

SAYDEL COMMUNITY SCHOOL DISTRICT

DRUG AND ALCOHOL TESTING PROGRAM FORMS

EMPLOYEES GOVERNED BY THE DRUG AND ALCOHOL TESTING POLICY ARE HEREBY NOTIFIED they are subject to the Saydel Community District's drug and alcohol testing program for pre-employment drug testing and random, reasonable suspicion, post-accident, return-to-duty, and follow-up drug and alcohol testing as outlined in the Drug and Alcohol Testing Program policy, its supporting administrative regulations and the law.

Employees who operate school vehicles are subject to drug and alcohol testing if a commercial driver's license is required to operate the school vehicle and the school vehicle transports sixteen or more persons including the driver or the school vehicle weighs twenty-six thousand, one pounds (26,001) or more. For purposes of the drug and alcohol- testing program, employees include applicants who have been offered a position to operate a school vehicle. The employees operating a school vehicle will be subject to the drug and alcohol-testing program beginning the first day they operate or are offered a position to operate a school vehicle and continue to be subject to the drug and alcohol-testing program.

It is the responsibility of the Superintendent to inform employees of the drug and alcohol testing program requirements. Employees with questions regarding the drug and alcohol testing requirements will contact:

Superintendent of Schools or Director of Student Services
5740 NE 14th Street
Des Moines, Iowa 50313
(515) 264-0866

EMPLOYEES GOVERNED BY THE DRUG AND ALCOHOL TESTING POLICY ARE FURTHER NOTIFIED it is a condition of their continued employment to comply with the Drug and Alcohol Testing Program policy, its supporting administrative regulations and the law. It is a condition of continued employment for employees operating a school vehicle to notify their Supervisor of any prescription medication they are using. Drug and alcohol testing records about a driver are confidential and are released in accordance with this policy, its supporting administrative regulations or the law.

EMPLOYEES GOVERNED BY THE DRUG AND ALCOHOL TESTING POLICY ARE FURTHER NOTIFIED that employees violating this policy, its supporting administrative regulations or the law may be subject to discipline up to and including termination. Employees violating this policy, its supporting administrative regulations or the law may be required to successfully participate in a substance abuse evaluation and, if recommended, a substance abuse treatment program. Employees required to participate in and who fail to or refuse to successfully participate in a substance abuse evaluation or recommended substance abuse treatment program may be subject to discipline up to and including termination. A second violation of this policy will result in immediate termination.

Approved: January 15, 1996

Reviewed: March 2018

Revised: March 2018

SAYDEL COMMUNITY SCHOOL DISTRICT

**DRUG AND ALCOHOL TESTING PROGRAM
ACKNOWLEDGEMENT OF AMENDMENTS FORM**

I, _____, have received a copy, read and understand amendments to the Drug and Alcohol Testing Program policy and its supporting administrative regulations dated June, 2009. I consent to submit to the drug and alcohol-testing program as required by the Drug and Alcohol Testing Program policy, its supporting administrative regulations and the law.

I understand that if I violate the Drug and Alcohol Testing Program policy, its supporting administrative regulations or the law, I may be subject to discipline up to and including termination or I may be required to successfully participate in a substance abuse evaluation and, if recommended, a substance abuse treatment program. If I am required to and fail to or refuse to successfully participate in a substance abuse evaluation or recommended substance abuse treatment program, I understand I may be subject to discipline up to and including termination. I understand that if I test positive for drugs or have an alcohol test result of 0.04 breath alcohol concentration or greater a second time I will be terminated.

I also understand that I must inform my Supervisor of any prescription medication I use. I further understand that drug and alcohol testing records about me are confidential and may be released in accordance with this policy, its supporting administrative regulations or the law.

Employee Signature _____ Date _____

Approved: January 15, 1996

Reviewed: March 2018

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SAYDEL COMMUNITY SCHOOL DISTRICT
DRUG/ALCOHOL TEST NOTIFICATION FORM

Date_____

Name:_____

Social Security Number:_____

The above named employee is to have the following test done:

_____Drugs _____Alcohol _____Both Drugs and Alcohol

Time Sent by District:_____

School District Contact Person:_____

Phone Number:_____

Time Arrived at Collection Site:_____

Collection Site Person:_____

Time Test Was Completed:_____

Collection Site Person:_____

I understand I am to go directly to the collection site designated by the District.

Employee Signature:_____

Date:_____

Approved: January 15, 1996

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SAYDEL COMMUNITY SCHOOL DISTRICT

**CERTIFICATION OF PREVIOUS EMPLOYERS REQUIRING
A COMMERCIAL DRIVER'S LICENSE**

Name: _____ Social Security Number: _____

I certify that I have been employed by the following employers during the two years prior to the date stated below and that I was required to possess a commercial driver's license (CDL) during the term of my employment.

Company: _____

Address: _____

City/State/Zip _____

Company: _____

Address: _____

City/State/Zip _____

Company: _____

Address: _____

City/State/Zip _____

Signature: _____ Date: _____

Approved: January 15, 1996

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SAYDEL COMMUNITY SCHOOL DISTRICT

DRUG AND ALCOHOL REASONABLE SUSPICION OBSERVATION

Employee's Name: _____ Date of Observation: _____

Time of Observation: From _____ a.m./p.m. to _____ a.m./p.m.

Location: _____

Observed personal behavior: (check all appropriate items)

Speech: Normal Incoherent Confused Slurred Whispering Silent

Balance: Normal Swaying Staggering Falling

Walking & Turning: Normal Stumbling Swaying Falling

 Arms raised for balance Reaching for support

Awareness: Normal Confused Paranoid Sleepy or Stuporous

 Lack of coordination

Odor: Normal Alcohol Burned rope

Other observed behavior/odor: _____

Reasonable suspicion of current use or impaired by: _____ alcohol _____ drugs.

Above behavior witnessed by: _____

Signed: _____ Date _____

This form must be completed by each of the employee(s) who have received training in the abuse program and who observed the driver suspected of drug use and/or alcohol misuse by behavior, speech and/or odor while on duty, the earlier of within 24 hours or the determination of reasonable suspicion or prior to receiving the test results. The observations must be specific, *contemporaneous* and articulate concerning the appearance, behavior, speech, and body odor of the driver.

Approved: January 15, 1996

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SAYDEL COMMUNITY SCHOOL DISTRICT

**DRUG AND ALCOHOL TESTING PROGRAM
PRE-EMPLOYMENT DRUG TEST ACKNOWLEDGEMENT FORM**

I, _____, have been informed of the requirement to submit to a drug test prior to being employed by the Saydel Community School District to perform a safety-sensitive function. I consent to submit to the drug and alcohol-testing program as required by the Drug and Alcohol Testing Program policy, its supporting administrative regulations and the law.

I understand that the results of my drug test will be shared with the school district. I also understand that if I have a positive drug test result, I will not be considered further for employment with the school district.

I further understand that the drug and alcohol testing records and information about me is confidential and may be released at my request or in accordance with the law.

Signature of Applicant: _____

Date: _____

Approved: January 15, 1996

Reviewed: March 2018

Revised: March 2018

SAYDEL COMMUNITY SCHOOL DISTRICT

**DRUG AND ALCOHOL TESTING PROGRAM
REFERRAL TO SUBSTANCE ABUSE PROFESSIONAL ACKNOWLEDGMENT FORM**

I, _____, understand I have violated the Drug and Alcohol Testing Program policy, its supporting administrative regulations and the law by having a:

_____ Positive drug test result.

_____ Alcohol test result of 0.04 alcohol breath concentration or greater.

I understand in order to continue my employment, I must be evaluated by a substance abuse professional who will determine what assistance, if any, I need in resolving problems associated with drug use and/or alcohol misuse. I consent to submit to an evaluation by a substance abuse professional and I understand that my failure to cooperate with and complete the substance abuse evaluation may subject me to discipline up to and including termination.

I also understand that in order to continue my employment, I must successfully complete the substance abuse professional's recommended substance abuse treatment program, if any. I consent to successfully complete any recommended substance abuse treatment program, and I understand that my failure to successfully participate and complete the recommended substance abuse treatment program, if any, may subject me to discipline up to and including termination.

I further understand that in order to continue my employment, I must authorize the release to the school district any records related to my substance abuse evaluation and recommended substance abuse treatment program in the possession of or accessible by the substance abuse professional. I consent to authorize the release of the substance abuse professional's records related to my substance abuse treatment program, if any, to the school district and I understand that my failure to release these records may subject me to discipline up to and including termination.

Signature of Employee: _____ Date: _____

Approved: January 15, 1996

Reviewed: March 2018

Revised: March 2018

SAYDEL COMMUNITY SCHOOL DISTRICT

POST-ACCIDENT DRUG AND ALCOHOL TESTING INSTRUCTIONS TO DRIVERS

The following instructions have been reviewed by the drivers subject to the drug and alcohol-testing program. These instructions must be kept in the school vehicle for reference in the event of an accident. The driver operating the school vehicle is responsible to carry out the instructions.

1. Take action to maintain the safety and health of the persons being transported in the school vehicle.
2. Report the accident to the following person as soon as possible following the accident and follow any directions given to the driver:

Todd Martin
264-0866 – Work

Julie McKibben
264-0866 – Work

3. Determine whether any of the following have occurred, and if so, post-accident drug and alcohol testing must be done.
 - a. The driver was cited and bodily injury occurred to a person who, as a result of the injury, required immediate medical treatment away from the scene of the accident.
 - b. The driver was cited and one or more motor vehicles incurred disabling damage as a result of the accident, requiring a vehicle to be transported away from the scene by a tow truck or other vehicle.
 - c. A fatality, other than the driver, occurred.
4. Consume no alcohol for eight hours or prior to submitting to a post-accident alcohol test, whichever occurs first, following an accident meeting the criteria in “3” above.
5. Remain available to submit to a post-accident alcohol test within two hours and no later than eight hours after the accident.
6. Remain available to submit to a post-accident drug test as soon as possible after the accident and no later than 32 hours after the accident.
7. Failure to remain available for post-accident drug and alcohol testing is considered a refusal to test and may subject the driver to discipline up to and including termination.
8. Seek appropriate medical attention despite the need to remain available to submit to a post-accident drug and alcohol tests.

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POST-ACCIDENT DRUG AND ALCOHOL TESTING INSTRUCTIONS TO DRIVERS CONTINUED

9. Using the Transportation Emergency Assistance Program developed by the Iowa Pupil Transportation Association, contact the nearest school district transportation director for assistance.

10. Obtain the name of the investigating officer _____

Badge number: _____

Telephone number: _____

11. Complete the School Bus Accident Report form issued by the Iowa Department of Education as soon as possible.

12. Document failure to submit to a post-accident alcohol test:

- a. Document why the driver was not alcohol tested within two hours after the accident.
- b. Document why the driver was not alcohol tested within eight hours after the accident.
- c. A copy of the documentation must be submitted to the school district contact person upon return to the school district.

13. Document failure to submit to a post-accident drug test:

- a. Document why the driver was not drug tested within 32 hours after the accident.
- b. A copy of the documentation must be submitted to the school district contact person upon returning to the school district.

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