
**POLICY FOR A DRUG AND
ALCOHOL FREE WORKPLACE**

STATEMENT OF PURPOSE

Olympic Companies, Inc. recognizes the problems of substance abuse in society and in the workplace. Substance abuse poses a serious threat to our staff, customers, and to the communities in which we do business. By enacting this substance abuse policy, we hope to help combat the problems associated with substance abuse by creating a drug and alcohol-free workplace.

Our substance abuse policy seeks to balance our respect for individual privacy with our need to keep a safe, productive, drug and alcohol-free environment. Our intention is to prevent substance abuse and promote its treatment. We encourage those who use drugs or who abuse alcohol to seek help overcoming their problem.

With these basic objectives in mind, Olympic Companies, Inc. has established a program and policy for a drug and alcohol-free workplace.

Olympic prohibits the use of alcohol or drugs during working hours, on jobsite premises or while operating an employer's vehicle, machinery, or equipment.

Olympic prohibits the use of cannabis, edible cannabinoid products, alcohol, drugs, or possessions of or impairment while on company jobsites, company premises or during work hours, unofficial breaks or meal periods.

Drug, Alcohol and Cannabis-Free Workplace Policy

While on Olympic Companies property or jobsites, Olympic is not required to accommodate, nor may employees use, possess, distribute, sell, offer, purchase, transfer, be under the influence of or impaired by alcohol, drugs, intoxicating cannabinoids, cannabis products, lower potency hemp edibles, or hemp-derived consumer products, or any other substances which have an intoxicating effect or impair the ability of employees to work safely and effectively.

If any employee is suspected of being under the influence or impaired by drugs, cannabis or alcohol, your supervisor will remove you from the task/work you are doing. You will be taken to a safe environment until you can safely return home, or you will be driven home from the jobsite at the end of the day.

- The first offence will be a written warning that will go into your personnel file.
- Second offense – be removed from work for 3 days without pay and required to meet with our Safety Director.
- Third offense – your employment with Olympic will be terminated.

Olympic will require post-accident drug tests.

Prescription Drugs & Over the counter Medications

- 1. Prescription Drugs:** An employee, after notifying his immediate supervisor, may bring to work and take a prescription drug during work hours only if the drug has been prescribed for the employee by a physician or other authorized prescriber and only if the drug is taken in accordance with the prescribers' directions. All prescription drugs must be kept in the container in which they were received from the pharmacy or other dispenser.
- 2. Over-the Counter Medications:** An employee, after notifying his immediate supervisor, may bring to work and take an over-the-counter drug during work hours only if the drug is used for its intended purposes and in accordance with package directions and any supplemental directions of the employee's physician.

Pre-Employment Drug Testing

As part of the company's commitment to an alcohol and drug-free work environment. The company will perform pre-employment drug and alcohol testing in accordance with Wisconsin laws.

Pre-employment Drugs and Alcohol Testing will be for the following:

- Alcohol
- Marijuana (including cannabinoids and THC derivatives)
- Cocaine
- Opiates (and their derivatives including morphine and codeine)
- PCP (Phencyclidine)
- Amphetamines (including methamphetamines)

To be considered qualified for employment, Olympic Companies, Inc. must receive a valid negative report on the drug screen. If the qualifications are not met, the prospective employee will be deemed not qualified for employment. A second drug test may be conducted within 30 days. The secondary test will be at the employee's expense.

- Refusal to take a drug and alcohol test will be considered a failed test.

If the secondary test is negative, the offer of employment will be granted.

Post Accident Drug Testing

In the event of a jobsite injury requiring medical attention, a post-accident drug test will be conducted. The following items will be tested for:

- Alcohol
- Marijuana (including cannabinoids and THC derivatives)
- Cocaine
- Opiates (and their derivatives including morphine and codeine)
- PCP (Phencyclidine)
- Amphetamines (including methamphetamines)

If the post-accident drug and alcohol tests are positive "failed", Olympic Companies, Inc. will consult with employee about entering a drug or alcohol rehabilitation program.

After completing a rehabilitation program, if deemed necessary, through the Union or employee's own doctor, the employee may retake Olympics' drug and alcohol test. A negative test result "Pass" will allow the employee to return to work.

- Refusal to take a drug and alcohol test will be considered a failed test.

All rehabilitation courses and retesting for drugs and alcohol will be at the employee's own expense.

**REASONABLE SUSPICION OF BEING UNDER THE INFLUENCE OF DRUGS
OR ALCOHOL WHILE ON THE JOB FOR OLYMPIC COMPANIES, INC.**

A Supervisor (Field Foreman, Field Superintendent) may have reasonable suspicion that an Olympic employee is under the influence of drugs or alcohol while on the job. Our Field Supervisors, while not experts on drugs and alcohol, have been trained to understand a reasonable suspicion / impairment while on the job. The Supervisor will fill out the required form which is signed and dated by the Supervisor.

The employee suspected of being under the influence of drugs or alcohol will be brought to a safe field office on the jobsite or other safe location. The employee will be taken off the task they are performing. When the employee is safe to return home, the employee will be driven home by an Olympic Supervisor.

- The first offense will be a written warning that will go into the employee's personnel file.
- The second offense, the employee will be removed from work for 3 days without pay and required to meet with our Safety Director.
- The third offense, the employee's employment with Olympic Companies will be terminated.

Olympic may depending on the severity or endangerment the employee may have potentially caused to himself/herself or others, termination of employment may be enforced.

Olympic requires a safe and drug free work environment.

Sincerely,



Michael Conroy
President

Attachments

ATTACHMENT 1

DRUG AND ALCOHOL TESTING POLICY
REASONABLE SUSPICION OBSERVATION – SUPERVISOR STATEMENT

General Information

Employee's Name: _____

Observation Date: _____ Time: _____ am/pm

Location: _____

Supervisor's Name: _____

How long has the employee worked with the Company? _____

How long have you supervised the employee? _____

Was the employee involved in an accident or unsafe activity? Yes _____ No _____

If yes, please describe: _____

If yes, accident/unsafe activity date and time: _____

If yes, extent of injury to persons/property (if applicable): _____

If yes, extent of injury to persons/property (if applicable): _____

If yes, was there evidence of negligence/carelessness (please explain): _____

Other Witnesses: _____

Cause of Suspicion

Observed possession or use of a controlled substance and/or paraphernalia (specify if applicable)

Observed Abnormal or erratic behavior (see checklist below)

Observed Personal Behavior Checklist

- Appearance

- | | | |
|---|---|---|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Unable to Consistently | <input type="checkbox"/> Puncture Marks |
| <input type="checkbox"/> Disheveled | <input type="checkbox"/> Open Eyes | <input type="checkbox"/> Tremors or shaking |
| <input type="checkbox"/> Profuse Sweating | <input type="checkbox"/> Watery Eyes | <input type="checkbox"/> Bodily Odor |
| <input type="checkbox"/> Dilated Pupils | <input type="checkbox"/> Flushed | <input type="checkbox"/> Inappropriate use of |
| <input type="checkbox"/> Bloodshot Eyes | | <input type="checkbox"/> Sunglasses |
| <input type="checkbox"/> Other (Specify) | | |

- Speech

- | | | |
|--|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Shouting |
| <input type="checkbox"/> Confused | <input type="checkbox"/> Slowed | <input type="checkbox"/> Irritable |
| <input type="checkbox"/> Slurred | <input type="checkbox"/> Stuttered | <input type="checkbox"/> Rambling |
| <input type="checkbox"/> Mumbled | <input type="checkbox"/> Silent | |
| <input type="checkbox"/> Other (Specify) | | |

- Breath

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Alcohol Odor | <input type="checkbox"/> Marijuana Odor | <input type="checkbox"/> Shouting |
| <input type="checkbox"/> Vomit Odor | | |
| <input type="checkbox"/> Other (Specify) | | |

- Awareness

- | | | |
|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Sad | <input type="checkbox"/> Lethargic |
| <input type="checkbox"/> Disoriented | <input type="checkbox"/> Confused | |
| <input type="checkbox"/> Paranoid | <input type="checkbox"/> Drowsy | |
| <input type="checkbox"/> Euphoric | <input type="checkbox"/> Hyperactive | |
| <input type="checkbox"/> Other (Specify) | | |

- Attitude/Demeanor

- | | | |
|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Talkative | <input type="checkbox"/> Mood Swings |
| <input type="checkbox"/> Exited | <input type="checkbox"/> Profane | <input type="checkbox"/> Violent |
| <input type="checkbox"/> Care-free | <input type="checkbox"/> Calm | <input type="checkbox"/> Irritable |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Insulting | <input type="checkbox"/> Angry |
| <input type="checkbox"/> Combative | <input type="checkbox"/> Polite | |
| <input type="checkbox"/> Other (Specify) | | |

- Motor Skills/Balance/Agility

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Unsteady | <input type="checkbox"/> Shaky |
| <input type="checkbox"/> Swaying | <input type="checkbox"/> Needs Support | <input type="checkbox"/> Slow/Delayed |
| <input type="checkbox"/> Falling | <input type="checkbox"/> Staggering | |
| <input type="checkbox"/> Other (Specify) | | |

- Other

- Employee's Attendance had Declined.

Explain: _____

- Employee has Exhibited change in Performance.

Explain: _____

- Employee has Exhibited Change in Demeanor or Behavior

Explain: _____

Indicate other unusual actions, behavior, or statements: _____

Supervisor Opinion

The observable behaviors noted cause me to believe that there is a potential safety concern and/or violation of the Company's Drug and Alcohol Policy. If I believe this to be an immediate concern, I should stop the employee from working and prevent them from operating any equipment where there would be a foreseeable danger. Based upon my observation as noted in this document, I recommend that a drug and/or alcohol test be administered.

Name (Print)

Date

Signature

ATTACHMENT 2

New Hire Consent to Preemployment Drug Test

I _____ applied for employment at Olympic Companies, Inc.
(Name)
on _____.
(Date)

I have read and understand Olympic Companies, Inc.'s Drug and Alcohol Policy, according to Olympics' Field Employee Handbook (see attached policy).

I was offered conditional employment at Olympic Companies, Inc. on _____.
(Date)

I understand this is a conditional offer, contingent on my submission of a drug/alcohol screening test and receiving a negative result to any and all illegal drugs.

_____ I agree and consent to the pre-employment drug/alcohol test required.
_____ I decline to take the test.

I understand that I may refuse to take the drug and alcohol screening. My refusal will result in my retraction of conditional employment. I will not be hired as an employee at Olympic Companies, Inc.

(Date)

(applicant)

(Date)

(witness)