT

Complete this report at scene of accident and submit it to your employer immediately upon returning to office. In case of a serious accident, telephone your office at once. Do not talk to anyone about the accident except your employer, the policeman, or your insurance investigator. Do not argue at the scene of accident. Be courteous and show your license willingly.

Date & Time _____ Year, Make, Model _____ VIN _____

Place of Accident _____

Condition of Road _____ Weather _____

Name of Other Driver _____

Address _____

License Number _____ Make of Vehicle _____

Owner of Other Vehicle _____

Address _____

Vehicle Registration Number _____ Insured by _____

What direction were you going? _____ Speed _____

What direction was the other vehicle going? _____ Speed _____

What was the cause of the accident? _____

Why? _____

I Police Officer take report? ☐ Yes ☐ No Name of Officer _____

Shield Number _____ Precinct _____ Summons issued? _____ To Whom? _____

INJURED PERSON

Obtain First Aid by calling a hospital or a doctor

Name _____ Age _____

Address _____

Extent of Injury _____

Name _____ Age _____

Address _____

Extent of Injury _____

Name of doctor or hospital _____

DAMAGE TO PROPERTY

Carefully Examine

Owner _____

Address _____

Damage ☐ Auto ☐ Premises ☐ Fixtures

Extent of damage _____

Location of damaged property _____

WITNESSES

It is important to get as many as possible

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

REMARKS

Driver's Signature _____

The undersigned hereby agrees that _____ driver was not at fault in this accident. Name of company _____

Signature _____

Address _____

Date _____



RISK MANAGEMENT

INCIDENT DIAGRAM

Indicate below the exact location at the time of the accident or your vehicle and any other vehicle involved. Show all traffic signs and signals relevant to the accident. Note any obstructions and/or road surface type and condition.

Key

△ = Yield sign

Ⓢ = Stop sign

Ⓛ = Stop light

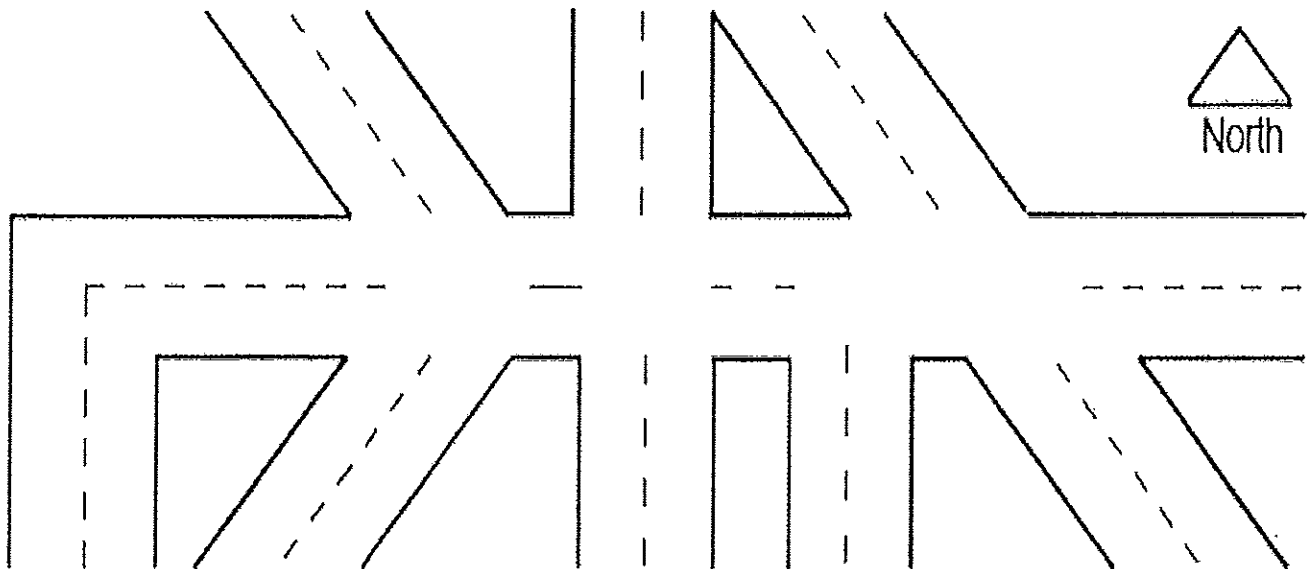
← = One way (sign) - Arrow indicates direction

W = Witness

⋈ = Pedestrian

ⓧ = Your vehicle

Ⓐ Ⓑ = Other vehicle(s)





RISK MANAGEMENT

WINDSHIELD DAMAGE

| General Information | |
|---------------------|------------------------|
| Date: | Description of Damage: |
| Department: | Contact: |
| Phone: | Fax: |
| Vendor: | |

| Vehicle Information | | |
|---------------------|--------|--------|
| Year: | Make: | Model: |
| VIN #: | | |
| Vehicle #: | Tag #: | |

WORKERS COMP FORMS

FIRST REPORT OF INJURY OR ILLNESS

FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION

For assistance call 1-800-342-1741
or contact your local EAO Office
Report all deaths within 24 hours 1-800-219-8953 or (850) 922-8953

| RECEIVED BY CLAIMS-HANDLING ENTITY | SENT TO DIVISION DATE | DIVISION RECEIVED DATE |
|---------------------------------------|-----------------------|------------------------|
| | | |

PLEASE PRINT OR TYPE

| | | | |
|---|--|--|-----------------------------------|
| NAME (First, Middle, Last) | | EMPLOYEE INFORMATION | |
| HOME ADDRESS | | Social Security Number | Date of Accident (Month-Day-Year) |
| Street/Apt #: _____ | | Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM | |
| City: _____ State: _____ Zip: _____ | | EMPLOYEE'S DESCRIPTION OF ACCIDENT (Include Cause of Injury) | |
| TELEPHONE Area Code Number | | | |
| OCCUPATION | | INJURY/ILLNESS THAT OCCURRED | |
| DATE OF BIRTH _____ SEX <input type="checkbox"/> M <input type="checkbox"/> F | | PART OF BODY AFFECTED | |

| | | | | | |
|--|--|--|--|--|--|
| COMPANY NAME: _____ | | FEDERAL I.D. NUMBER (FEIN) | | DATE FIRST REPORTED (Month/Day/Year) | |
| D. B. A.: _____ | | NATURE OF BUSINESS | | POLICY/MEMBER NUMBER | |
| Street: _____ | | DATE EMPLOYED _____ / _____ / _____ | | PAID FOR DATE OF INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| City: _____ State: _____ Zip: _____ | | LAST DATE EMPLOYEE WORKED _____ / _____ / _____ | | WILL YOU CONTINUE TO PAY WAGES INSTEAD OF WORKERS' COMP? <input type="checkbox"/> YES | |
| TELEPHONE Area Code Number | | RETURNED TO WORK <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE _____ / _____ / _____ | | LAST DAY WAGES WILL BE PAID INSTEAD OF WORKERS' COMP _____ / _____ / _____ | |
| EMPLOYER'S LOCATION ADDRESS (If different) | | DATE OF DEATH (If applicable) _____ / _____ / _____ | | RATE OF PAY <input type="checkbox"/> HR <input type="checkbox"/> WK \$ _____ PER <input type="checkbox"/> DAY <input type="checkbox"/> MO | |
| Street: _____ | | AGREE WITH DESCRIPTION OF ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Number of hours per day _____ | |
| City: _____ State: _____ Zip: _____ | | | | Number of hours per week _____ | |
| LOCATION # (if applicable) _____ | | | | Number of days per week _____ | |
| PLACE OF ACCIDENT (Street, City, State, Zip) | | | | NAME, ADDRESS AND TELEPHONE OF PHYSICIAN OR HOSPITAL | |
| Street: _____ | | | | | |
| City: _____ State: _____ Zip: _____ | | | | | |
| COUNTY OF ACCIDENT _____ | | | | | |
| Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 817.234, Section 440.105(7), F.S. I have reviewed, understand and acknowledge the above statement. | | EMPLOYEE SIGNATURE (if available to sign) _____ DATE _____ | | AUTHORIZED BY EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| EMPLOYER SIGNATURE _____ DATE _____ | | | | | |

CLAIMS-HANDLING ENTITY INFORMATION

| | | | |
|---|--|--|--|
| <input type="checkbox"/> 1(a) Denied Case - DWC-12, Notice of Denial Attached <input type="checkbox"/> 1(b) Indemnity Only Denied Case - DWC-12, Notice of Denial Attached <input type="checkbox"/> 2. Medical Only which became Lost Time Case (Complete all required information in #3) Employee's 8 th Day of Disability _____ / _____ / _____ Entity's Knowledge of 8 th Day of Disability _____ / _____ / _____ <input type="checkbox"/> 3. Lost Time Case - 1st day of disability _____ / _____ / _____ Full Salary in lieu of comp? <input type="checkbox"/> YES Full Salary End Date _____ / _____ / _____ Date First Payment Mailed _____ / _____ / _____ AWW _____ Comp Rate _____ <input type="checkbox"/> T.T. <input type="checkbox"/> T.T. - 80% <input type="checkbox"/> T.P. <input type="checkbox"/> I.B. <input type="checkbox"/> P.T. <input type="checkbox"/> DEATH <input type="checkbox"/> SETTLEMENT ONLY Penalty Amount Paid in 1 st Payment \$ _____ Interest Amount Paid in 1 st Payment \$ _____ | | REMARKS: INSURER NAME CLAIMS-HANDLING ENTITY NAME, ADDRESS & TELEPHONE INSURER CODE # _____ EMPLOYEE'S CLASS CODE _____ EMPLOYER'S NAICS CODE _____ SERVICE COTPA CODE # _____ CLAIMS-HANDLING ENTITY FILE # _____ | |
|---|--|--|--|

WAGE STATEMENT

FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION

NOTICE TO EMPLOYEE: If you have any questions about the information contained on this form, please contact your employer or claim-handling entity. If further assistance is needed, contact the Division's Employee Assistance Office at 1-800-342-1741.

RECEIVED BY CLAIMS-HANDLING ENTITY

PLEASE PRINT OR TYPE *3*

| | | | | | |
|--|--|---|--|--|--|
| SOCIAL SECURITY NUMBER | | EMPLOYEE NAME (First, Middle, Last) | | DATE OF ACCIDENT (Month-Day-Year) | |
| EMPLOYER NAME & ADDRESS | | CONCURRENT EMPLOYER NAME & ADDRESS (if applicable) | | ARE THE WAGES LISTED BELOW FOR A SIMILAR EMPLOYEE? ____ YES ____ NO | |
| TELEPHONE | | TELEPHONE | | OCCUPATION OF SIMILAR EMPLOYEE | |
| EMPLOYEE'S CUSTOMARY WORK WEEK (ex. Saturday thru Friday - Use 7 calendar day period) | EMPLOYEE'S CUSTOMARY DAYS WORKED/WEEK (ex. 5 days / week) | EMPLOYEE'S CUSTOMARY HOURS WORKED/WEEK (ex. 40 hours / week) | EMPLOYER'S CUSTOMARY WORK WEEK (ex. Saturday thru Friday - Use 7 calendar day period) | | |

NOTICE TO EMPLOYER: Please read all instructions on the back of this form carefully. Complete the form as fully as possible and submit it to your claims-handling entity within 14 days after knowledge of any accident that has caused your employee to be disabled for more than 7 calendar days. If you discontinue providing any fringe benefits, you must file a corrected Wage Statement with your claims-handling entity within 7 days of such termination, reflecting the type and amount of fringe benefits that were paid, and the last date they were provided.

Please list wages earned for the 13 calendar weeks (Sunday through Saturday) immediately preceding the accident.
Do Not Report Any Wages Earned During The Week of the Accident -- Use The 13 Calendar Weeks Immediately Preceding The Accident

GRATUITIES AS REPORTED TO THE

FRINGE BENEFITS (employee rec'd)
EMPLOYER COST ONLY

| WEEK NO. | WEEK | | # OF DAYS WORKED THAT WEEK | # HOURS WORKED THAT WEEK | GROSS PAY | EMPLOYER IN WRITING AS TAXABLE INCOME | HEALTH INSURANCE | RENT/ HOUSING |
|----------|------|----|----------------------------|--------------------------|-----------|---------------------------------------|------------------|---------------|
| 1 | FROM | TO | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
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| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| ** | | | | | | | | |

RETURN THIS FORM TO:
(Claims-handling entity Name, Address & Telephone #)

TOTAL

WILL EMPLOYER CONTINUE TO PROVIDE ABOVE BENEFITS?

____ YES ____ NO

____ YES ____ NO

TOTAL FRINGE BENEFITS

\$

TOTAL OF GROSS PAY, GRATUITIES AND FRINGES

\$

(FOR CLAIMS-HANDLING ENTITY USE ONLY)

AWW

COMP RATE

Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 817.234, Section 440.105(7), F.S.

PREPARER'S NAME

TELEPHONE #

DATE

Form DFS-F2-DWC-1a (08/2004)

WAGE STATEMENT REPORTING INSTRUCTIONS

General: Florida law requires disabled employees to be compensated at a certain percentage of their average weekly wage. If the injured employee worked during "substantially the whole of 13 calendar weeks" immediately preceding the accident, the employee's average weekly wage is one-thirteenth of the total amount of wages earned during the 13 calendar weeks. The term "substantially the whole of 13 calendar weeks" means not less than 75% of the total customary full-time hours of employment during that period.

NOTICE TO EMPLOYER: Please read all instructions on this form carefully. Complete the form as fully as possible and submit it to your claims-handling entity within 14 days after your knowledge of any accident that has caused your employee to be disabled for more than 7 calendar days. If you discontinue providing any fringe benefits, you must file a corrected Form DWC-1a (Wage Statement) with your claims-handling entity within 7 days of such termination, reflecting the type and amount of fringe benefits that were paid, and the last date they were provided.

- **DO NOT** combine wages of two or more employees.
- **Calendar Week:** means a seven-day period of time, which starts on Sunday and continues through Saturday.

Week of Accident – **DO NOT** report any wages earned during the week of the accident. Use the 13 calendar weeks immediately preceding the week of the accident and start with the most recent full calendar week before the week of the accident. For example, if the accident occurred on a Wednesday, then week No. 1 should begin the preceding Sunday and end the preceding Saturday.

Reporting Gross Pay: Complete all columns as applicable. Report the actual gross earnings of the injured employee for the consecutive 13 calendar week period immediately preceding the accident. The 13 calendar week period includes Saturdays, Sundays, holidays, and other non-working days. Remember to include all overtime and any bonuses paid during the 13 calendar week period. If the injured employee was not employed for you for approximately 68 days during that period, enter the wages of a similar employee in the same employment who was employed for approximately 68 days of the 13 calendar week period. **DO NOT** combine wages for two or more employees to yield wages for the 13 calendar weeks. The spaces immediately following week #13 are to be used for reporting the wages earned in a partial week when requested.

Reporting Gratuities & Fringe Benefits: Gratuities reported should include only those gratuities reported to the employer in writing as taxable income received in the course of employment from others than the employer. The reportable value of a fringe benefit is the actual cost to the employer for the benefit furnished. The only fringe benefits that can be included for dates of accident occurring on or after 07/01/1990 are employer contributions for health insurance for the employee or the employee's dependents, and the reasonable value of housing furnished to the employee by the employer which is intended as the permanent year-round housing of the employee.

If you have questions or need assistance in the completion of this required form, please contact the claims-handling entity listed on the front of this form.



RISK MANAGEMENT

SUPERVISOR'S REPORT OF JOB INJURY

Employee Information

Employee Name: _____ Date of accident: _____ Time of accident: _____

Job Title: _____

Supervisor: _____ Department: _____

General Information

Male: ☐ Female: ☐

Location of accident (street, city, state, zip): _____

Nature of the injury, type, body part affected: _____

Details

Description of accident and how it occurred:

Cause of accident:

Corrective action recommend to prevent recurrence:

Personal Protective Equipment

Was PPE required: Yes ☐ No ☐ Was it provided: Yes ☐ No ☐ Was it used: Yes ☐ No ☐

Witnesses

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Signatures

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____



RISK MANAGEMENT

AUTHORIZATION FOR MEDICAL TREATMENT

Date: _____

To: _____

RE: Workers' Compensation Injury

Employer: Nassau County Board of County Commissioners
Attention: Risk Management Department
96135 Nassau Place, Suite 7
Yulee, FL 32097
(904) 491-7385

Employee: _____

Date of Accident: _____

This is authorization to provide initial medical treatment to the above named employee for a work related injury in accordance with Florida Statutes. If the employee requires treatment by a specialist and it is not an emergency, call our workers' compensation insurance carrier for authorization. Claims are handled by:

BITUMINOUS INSURANCE COMPANIES
PO Box 100067
Duluth, GA 30096-9367
1-800-822-2905

To avoid delays in payment, please mail your invoice to BITUMINOUS INSURANCE COMPANIES, please make sure back up is included with the billing, in accordance with the Florida Workers' Compensation Reimbursement Manual. Include any medical reports.

Upon the employee's return to regular or light-duty work, please provide us with a written return-to-work release.



RISK MANAGEMENT

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I, _____ (employee) do hereby authorize _____
(medical treatment facility/physician) to release to the Nassau County Risk
Management Department or its agent, information regarding treatment of on-the-job
injuries related to the accident that occurred _____ (date of accident).

This authorization is valid for release of information regarding treatment for this injury.

(Print or type full name of employee or legal representative)

(Signature of employee or legal representative)

(Date of signature)



RISK MANAGEMENT

NOTICE OF REFERRAL FOR TESTING

To: _____
(Name of Employee/Applicant)

As part of the County's Drug-Free Workplace Program, you are being referred for a

1. ☐ drug test;
2. ☐ alcohol test;
3. ☐ drug and alcohol test.

☐ If this box is checked, the test(s) is/are required by Department of Transportation Regulations 49 C.F.R. Part 382.

In connection with this referral, you are being provided with the following documents:

1. Drug-Free Workplace Program: Notice to Employees; and
2. History of Recent Medication Form
3. Drug Testing Consent Form

Please acknowledge your receipt of this form and the above-referenced documents by signing your name below:

Applicant/Employee Name: _____

Applicant/Employee Signature: _____ Date: _____



RISK MANAGEMENT

NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby consent to submit a urine, breath or blood sample under the direction of medical or laboratory personnel designated by Nassau County, Florida ("the County"). I further consent to the testing of this sample for the purpose of determining possible alcohol and/or illegal drug use.

I further give my permission to the physician, medical or laboratory personnel collecting the specimen, the testing facility, and any employees or agents responsible for administering or evaluating the test to release the results to the County. I also authorize the County to release the test results to any court or government agency in connection with any contest by me of my test results or any employment action resulting from my test results. This authorization shall be valid for the duration of my employment with the County, for one (1) year following my separation from employment, or for the duration of any legal challenge regarding my test results or any resulting employment action.

I understand that this drug and/or alcohol test is being conducted pursuant to the County's published drug-free workplace program. I acknowledge that any hiring by the County is conditional upon successful completion of all pre-employment screening. I understand that if my drug test is confirmed positive, or if I refuse to submit to any required testing, I will be terminated and/or will be removed from further consideration for employment. If I am currently employed, I understand that a refusal to be tested or a confirmed positive test result will subject me to discipline up to and including discharge. I also understand that, if I am being tested in connection with an on-the-job injury, a confirmed positive test result or a refusal to be tested will result in a forfeiture of workers' compensation medical and indemnity benefits.

I understand that medical and laboratory personnel involved in collection of specimens, testing of specimens, and interpreting test results are not agents of the County and that the County is not responsible for their acts or omissions in connection with drug or alcohol testing. Accordingly, I hereby release and agree to hold the County harmless against any and all claims, charges or causes of action which I now have or may have in the futures against the County based on the acts or omissions of any laboratory or medical personnel in operating testing equipment, taking of testing samples, interpreting test results, publishing or reporting test results, or conducting any investigations relating to or arising out of testing.

**I CERTIFY THAT I HAVE READ, UNDERSTAND
AND VOLUNTARILY AGREE TO THE ABOVE PROVISIONS**

Date

Applicant or Employee

Date

Witness



RISK MANAGEMENT

Drug / Alcohol Testing: History of Recent Medication

To: _____

Date: _____

Re: Drug / Alcohol Testing: History of Recent Medication

This form is being presented to you for your optional use before and after the administration of a ☐ drug /alcohol / ☐ drug and alcohol (**x one**) test pursuant to the County's drug-free workplace policy. To assist the laboratory and Medical Review Officer (MRO) in interpreting your drug and/or alcohol test results, you have the **OPTION** of listing any medication and / or drugs that you may have recently taken. For your information, a list of medications and prescription drugs that may affect drug or alcohol test results is attached (Attachment 5). If you elect to provide any information concerning prescriptions on this form, then this form should be provided to the MRO at the following address: 96276 Brady Point Road, Fernandina Beach, Florida 32034.

If you **DO NOT** wish to provide this information, please indicate that you are declining this opportunity by signing your name below, and return this form to the County with no additional information on it.

Date

Applicant/Employee Signature

If you **DO** wish to provide this information, please identify below those medications taken during the last 30 days, and then furnish the form to the MRO at the address provided above.

Type of Medication

Identify Those Taken

Over-the-Counter Medications

(Cough medicines, cold tablets, aspirin, Tylenol, etc.)

Prescription medications *

*Be prepared to furnish valid prescription information, if requested.

Other

Additional Information That May Affect Drug Test Results:

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE.

Applicant/Employee Signature



RISK MANAGEMENT

NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS

MODIFIED DUTY ASSIGNMENT

Date: _____ Employee Name: _____

Department: _____

Supervisor Name: _____ (Signature) _____

Modified Duty Assignment

Date Employee Will Start: _____ (Not To Exceed 30 Days)

Department/Location: _____

Supervisor Name: _____ (Signature) _____

Work Schedule: _____

Duties: _____

The above named employee has been assigned a physical limitation/restriction.

Date of Physical Limitation/Restriction: _____

By Physician: _____

Medical Restrictions as submitted by employee's physician: _____

I have been notified and read the physical limitation/restriction imposed by my physician and understand that they are to be observed at all times until lifted or modified by competent medical authority. I further understand that it is my responsibility to follow the limitation/restriction imposed by my physician and inform my supervisor if an assignment cannot be completed due to the limitation/restriction.

Employee Signature

Date

Witness Signature

Date

I refuse to accept the modified duty offered to me

Employee Signature

Date

Failure to accept the position may affect your workers compensation benefits.

VEHICLE FORMS



RISK MANAGEMENT

VEHICLE DAILY INSPECTION LOG

| | | | |
|--------------|--|---------------|--|
| Location: | | Date: | |
| Time In: | | Time Out: | |
| Department: | | Operator: | |
| Odometer In: | | Odometer Out: | |

(Check any defective item. Give details under Remarks)

- | | | |
|---|---|--|
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Seat Belts | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Lighting Devices | <input type="checkbox"/> Back Up Alarm |
| <input type="checkbox"/> Tires | <input type="checkbox"/> Horn | |

FLUIDS ADDED

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Windshield Wipers | <input type="checkbox"/> Motor Oil | <input type="checkbox"/> Mirrors |
| <input type="checkbox"/> Hyd Oil | <input type="checkbox"/> Wheel/Rims | <input type="checkbox"/> Coolant |
| <input type="checkbox"/> Emergency Equipment | <input type="checkbox"/> Fuel | <input type="checkbox"/> Transmission Fluid |
| <input type="checkbox"/> Other | | |

Remarks: _____

- ☐ Vehicle is Satisfactory ☐ Vehicle is Unsatisfactory

Operator Signature: _____

- ☐ Defects Corrected ☐ Defects do not affect safe operation
- ☐ Maintenance deferred Work Order No: _____

Mechanic Name: _____

Mechanic Signature: _____ Date: _____

DRUG FREE FORMS



RISK MANAGEMENT

NOTICE OF REFERRAL FOR TESTING

To: _____
(Name of Employee/Applicant)

As part of the County's Drug-Free Workplace Program, you are being referred for a

1. ☐ drug test;
2. ☐ alcohol test;
3. ☐ drug and alcohol test.

☐ If this box is checked, the test(s) is/are required by Department of Transportation Regulations 49 C.F.R. Part 382.

In connection with this referral, you are being provided with the following documents:

1. Drug-Free Workplace Program: Notice to Employees; and
2. History of Recent Medication Form
3. Drug Testing Consent Form

Please acknowledge your receipt of this form and the above-referenced documents by signing your name below:

Applicant/Employee Name: _____

Applicant/Employee Signature: _____ Date: _____



RISK MANAGEMENT

NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby consent to submit a urine, breath or blood sample under the direction of medical or laboratory personnel designated by Nassau County, Florida ("the County"). I further consent to the testing of this sample for the purpose of determining possible alcohol and/or illegal drug use.

I further give my permission to the physician, medical or laboratory personnel collecting the specimen, the testing facility, and any employees or agents responsible for administering or evaluating the test to release the results to the County. I also authorize the County to release the test results to any court or government agency in connection with any contest by me of my test results or any employment action resulting from my test results. This authorization shall be valid for the duration of my employment with the County, for one (1) year following my separation from employment, or for the duration of any legal challenge regarding my test results or any resulting employment action.

I understand that this drug and/or alcohol test is being conducted pursuant to the County's published drug-free workplace program. I acknowledge that any hiring by the County is conditional upon successful completion of all pre-employment screening. I understand that if my drug test is confirmed positive, or if I refuse to submit to any required testing, I will be terminated and/or will be removed from further consideration for employment. If I am currently employed, I understand that a refusal to be tested or a confirmed positive test result will subject me to discipline up to and including discharge. I also understand that, if I am being tested in connection with an on-the-job injury, a confirmed positive test result or a refusal to be tested will result in a forfeiture of workers' compensation medical and indemnity benefits.

I understand that medical and laboratory personnel involved in collection of specimens, testing of specimens, and interpreting test results are not agents of the County and that the County is not responsible for their acts or omissions in connection with drug or alcohol testing. Accordingly, I hereby release and agree to hold the County harmless against any and all claims, charges or causes of action which I now have or may have in the futures against the County based on the acts or omissions of any laboratory or medical personnel in operating testing equipment, taking of testing samples, interpreting test results, publishing or reporting test results, or conducting any investigations relating to or arising out of testing.

**I CERTIFY THAT I HAVE READ, UNDERSTAND
AND VOLUNTARILY AGREE TO THE ABOVE PROVISIONS**

Date

Applicant or Employee

Date

Witness



RISK MANAGEMENT

Drug / Alcohol Testing: History of Recent Medication

To: _____ Date: _____

Re: Drug / Alcohol Testing: History of Recent Medication

This form is being presented to you for your optional use before and after the administration of a ☐ drug /alcohol / ☐ drug and alcohol (x one) test pursuant to the County's drug-free workplace policy. To assist the laboratory and Medical Review Officer (MRO) in interpreting your drug and/or alcohol test results, you have the OPTION of listing any medication and / or drugs that you may have recently taken. For your information, a list of medications and prescription drugs that may affect drug or alcohol test results is attached (Attachment 5). If you elect to provide any information concerning prescriptions on this form, then this form should be provided to the MRO at the following address: 96276 Brady Point Road, Fernandina Beach, Florida 32034.

If you **DO NOT** wish to provide this information, please indicate that you are declining this opportunity by signing your name below, and return this form to the County with no additional information on it.

Date

Applicant/Employee Signature

If you **DO** wish to provide this information, please identify below those medications taken during the last 30 days, and then furnish the form to the MRO at the address provided above.

Type of Medication

Identify Those Taken

Over-the-Counter Medications

(Cough medicines, cold tablets, aspirin, Tylenol, etc.)

Prescription medications *

*Be prepared to furnish valid prescription information, if requested.

Other

Additional Information That May Affect Drug Test Results:

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE.

Applicant/Employee Signature



RISK MANAGEMENT

Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee/Applicant Printed or Typed Name: _____

Employee/Applicant SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, during the two (2) years before the date of the employee/applicant application or transfer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee/Applicant Signature: _____ Date: _____

I-A.

New Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- | | | | |
|----|--|-----------|--------------------|
| 1. | Did the employee have alcohol tests with a result of 0.04 or higher? | YES _____ | NO _____ |
| 2. | Did the employee have verified positive drug tests? | YES _____ | NO _____ |
| 3. | Did the employee refuse to be tested? | YES _____ | NO _____ |
| 4. | Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES _____ | NO _____ |
| 5. | Did a previous employer report a drug and alcohol rule violation to you? | YES _____ | NO _____ |
| 6. | If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A _____ | YES _____ NO _____ |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in *Section II-A*: _____

Title: _____ Phone #: _____

Date: _____



RISK MANAGEMENT

NASSAU COUNTY, FLORIDA

DRUG-FREE WORKPLACE POLICY SUMMARY

(Read carefully, ask any questions and initial each item separately)

☐ I hereby acknowledge that I have received a summary of the Nassau County Drug-Free Workplace Policy. I have had the opportunity to read the Nassau County Drug-Free Workplace program and receive satisfactory answers to any questions that I have. I have also received a copy of the list of over-the-counter and prescription drugs that could alter or affect the outcome of a drug or alcohol test.

☐ I know that if I am taking medicine that could affect my ability to perform my job (i.e., there are warning labels on the container) I must inform my supervisor immediately.

☐ I know that if I refuse to submit to a pre-employment drug test (for special risk and mandatory testing positions) I will not be hired and my employment is conditioned upon a negative drug test result.

☐ I know that total compliance with the Nassau County Drug-Free Workplace Policy is a condition of continued employment and that a positive confirmed test result will result in discipline, up to and including discharge.

☐ I know that if I refuse a reasonable suspicion, post-injury, post accident, random (where permitted), return to duty, follow-up testing, fitness-for-duty or post-treatment drug or alcohol test I may lose my job, my unemployment benefits, and my workers' compensation medical and indemnity benefits.

☐ I know that if I am injured or cause or contribute to the cause of an injury or an accident and test positive for drugs or alcohol I will be subject to discipline up to and including discharge.

☐ I know that if I enter into a treatment program for drug or alcohol abuse and test positive for drugs or alcohol following the completion of the primary phase of my treatment I will be subject to discipline up to and including discharge.

☐ I know that I have the right to challenge any positive test result and that I must notify the laboratory that I am challenging the test result.

☐ I know that if I am convicted of a drug related crime I must notify my supervisor within five (5) working days.

☐ I agree to comply with drug and alcohol testing requirements of the Nassau County Drug-Free Workplace Policy.

☐ I know that the Nassau County Drug-Free Work Policy does not constitute an employment contract between Nassau County and me.



RISK MANAGEMENT

☐ I have read and understood each of the preceding items that I have initialed. I have had the opportunity to question any item that I did not understand. I have voluntarily signed this form.

Employee

Date

Witness

Date

I hereby refuse to submit to a drug test as part of the Nassau County Drug-Free Workplace Program.

Employee

Date

Witness

Date



RISK MANAGEMENT

NOTICE OF POSITIVE DRUG TEST RESULTS

To: _____
(Employee)

Date: _____

RE: Test of _____
(Date)

Pursuant to the Drug-Free Workplace procedures of the Nassau County Board of County Commissioners and its drug testing procedures, it has been determined that you have a positive confirmed drug test result. As a consequence of this positive drug test, you are (being denied employment) (being terminated from employment) (being denied workers' compensation benefits) (being disciplined as follows).

Enclosed is a copy of the statement that you originally signed which explained your rights in detail. However, we would like to again reiterate your rights, duties, and obligations under this organization's drug-free workplace program. You have the right to contest or explain the result of the test within five (5) working days after you receive this letter notifying you of the test results. The explanation should state why the test results do not constitute a violation of this organization's drug-free workplace policy.

You also may have the right to appeal to the Public Employee Relations Commission or appropriate court regarding any applicable collective bargaining agreement or contract.

If you intend to contest or explain the results of the drug test, you must notify the testing laboratory of any administrative or civil action brought and advise the laboratory of the need to retain any sample taken.

You have the right to consult this testing laboratory for technical information regarding prescription and non-prescription medications or other relevant information. You have the right to a copy of the drug test results upon request and to have a portion of any sample or specimen taken to be retested, at your expense, at a laboratory of your choice. The retesting must be done at an HRS or Agency for Health Care Administration (AHCA) licensed or NIDA approved laboratory (Attachment 4). This testing must be performed within one hundred eighty (180) days after receipt of this letter. The second laboratory test must test at equal or greater sensitivity for the drug in question as the first laboratory. The first laboratory which



RISK MANAGEMENT

performed the test shall be responsible for the transfer of the portion of the specimen to be retested and for the integrity of the chain of custody during such transfer. If you intend to have the specimen sample retested, please advise so that the sample can be forwarded to the laboratory of your choice.

Within 15 days of receipt, the County will respond to your explanation of why your positive drug test is not in violation of the drug-free workplace program.

I have read and understand the above procedure:

(Printed Name)

(Signature of Person)

(Date)



RISK MANAGEMENT

Positive Drug Test Result
Unacceptable/Unsatisfactory Explanation and/or Challenge

Date: _____

Dear: _____
(Name of Person)

Nassau County, Florida has received your explanation and/or challenge of a positive drug test result. Your explanation or challenge is unacceptable and unsatisfactory because:

Attached is a copy of the positive drug test results. In addition, please be advised that you are disciplined as follows:

All documentation relating to drug testing, including this letter shall be deemed confidential as provided in Section 440.102, Florida Statutes. The Nassau County Board of County Commissioners shall retain all such information for at least one year.

Sincerely,

Nassau County Risk Management



RISK MANAGEMENT

INVESTIGATION REPORT SUSPECTED USE OF DRUGS OR ALCOHOL FOR CDL DRIVERS

_____ is being tested based on reasonable suspicion of use of alcohol or drugs. The following is a description of the specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the employee, observed by a trained supervisor, which created the suspicion of drug or alcohol use:

- ☐ Direct observation of drug use. Describe in detail including date, location, and witnesses:

- ☐ Physical symptoms of being under the influence. Describe in detail, including smell of alcohol on breath or of marijuana on clothes, possession of drug paraphernalia (describe), stumbling or lurching or unable to walk a straight line, slurred speech or other specific symptoms:

- ☐ Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance. Describe specific actions and how it varies from previous behavior

- ☐ Evidence of use, possession, selling, soliciting or transferring drugs while working or on County premises, including County vehicles. Note: If you have **proof** of these activities, no drug test is needed as such actions independently violate County policy. If evidence is not conclusive, drug or alcohol tests may be conducted based upon your reasonable suspicion, as follows:

- ☐ Other evidence of reasonable suspicion of employee use of illegal drugs or alcohol. Please give details:

Supervisor Making Observation

Signature

| | | |
|-----------------------------|------------------------|--------------------|
| Date of Described Activity: | Date Report Completed: | Date of Drug Test: |
|-----------------------------|------------------------|--------------------|



RISK MANAGEMENT

INVESTIGATION REPORT

SUSPECTED USE OF DRUGS OR ALCOHOL (Non-CDL Drivers)

[Must be completed within 7 days after testing for reasonable suspicion]

_____ is being tested based on reasonable suspicion of use of alcohol or drugs. The following is a description of the specific and particularized facts and reasonable inferences drawn from those facts which created the suspicion of drug or alcohol use:

☐ Direct observation of drug use. Describe in detail including date, location, and witnesses:

☐ Physical symptoms of being under the influence. Describe in detail, including smell of alcohol on breath or of marijuana on clothes, possession of drug paraphernalia (describe), stumbling or lurching or unable to walk a straight line, slurred speech or other specific symptoms:

☐ Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance. Describe specific actions and how it varies from previous behavior:

☐ Report of drug use, provided by a reliable and credible source. Identify source:

☐ Evidence that employee has tampered with a drug test while a current employee. Specify evidence:

☐ Accident while at work which was caused or contributed to by employee, or which involved employee. Describe accident and suspected employee's involvement:

Continued....



RISK MANAGEMENT

- ☐ Evidence of use, possession, selling, soliciting or transferring drugs while working or on County premises, including County vehicles. Note: if you have **proof** of these activities, no drug test is needed, as such actions independently violate County policy. If evidence is not conclusive, drug or alcohol tests may be conducted based upon your reasonable suspicion, as follows:

- ☐ Other evidence of reasonable suspicion of employee use of illegal drugs or alcohol. Please give details:

Supervisor Making Observation
or Obtaining Information From Credible Sources

Signature

| | | |
|-------------------|------------------------|--------------------|
| Date of Activity: | Date Report Completed: | Date of Drug Test: |
| | | |

PERSONAL PROTECTION EQUIPMENT FORMS



RISK MANAGEMENT

ACKNOWLEDGMENT OF PERSONAL PROTECTION EQUIPMENT (PPE) TRAINING

1. _____
(List Training Received)
2. _____
(List Training Received)
3. _____
(List Training Received)

I hereby acknowledge that I have received an orientation on the above listed policies/procedures established by the Nassau County Board of County Commissioners and have had ample opportunity to openly ask questions regarding the same. I also understand that these policies and procedures may be changed at the discretion of the Board.

(Employee Print Name)

(Department)

(Employee Signature)

(Date)

(Supervisor Print Name)

(Supervisor Signature)

(Date)