

**Tightwad Fire Protection District**  
**Alcohol and Drug Testing Policy Acknowledgment, Notification, and Consent**

I acknowledge that I have received a copy of Alcohol and Drug Testing Policy #510 from the Tightwad Fire Protection District mandated for all employees. I understand that compliance with all provisions contained in the Policy is a condition of employment.

I further understand that the information contained in the Policy dated July 6, 2021, is subject to change, and that any such changes or addendum, shall be disseminated in a manner consistent with the provisions of the Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations Law (49 CFR Part 655).

I understand that, as required by District policy, all employees hired or transferred into safety-sensitive positions must submit to controlled substance testing involving the collection of a urine sample which will be tested for the following controlled substances, their metabolites, or derivatives: marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP) and that expanded panels and/or specific substances may also be included at the discretion of the District.

I understand that random, suspicion, and post-accident testing may be requested throughout my employment and is a condition of my continued employment.

I understand that if I test positive for a controlled substance and/or alcohol, I may be deemed medically unqualified to perform safety-sensitive functions for the District. I also understand that I will be given a reasonable opportunity to discuss the results of such testing with the Medical Review Officer of the certified laboratory used by the District. A refusal to submit to testing or any other violation of the District's Drug and Alcohol Testing policy shall be considered as a refusal to comply with the District's policy and may result in my immediate termination with the District.

The results of all controlled substance and/or alcohol tests will be received and maintained by Midwest Collection Specialists, Inc. and who, acting as an agent of the District, shall be allowed by this Consent to report such testing results directly to the District. I understand that testing results will not be released to any additional parties without my written authorization to release such results, except as provided under federal, state, or local law.

I hereby agree to submit to all drug tests and/or alcohol tests as required by District policy and as requested by the District.

\_\_\_\_\_  
Print Your Name

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_