



**DRUG AND/OR ALCOHOL TESTING CONSENT FORM**  
**EMPLOYEE AGREEMENT AND CONSENT TO**  
**DRUG AND/OR ALCOHOL TESTING- Pre Hire and Employed**

**\*\*EMPLOYEE COST**

I hereby agree, upon a request when necessary under the Random Testing implemented by the company as part of my employment, that is made under the drug/alcohol testing policy of (PA Paper and Supply CO.), to submit to a drug (5 or 10 panel) or alcohol test and/or both in addition, upon random pull and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the Company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test.

If prior to starting employment, testing is required, I agree that I will be able to submit and pass 5 or 10 panel and if required alcohol testing, as indicated upon offer, with no issues. If the testing happens to be dilute and shows that it is incomplete, I agree to retest within 24 hours of notice. If the test is returned for failure to pass, it will void my offer and I can reapply for future openings with the company in 90 days from the initial testing date.

I understand that only duly-authorized Company officers, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

This testing is not limited to random selections. This agreement also includes any form of suspicion testing under the policy of Pa Paper and Supply Co. and Affiliates. Suspicious testing is outlined in our company handbook.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

**I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT.**

Remember, "involved in an on-the-job accident or injury" means not only the one who was injured, but also anyone who arguably or potentially contributed to the accident or injury event in any way, i.e., the person suspected of causing someone else to get hurt gets tested as well. Testing only accident or injury victims can, in the eyes of some, appear to be a way of discouraging workers from filing workers' compensation claims, and that in turn can have a very unfavorable effect on workers' compensation retaliatory discharge lawsuits.

**\*\*You agree that if you leave your employment, voluntary, (within the first 10 days), you will be assessed the charge of \$45-\$65.00 for testing on your final pay or pay owed directly to you. You authorize us to deduct.**

This testing is consortium and will be pulled with other individuals in the area within the group. I will be advised when my number is pulled and must submit within 24 hours of the notification prior to the day, or immediate if on such day. Random selections are going to be held at specified location in a separate form.

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Signature of Employee  
Date  
Pa Paper and Supply Co. is a Drug and Alcohol Free Work Place  
Employee's Name – Print \_\_\_\_\_ Accepted by: \_\_\_\_\_