DRUG AND/OR ALCOHOL TESTING CONSENT FORM

EMPLOYEE AGREEMENT AND CONSENT TO
DRUG AND/OR ALCOHOL TESTING

I _____hereby agree, to upon a request made to submit to a drug and/or alcohol test and to furnish a sample of my urine, breath, or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug and/or alcohol test, 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 attending physician, clinic or hospital to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances, levels and to release any and all documentation relating to such test(s) to the Synthetic Turf Resources.

I understand that only the Human Resources Department and my department manager 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.

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

Reason for testing: *Check which applies*

_____ Due to an Observed Behavior that may suggest possible involvement or influence of drugs or alcohol. *(Observed behavior form should be sent to HR)*

_____ Due to a work place accident, incident or near miss that occurred.

_____
Employee name printed:

_____ _____
Signature of Employee Date

_____ _____
Authorized by Title

_____
Date

Please Send Results and Billing To:

Attn: Brandi Turner, HR Department Synthetic Turf Resources
421 Callahan Rd SE Dalton, GA 30721

Office: 706-272-4282 **Fax**: 706-272-4238
bturner@syntheticturfresources.com