

Ingle-Barr Inc.

Drug Free Workplace Policy

Level 1

I. Statement of Policy

In order to establish and maintain a work environment that is safe for all and conducive to attaining high work standards, Ingle-Barr Inc. has established a substance abuse policy for all of its employees. IBI is genuinely concerned about the adverse effects substance use has on its employees and the company's well being. Individuals who engage in substance abuse endanger all employees, not just themselves. Ingle-Barr will not tolerate substance abuse by its employees or sub-contractors.

Drugs

The use, possession, transfers, sale or purchase of any drug or illegal or controlled substance on or off company property or jobsites by employees is prohibited (other than possession of over-the-counter drugs and prescription medications for which the employee has a valid prescription, and the effect of which shall not affect the employee's ability to perform his/her duties). In addition, employees are prohibited from using or being mentally or physically affected by any drug or substance of whatever type or legality that interferes with the person's ability to perform the job in a safe manner. Employees taking prescription medication must first inform their supervisor of any medication, when they are to take it, what affects it may cause and when they stop taking the medication. You are not required to disclose the medication or medical condition you have, just that you are on medication and its effect on you, documented by your physician. The employer or supervisor shall determine safety of use and maintain a written record of such finding. Possession of paraphernalia used in connection with any drug or substance subject to this rule shall be a violation of this rule. Searches of company or employee property to ascertain compliance with this rule may be conducted at any time.

Alcohol

The use, possession, or transportation of alcoholic beverages during working hours (including regular, overtime, and emergency calls) on company property, in company vehicles, or on jobsites by employees is prohibited. The transportation of unopened alcoholic beverage may be permitted under certain circumstances and only with permission. In addition, no employee shall report to work impaired by alcohol beverages, including on-call employees. Impairment for the purposes of this policy shall be defined as a BAC (blood alcohol content) of 0.08% or higher. Searches of company or employee property to ascertain a violation of this rule may be conducted at any time.

Ingle-Barr Inc. will enact and enforce our Drug-Free Workplace Program, which defines guidelines for all employees' behavior that will and will not be permitted. IBI will not tolerate any violation of this policy. IBI will hold all employees reasonably responsible for supporting this policy.

This document describes Ingle-Barr Inc.'s Drug-Free Workplace Policy. Every employee will read and understand the contents. This policy applies to every employee from the president to temporary/seasonal help, and also applies to contractors and subcontractors we may use. The consequences stated in this policy will apply to anyone who violates the Policy.

Ingle-Barr Inc. holds all employees accountable in terms of substance use but also supports getting help for employees wanting it. Employees who come forward voluntarily to identify that they have a substance problem will receive company help and assistance. However, if an employee has a substance problem and does not come forward, and the employee then tests positive for drug or alcohol use in violation of this policy, IBI reserves the right to terminate employment for violation of this work rule. Employees whose jobs are subject to any special law or regulation may face additional requirements in terms of substance use. Other consequences that apply to all employees who violate this policy are spelled out within this document.

This Drug-Free Workplace Program and this new policy that describes our program became effective on October 1, 2003. Our policy covers five key parts of IBI's program. The five key parts are:

- a written policy that clearly spells out the program rules and how everyone benefits.
- annual substance abuse awareness education for all employees.
- training for supervisors regarding their responsibilities
- drug and alcohol testing, the most effective way to change harmful behaviors related to substance abuse.
- employee assistance.

All employees will be educated about how substance use is a problem affecting the workplace. You will learn the signs and symptoms, dangers of use, and how and where to get help for yourselves and your families. David S. Overly will be our Drug-Free Coordinator. Contact him for information or help. He will be responsible for arranging drug and alcohol testing, as needed, and will have a list of places that employees can turn to for help. He will also be responsible for educating all employees and supervisors about this policy and substance use.

Employee Protection

Ingle-Barr Inc, has designed this policy to protect employees from the dangerous practices of the substance users. Some the ways protection is being offered:

- Employee records like testing results and referrals for help will be kept confidential. Information will be on a need-to-know basis. Any violation of confidentiality rights is subject to disciplinary action up to and including termination of employment.
- IBI is committed to its employees seeking help for substance use. Each situation will be reviewed individually. Employee assistance is available for employees and their families, a list of resources is available from the Drug-Free Coordinator. We want you to come forward if you have a substance problem. If you wait and are tested positive, you risk termination. Nobody wants that.
- All supervisors will be trained in their duties related to testing before the program begins.
- All employees will receive awareness education every year to help identify problems and learn where to get help.
- Collection of urine specimens and breath testing will be done at Adena Occupational Health Center in Chillicothe and Work Health in Columbus. A laboratory certified by the federal government will analyze urine and drug test specimens. These labs are 100% accurate in detecting the substances IBI is concerned about are present in sufficient quantity to cause harmful behavior and unsafe conditions for the user and other employees. When necessary a Medical Review Officer (trained physician) will be contacted to determine if there is a valid reason for the presence of the substance in the person's system.
- The testing program consists of an initial screening test. If the initial results are positive, then the specimen is tested a second time. Cut-off levels for each drug and for alcohol are established for what will be considered a positive test. These tests will show that the employee didn't just have a little of the substance in his/her system but enough to affect the workplace safety and their ability to do the job. These cut-off levels come from federal guidelines and are fair for all employees.

Employee Awareness Education

Every employee will attend a session in which this policy will be discussed. You will have a chance to ask questions. We'll give everyone a copy of our written policy, and everyone will be expected to sign that they received it. Later, we'll have a qualified person explain why and how substance use in a workplace is a problem, the effects, signs/symptoms of use, effects of commonly used drugs in the workplace, and how to get help. There will be a minimum of two hours of substance education annually for all employees. New employees will hear about the program during orientation and receive substance education as soon as possible thereafter.

Supervisor Training

Supervisors will be trained to recognize substance problems that may endanger the employee and others as well as violate this policy. This training is in addition to the employee education session. Supervisors will be trained about testing responsibilities, how to recognize behaviors that demonstrate an alcohol/drug problem and how to make referrals for help.

Drug and Alcohol Testing

Testing will be used to detect problems, get employees to refrain from using substances in a way violates this policy, and forces IBI to take disciplinary action against the employee. In addition to alcohol, the other drugs IBI will be testing for are:

- Amphetamines (speed, uppers)
- Benzodiazepines (muscle relaxer, depressants)
- Cocaine (including crack)
- Marijuana
- 6-Acetylmorphine Screen (heroin, morphine)
- Barbiturates
- Methadone (used to treat heroin addiction)
- Ecstasy screen
- Opiates ((Demerol and oxycodone Percodan)
- Propoxyphene (narcotic pain relievers)
- Phencyclidine (PCP, "angel dust)

Ingle-Barr Inc will pay the cost for all initial testing. If the employee requests a retest, that cost will be his/hers to bear.

Employee Assistance

Ingle-Barr Inc. believes in offering assistance to employees who want assistance with a substance use problem. IBI does not have a rehabilitation program and cannot afford to pay for someone to attend a program, but we are supportive of employees taking action on their own behalf to address a substance problem. Ingle-Barr Inc. has collected a list of area resources to give to employees who come forward voluntarily to seek help. The list includes places to go for assessment and for treatment. When an employee has a substance problem, we'll meet with the employee to discuss the problem and any violation of this policy. Ingle-Barr Inc. reserves the right to terminate based on a positive test.

II. When Will A Test Occur?

Employees will be tested for the presence of drugs in the urine and/or alcohol on the breath under any and/or all of the conditions outlined below:

A. Post-Offer Drug Testing

As part of Ingle-Barr Inc.'s employment procedures, all applicants will be required to undergo a post-offer drug test conducted by Adena Occupational Health Center. Any offer of employment is dependant upon satisfactory completion of this screening.

B. Reasonable Suspicion Testing

Reasonable suspicion testing will occur when management has reason to suspect that an employee may be in violation of this policy. The suspicion will be documented prior to the test and the release of the results. A reasonable suspicion test may occur based upon the following:

1. Observed behavior, such as direct observation of drug/alcohol use or possession and/or physical symptoms of drug and/or alcohol use.
2. A pattern of abnormal conduct or erratic behavior.
3. Arrest or conviction for a drug-related offense, or identification of an employee as the focus of a criminal investigation into illegal drug possession, use, or trafficking. The employee is responsible for notification of Ingle-Barr Inc., within five working days, of any drug related conviction.

4. Information provided either by reliable and credible sources or independently corroborated regarding and employee's substance use.
5. Newly discovered evidence that the employee has tampered with a previous drug or alcohol test.

Any employee suspected of substance abuse by the above criteria will not be allowed to return to work until a negative test result has been confirmed. In addition, this employee will not receive wages for the time he is off work.

Reasonable suspicion testing does not require certainty, but mere "hunches" are not sufficient to justify testing. To prevent this, all managers/supervisors will be trained to recognize drug and alcohol-related signs and symptoms. Testing may be for drugs or alcohol or both.

C. Post-Accident Testing

Post-accident testing will be conducted whenever an accident occurs, regardless of whether there's an injury. We consider an accident an unplanned, unexplained or unintended event that occurs on our property, our jobsites, during working hours, or which involves IBI's vehicles or equipment, or vehicles that are used to conduct company business, or is within the scope of employment, and which results in the following:

1. When such an accident results in one of the situations above, any employee who may have contributed to the accident will be tested for drugs or alcohol use or both. A fatality or anyone involved in the accident.
2. Bodily injury to the employee and/or another person that requires off-site medical attention (beyond what is considered first aid) away from the work place.
3. Vehicular damage in apparent excess of \$500
4. Non-vehicular damage in apparent excess \$500.

D. Drug and/or Alcohol testing after an Accident

Urine specimen collection (for drugs) or breath/saliva (for alcohol) is to occur as quickly as possible after a need to test has been determined. At no time will a urine specimen be collected after 32 hours from the time of an employment-related incident. Breath or saliva alcohol testing will be performed as quickly as possible but no later than eight hours after the incident, or it will be documented but not performed. If the employee responsible for an employment-related accident is injured, it is a condition of employment that the employee grants the company the right to request that the attending medical personnel obtain appropriate specimens (breath, urine and/or blood) for the purpose of conducting alcohol and/or drug testing. Further, all employees grant the company access to any and all other medical information that may be relevant in conducting a complete and thorough investigation of the work-related accident including a full medical report from the examining physician(s) or other health care providers. A signed consent to testing form is considered a condition of employment. Management reserves the right to determine who may have caused or contributed to a work-related accident and may choose not to test after minor accidents if there is no violation of a safety or work rule, minor damage and/or injuries and no reasonable suspicion. No employee medical records will be requested unless pertinent to the investigation.

E. Follow up Testing after Return-to-Duty from Assessment or Treatment

This test occurs when an employee who has previously tested positive and a decision is made to not terminate the employee under the "last-chance" agreement. A negative return-to-duty test is required before the employee will be allowed to return to work. If the employee fails this test, this will lead to termination of employment. Once an employee passes the drug and/or alcohol test and returns to work, management may choose to do additional unannounced tests for as long as we deem necessary. Any employee with a second positive test result will be terminated. Follow-up tests will be unannounced and may occur at any time for a time period that management considers reasonable. The intent is to deter any subsequent usage that would result in a violation of our Policy and result in termination of employment.

III. SUBSTANCES TO BE TESTED FOR AND METHODS OF TESTING

The procedure we are relying on is called systems presence testing. This is how qualified testing professionals identify the presence of one or more of prohibited controlled substances or alcohol that may be present in the employee. There is an initial screening test. If it's negative, then a negative test is declared. If the initial test is positive (comes in at or higher than the cut-off level), a second test called a "confirmatory" test is done. This is a different test and is considered 100% accurate by experts and in court.

Cut-off levels are standards that have been established for each of the tested drugs after years of research. These levels will be used to interpret all drug screens/tests, whether for a pre-employment examination, reasonable suspicion test, post-accident test or follow-up test.

There are four types of results that can be returned following a drug test.

1. Positive drug test-means that the level of illicit substance in the donors system is above the cut-off level. The offer of employment is removed, or the procedures for existing employees described in this policy will take effect.
2. Positive Dilute test-means the results are positive and there is the possibility the sample was adulterated. The same procedure as a positive result will be used.
3. Negative drug test-means that the level of illicit substance in the donors system is below the cut-off level or non-existent, the offer of employment continues and no further action is taken.
4. Negative Dilute test-will be accepted for compliance with this policy.

Breath alcohol will be conducted by a medical clinic that uses only certified equipment and personnel.

Breath alcohol concentrations exceeding .08 will be considered a verified positive result. In the event of an accident where an employee has "whole blood" alcohol drawn at a medical treatment facility, a result equal to or greater than .08 shall be considered to be a verified positive result. An Evidentiary Breath Test (EBT) will typically be used to confirm any initial positive test result. Ingle-Barr Inc. also reserves the right to add or delete substances on the list above, especially if mandated by changes in existing Federal, State or local regulations or laws.

An employee who adulterates, attempts to adulterate or substitute a specimen or otherwise manipulates the testing process will be terminated. A refusal to produce/provide a specimen is considered a positive test unless there's a verifiable medical reason that the specimen could not be produced.

IV. SPECIMEN COLLECTION PROCEDURE

Urine specimens and breath testing will be conducted by trained collection personnel who meet the standards for collection and testing. Confidentiality is required from our collection sites and labs. Employees are permitted to provide urine samples in private, but are subject to strict scrutiny by collection personnel so as to avoid any alteration or substitution of the specimen. Breath alcohol testing will likewise be done in an area that affords the individual privacy. In all cases, there will only be one individual tested at a time. Failure to appear for testing when scheduled shall be considered refusal to participate in testing, and will subject an employee to the range of disciplinary actions, including dismissal, and an applicant to the cancellation of an offer of employment. An observed voiding will only occur if there is grounds for suspecting manipulation of the testing process.

V. REVIEW OF TEST RESULTS

To ensure that every employee who is tested is treated fairly, we have hired a Medical Review Officer ("MRO"). The MRO is a doctor with a specialized knowledge of substance abuse disorders and will be able to determine whether there are any valid reasons for the presence in the employee's system for the substance that was tested positive.

VI. EMPLOYEES' RIGHTS WHEN THERE'S A POSITIVE TEST RESULT

An employee who tests positive under this policy will be given an opportunity to explain the findings to the MRO prior to the issuance of a positive test result to IBI. Upon receipt of a confirmed positive finding, the MRO will attempt to contact the employee by telephone or in person. If contact is made by the MRO, the employee will be informed of the positive finding and given an opportunity to rebut or explain the findings. The MRO can request information on recent medical history and on medications taken within the last thirty days by the employee.

If the MRO finds support in the explanation offered by the employee, the employee may be asked to provide documentary evidence to support the employee's position (for example, names of treating physicians, pharmacies where prescriptions have been filled, etc.). A failure on the part of the employee to provide such documentary evidence will result in the issuance of a positive report by the MRO with no attendant medical explanation. A medical disqualification of the employee will result. If the employee fails to contact the MRO as instructed, the MRO will issue a positive report to Ingle-Barr Inc.

VII. REPORTING OF RESULTS

All test results will be reported to the MRO prior to the results being issued to IBI. The MRO will receive a detailed report of the findings of the analysis from the testing laboratory. Each substance tested for will be listed along with the results of the testing. Ingle-Barr Inc. will receive a summary report, and this report will indicate that the employee passed or failed the test. All of these procedures are intended to be consistent with the most current guidelines for Medical Review Officers, published by the Department of Health and Human Services.

IX. POSITIVE & POSITIVE DILUTE TEST RESULTS

Employees who are found to have a confirmed positive, positive dilute drug, or alcohol test will be immediately taken off safety-sensitive duties and are subject to discipline up to and including termination.

X. TERMINATION NOTICES

In those cases where substance testing results in the termination of employment, all termination notices will list "misconduct" as the reason. Termination shall be deemed "for cause."

XI. DEFINITIONS

Blood Alcohol Content (BAC) - The way a person reacts to alcohol depends on many factors, including gender, weight, and rate of alcohol intake. All of these factors influence the person's blood alcohol concentration, or BAC. BAC is expressed as the percentage of alcohol in deciliters of blood.

Prescription Drug Abuse – Taking prescriptions drugs in ways other than directed by the doctor, that is more often than prescribed or in larger quantities than prescribed. Taking someone else's medication that was not prescribed to you.

Medical Records requested/required – IBI will only ask for the most basic information necessary to determine an employees' ability or fitness to perform his normal duties, or for evidence relating to an accident.

Safety Sensitive Duties – The following list are samples of safety sensitive duties. This list includes, but is not limited to these duties.

Operating motor vehicles	Operating equipment	Operating power tools
Working 6' or more above ground	Working on electrical equipment	Powder actuated tools
Handling hazardous chemicals		

Any operation that may cause injury to the operator or any other employee or person if not under complete physical control.

XII. CLOSING STATEMENT

The intent of this policy is to offer a helping hand to those who need it, while sending a clear message that the illegal drug use and alcohol abuse are incompatible with employment at Ingle-Barr Inc.

August 11, 2004

**ACKNOWLEDGEMENT OF RECEIPT
FOR
Ingle-Barr Inc. Drug-Free Workplace Policy**

Signing this form acknowledges that the employee has received a copy of Ingle-Barr Inc.'s Drug-Free Policy, has had the opportunity to discuss the Policy and have questions answered, and understands all of the provisions in the Policy. Although it reflects IBI's current policy regarding substance use, it may be necessary to amend the policy from time to time to best serve the needs of our organization. However, any changes deemed necessary will be made in writing, and the modified Policy will be shared with every employee.

By my signature below, I acknowledge that I have received a copy of the drug-free policy of Ingle-Barr Inc. I understand that it is my obligation to read, and understand and comply with the procedures and provisions contained within this policy.

Date Signed

Employee's Signature

Witness Signature

Printed Name of Employee

CONSENT AND RELEASE FORM FOR EMPLOYEE/APPLICANTS

I, _____, (applicant or employee name), as an employee/applicant of Ingle-Barr Inc., hereby acknowledge that the company's policy requires me to submit to urine drug testing and/or breath alcohol testing.

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system.

I hereby freely and voluntarily consent to this request for a urine sample and/or breath alcohol test, and agree to participate in the testing program.

I hereby and herewith release Ingle-Barr Inc., its employees, agents and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the results of the analysis.

I agree to cooperate in all aspects of the testing program.

I hereby authorize the release of my drug and/or alcohol test results to the contractor's Medical Review Officer (MRO), as provided by the company's policy.

I further acknowledge that IBI has provided me with the opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

Employee/Applicant Signature: _____

Employee/Applicant Printed Name: _____

Signature of Witness _____

Printed Name of Witness _____

Date of Signatures _____

REPORT OF SUSPECTED JOB-RELATED DRUG/ALCOHOL USE

The individual below is suspected of failing to comply with Ingle-Barr Inc.'s Drug-Free Policy.

Employee Name: _____ Location: _____

List below all of the behaviors observed by the supervisor that created a concern that the employee named above might be in violation of the Drug-Free policy.

If there were observable changes in the employee's job performance, list these behaviors below.

List below any physical signs or symptoms of possible substance use that the employee exhibited.

Eyes: _____

Coordination: _____

Speech: _____

Other Pertinent Observations: _____

Name of Supervisor Reporting: _____

Name of others witnessing employee's behavior: _____

Date: _____, Time: _____, Test Ordered: _____ Yes _____ No,

Employee Consent: _____ Yes _____ No, Test Type: _____ Drug _____ Alcohol,

Date Tested: _____.

MRO Findings: _____

Follow-up Actions taken: _____

Company Official's Signature: _____ Date: _____

LAST CHANCE AGREEMENT

On _____(date), management has agreed to your request to seek counseling and referral to a rehabilitation program for alcohol and drug use. The following conditions apply to your rehabilitation program:

1. You must authorize an approved employee assistance counselor to provide proof of enrollment in an alcohol/drug abuse rehabilitation program and proof of attendance at all required sessions on a monthly basis to Ingle-Barr Inc.'s Drug-Free Coordinator. IBI will closely monitor your attendance and will terminate your employment (cancel this agreement) if you do not regularly attend all required sessions.
2. You will pay for all costs of rehabilitation that are not covered under IBI's benefits plan.
3. During the 12 months following completion of your rehabilitation program, the company may test you for alcohol and /or drug use on an unannounced basis to determine if you are in compliance with IBI's Drug-Free Policy. IBI will promptly terminate your employment if you refuse to submit to testing or if you test positive during this period.
4. You must meet all established standards of conduct and job performance. IBI will terminate you if your on-the-job conduct or job performance is unsatisfactory. Satisfactory performance includes ongoing compliance with the company's drug/alcohol testing policy, including testing if there is reasonable suspicion of a violation of the prohibition of use.
5. Nothing in this agreement alters your employment status. Ingle-Barr Inc. hopes its employment relationship with you will be a happy and enduring one. Nevertheless, you remain free to resign your employment (terminate your agreement) at any time for any or no reason without notice. Similarly, IBI reserves the right to terminate you for any or no reason, without notice. No one can alter your at-will status except the President, in writing.

I voluntarily agree to all of the above conditions and authorize and approve employee assistance counselor to provide IBI with proof of my enrollment and attendance in an approved rehabilitation program.

Employee Signature

Ingle-Barr Inc. Representative

Witness

Witness

Date Agreement Signed

SPECIAL EMPLOYMENT AGREEMENT

On _____(date), management has agreed to your request for employment under special conditions to comply with IBI’s Drug Free Policy. The following conditions apply to your employment:

1. During the first 12 months of your employment at Ingle-Barr Inc., the company may test you for alcohol and /or drug use on an unannounced basis to determine if you are in compliance with IBI's Drug-Free Policy. IBI will promptly terminate your employment if you refuse to submit to testing or if you test positive during this period.

2. You must meet all established standards of conduct and job performance. IBI will terminate you if your on-the-job conduct or job performance is unsatisfactory. Satisfactory performance includes ongoing compliance with the company's drug/alcohol testing policy, including testing if there is reasonable suspicion of a violation of the prohibition of use.

3. Nothing in this agreement alters your employment status. Ingle-Barr Inc. hopes its employment relationship with you will be a happy and enduring one. Nevertheless, you remain free to resign your employment (terminate your agreement) at any time for any or no reason without notice. Similarly, IBI reserves the right to terminate you for any or no reason, without notice. No one can alter your at-will status except the President, in writing.

I voluntarily agree to all of the above conditions.

Employee Signature

Ingle-Barr Inc. Representative

Witness

Witness

Date Agreement Signed

Recognizing Job Performance Problems

Are the performance problems:

- Persistent and on going?
- Affecting work efficiency and productivity?
- A change from the employee's usual behavior?

Absenteeism

- Multiple instances of unauthorized leave.
- Excessive use of sick leave
- Frequent Monday/Friday absences.
- Excessive tardiness, especially on Monday mornings after lunch
- Leaving work early
- Peculiar and increasingly unbelievable excuses for absences.
- Higher absence rate for medical problems such as colds, flu, stomach problems.
- Frequent, unscheduled short-term absences

On-The-Job Absenteeism

- Continued absences from work site.
- Long coffee breaks.
- Physical illness on the job.
- Frequent trips to the bathroom.
- Sleeping or dozing off on the job.

High Accident Rate

- Accidents on the job and more accident claims than the "norm."
- Near accidents on the job.
- Accidents off the job.
- Failure to wear safety gear.
- Complaints from co-workers regarding disregard of safety standards.

Difficulty Concentrating

- Work requires greater effort.
- Job takes more time.

Confusion

- Trouble recalling instructions, details, etc.
- Increasing difficulty handling complex assignments.
- Trouble recalling his/her own mistakes.
- Gives conflicting information or instructions.
- Has trouble coordinating schedules.

Inconsistent Work Patterns

- Alternate periods of high and low productivity
- Submission of incomplete reports and data.

Reporting Unfit For Work

- Comes to work in an obviously unfit condition (glazed eyes, yawning, slurred speech, unsteady gait, sleepiness).

Changes in Personal Habits

- Different behavior after lunch than before.
- Decreased attention to appearance or personal hygiene.

Erratic Behavior

- Withdrawn or improperly talkative.
- Argumentative.
- Displays violent behavior.
- Has exaggerated sense of self-importance.
- Spends excessive amount of time on the telephone.
- Irritable.
- Depressed or highly emotional.

Motivation

- Less commitment to the job.
- Unconcerned about quality or quantity of output.
- Frequently says he/she is dissatisfied.
- Does not initiate change or request work or challenges.

Lower Job Quality/Performance

- Misses deadlines.
- Mistakes due to inattention.
- Increased errors.
- Fails to follow procedures.
- Wastes material.
- Doesn't take time to do the job right.
- Makes poor decisions.
- Co-workers or customers complain.
- Improbable excuses for poor job performance.
- Mismanages budget.
- Co-workers cover for his/her responsibilities.

Lower Quantity/Productivity

- Inconsistent work pace.
- Overwhelmed by realistic workload.
- Consistently falls behind in work.
- Doesn't keep commitments.
- Unavailable for extra work.
- Takes longer and longer to do the same job.

Reduced Job Knowledge/Technical Skill

- Doesn't know work tasks.
- Unable to work independently.
- Frequently needs instruction.
- doesn't use equipment properly.

Poor Relationships on the Job

- Over-reaction to real or imagined criticism.
- Wide swings in morale and motivation.
- Borrowing money from co-workers.
- Unreasonable resentments.
- Unable to work with others.
- Uses employee time and skills inefficiently.
- Frequent complaints from co-workers.
- Avoids professional activities or training.

Reasonable Suspicion Checklist

Name of Observed Employee _____

Location _____

Time _____ Date _____

When there is a reasonable suspicion that an employee at work is unfit for duty, the supervisor or manager observing the behavior as well as another supervisor/manager as witness, if possible, must complete the checklist below. Where "Other" is checked, please describe.

Observation Checklist

- | | | | |
|---------------------------------|---|---|---|
| Walking | <input type="checkbox"/> Holding on
<input type="checkbox"/> Unsteady
<input type="checkbox"/> Falling | <input type="checkbox"/> Stumbling
<input type="checkbox"/> Staggering
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Unable to walk
<input type="checkbox"/> Swaying |
| Standing | <input type="checkbox"/> Swaying
<input type="checkbox"/> Rigid
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Feet wide apart
<input type="checkbox"/> Staggering | <input type="checkbox"/> Unable to stand
<input type="checkbox"/> Sagging at knees |
| Speech | <input type="checkbox"/> Whispering
<input type="checkbox"/> Incoherent
<input type="checkbox"/> Rambling
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Slurred
<input type="checkbox"/> Slobbering
<input type="checkbox"/> Mute | <input type="checkbox"/> Shouting
<input type="checkbox"/> Silent
<input type="checkbox"/> Slow |
| Demeanor | <input type="checkbox"/> Cooperative
<input type="checkbox"/> Polite
<input type="checkbox"/> Crying
<input type="checkbox"/> Excited | <input type="checkbox"/> Calm
<input type="checkbox"/> Sarcastic
<input type="checkbox"/> Sleeping on job
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Talkative
<input type="checkbox"/> Sleepy
<input type="checkbox"/> Argumentative |
| Actions | <input type="checkbox"/> Hostile
<input type="checkbox"/> Drowsy
<input type="checkbox"/> Erratic
<input type="checkbox"/> Resisting communication
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Fighting
<input type="checkbox"/> Threatening
<input type="checkbox"/> Calm | <input type="checkbox"/> Profanity
<input type="checkbox"/> Hyperactive |
| Eyes | <input type="checkbox"/> Bloodshot
<input type="checkbox"/> Dilated
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Watery
<input type="checkbox"/> Glassy | <input type="checkbox"/> Droopy
<input type="checkbox"/> Closed |
| Face | <input type="checkbox"/> Flushed
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Pale | <input type="checkbox"/> Sweaty |
| Appearance/
Clothing | <input type="checkbox"/> Neat
<input type="checkbox"/> Stains on clothing
<input type="checkbox"/> Bodily excrement stains
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Unruly
<input type="checkbox"/> having odor | <input type="checkbox"/> Messy
<input type="checkbox"/> Partially dressed |
| Breath | <input type="checkbox"/> No alcoholic odor <input type="checkbox"/> Faint alcoholic odor <input type="checkbox"/> Alcoholic odor
<input type="checkbox"/> Sweet/pungent tobacco odor
<input type="checkbox"/> Heavy usage, breath spray
<input type="checkbox"/> Other _____ | | |

Movements Fumbling Jerky Nervous
 Slow Normal Hyperactive
 Other _____

**Eating/
Chewing** Gum Candy Mints
 Other _____

Miscellaneous Presence of alcohol and/or drugs in associate's possession of vicinity
 On-the-job misconduct by employee
 Employee admission concerning alcohol use and/or drug use or possession
 If there are witnesses to employee's conduct, list below:

Other Observations: (if accident, provide details)

Employee's Explanation of Reasons for His/Her Conduct:

Once above portion of form has been completed by you and a witness, you are now ready to take a position with the employee. Be certain to follow company procedure as outlined in our drug-free policy.

Employee has agreed to testing (Check one) Employee has not agreed to testing

Supervisor Signature

Date

Witness Signature

Date

New Hire Orientation-Drug-Free Workplace Policy

During your orientation process with a newly hired employee, review each of the seven program elements listed below. Explain to the employee that they will receive additional education in the future and sign the Consent and Release Form.

Seven Points to Cover in New-Hire Orientation

1. Ingle-Barr Inc. is operating a drug-free workplace program to assure safety, health and well-being of employees and the public with whom they interact. To comply with the regulations of the government, worksites and projects, and to provide employees with helpful information about the impact of alcohol and other drugs.
2. The substances IBI's program is concerned with are the use of illegal drugs, misuse of alcohol and abuse of prescriptions and over-the-counter medications.
3. The Program Administer is David S. Overly, his role is to answer questions and to field concerns from the employees about co-workers.
4. Resources for help of drug and alcohol problems are available from the policy administrator.
5. The rules of the program. Zero tolerance for drug and alcohol misuse on company time and/or property.
6. Testing will be done for new hires, reasonable suspicion, accident investigation, and random during state contracts.
7. Policy violations-positive testing will require rehabilitation, or termination.

