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Tab 1 Test Authorization and Fax Form:
(Authorization form used for Pre-Program, Post-Accident and Reasonable Suspicion tests.)

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(This form is to be completed when a Post-Accident and/or Reasonable Suspicion Test is required.)

Tab 2 Program Entry and Pre-Program Testing Instructions for Current Employees:
(Procedures for employees to become WCISAP participants.)

Tab 3 Post-Accident Testing Instructions:
(Procedures to follow when an employee is involved in an accident.)

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(Procedures to follow when an employee is exhibiting behavior that is recognized as a symptom of intoxication or impairment caused by a controlled substance or alcohol.)

Tab 5 Random Testing Instructions and Employer and Employee Notices:
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(Process for In Compliance and Out of Compliance test results.)

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(Location of facilities where urine specimens are collected and breath alcohol tests are administered.)

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Tab 9 Responsibilities of: WCISAP Trustees
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Collection Sites
LabCorp
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Employee Assistance Program

Note: The above information is also available on the WCISAP website at www.wcisap.com.

Rev. May 2013
WASHINGTON CONSTRUCTION INDUSTRY
SUBSTANCE ABUSE PROGRAM

WESTERN AND CENTRAL WASHINGTON PARTICIPATING TRADES
(as of May 1, 2013)

- Pacific Northwest Regional Council of Carpenters
- Washington & Northern Idaho District Council of Laborers
- Cement Masons Local 528
- Glaziers, Architectural Metal and Glassworkers, Local 188
WCISAP: WASHINGTON CONSTRUCTION INDUSTRY SUBSTANCE ABUSE PROGRAM  
TEST AUTHORIZATION

Collectors - See Instructions Below in Section 2!

Attention: Participating Employers Use this form only when testing the following employees for WCISAP:

Carpenters Laborers Participating Non-Bargaining
Cement Masons Local 528 Glaziers Local 188 Office Staff

Employers: Complete Section 1 below. Employees must report to a WCISAP authorized collection site and present this document upon arrival at the facility.

SECTION 1: TEST INFORMATION - MUST BE COMPLETED!(
(To receive WCISAP card and reimbursement check,* we must have employee's trade, address & Social Security No.)

<table>
<thead>
<tr>
<th>Employee Name (please print)</th>
<th>Employer Name (please print)</th>
<th>Employer Phone Number</th>
</tr>
</thead>
</table>

Employee Social Security Number  
Supervisor's Name  

Employee Address  (Street)  (City)  (State)  (Zip)

Employee Type:  
☐ Bargaining Unit Employee  ☐ Non-Bargaining Office Staff
☐ Carpenter  ☐ Laborer  ☐ Cement Mason  ☐ Glazier (*L188 members test on company time -- no reimbursement check is issued.)

Test Type:  
☐ Pre-Program  ☐ Post-Accident**  ☐ Reasonable Suspicion**

** POST-ACCIDENT AND REASONABLE SUSPICION TESTS REQUIRE A BREATH ALCOHOL TEST. The employee must report to a collection site that offers this type of test. Note: Necessary medical attention should always be provided before testing an employee for drugs or alcohol. If an employee is suspected to be under the influence of drugs or alcohol, the employer must accompany the employee to the collection site and arrange for transportation to their home. Complete the Post-Accident/Reasonable Suspicion Documentation Form (Tab 1) and retain a copy of it for your files. A copy of this form is not required by the collection site. No reimbursement check is issues for these tests.

SECTION 2: COLLECTION SITE INSTRUCTIONS

IMPORTANT INFORMATION:  1. WRITE EMPLOYER NAME IN LOCATION FIELD ON CHAIN OF CUSTODY  
2. WHEN COLLECTION IS COMPLETE, FAX THIS FORM, & BAT RESULTS (if applicable) TO (206) 441-3009  
3. SEND INVOICE TO US HEALTHWORKS: 28035 Avenue Stanford, Valencia, CA 91355 -- not to the employer

Name of Laboratory: LabCorp  
Account Name: WCISAP  
Account Number: Bargaining Unit Employee: 273498  Non-Bargaining Unit Employee: 273377  
Test Profiles: Pre-Program: Default  
Post-Accident, Reasonable Suspicion: Default plus Breath Alcohol Test

Special Requirements: Split Specimen

The WCISAP is administered by CleanWorkForce (206) 441-2990 or Toll-Free (866) 842-9223  Rev. May 2013
POST-ACCIDENT/REASONABLE SUSPICION TESTING & DOCUMENTATION FORM
WASHINGTON CONSTRUCTION INDUSTRY SUBSTANCE ABUSE PROGRAM

<table>
<thead>
<tr>
<th>Employee’s Name</th>
<th>Social Security No.</th>
<th>Date</th>
</tr>
</thead>
</table>

**Type of Test:**
- □ Post-Accident
- □ Reasonable Suspicion

- □ Accident causing a fatality
- □ Accident causing an injury requiring off-site medical attention
- □ Accident causing significant property damage
- □ Observed drug/alcohol use
- □ Difficulty maintaining balance
- □ Slurred speech
- □ Abnormal/erratic behavior
- □ Apparent inability to safely perform assigned work
- □ Additional observed behavior (Describe in detail)

**Comments** *(Describe the rationale for requesting testing, including observed facts and circumstances, any sources of information, date and time of observation or accident, other witnesses, actions taken, etc.)*

<table>
<thead>
<tr>
<th>Requester’s Printed Name &amp; Signature</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reviewer’s Printed Name &amp; Signature</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>

I acknowledge that I have been informed of the company’s reasons for requesting this drug and alcohol test and consent to the testing. Signing this form does not necessarily signify agreement with the above statements.

<table>
<thead>
<tr>
<th>Employee’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Rev. May 2013
PROGRAM ENTRY TESTING (Grandfathering)
FOR YOUR CURRENT EMPLOYEES

Some employees may be eligible for compliant status under the Washington Construction Industry Substance Abuse Program and not required to take a Pre-Program Test if they meet the following criterion:

Any individual who was tested or subject to testing, under a certified random program in the last twelve months prior to WCISAP participation, and who has not had a break in employment since the last test, will be grandfathered into the WCISAP.

If the employee was tested, the test must meet the following standards:

- The employee’s specimen was tested at a SAMSHA certified laboratory, accompanied by a Chain of Custody form.

- The specimen was tested for the following substances and the results were below both screening and confirmation thresholds:

<table>
<thead>
<tr>
<th>Tests</th>
<th>Screening Cutoff</th>
<th>Confirmation Cutoff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamines</td>
<td>1000</td>
<td>500</td>
</tr>
<tr>
<td>Cocaine Metab.</td>
<td>300</td>
<td>150</td>
</tr>
<tr>
<td>Marijuana Metab.</td>
<td>50</td>
<td>15</td>
</tr>
<tr>
<td>Opiates</td>
<td>2000</td>
<td>2000</td>
</tr>
<tr>
<td>PCP</td>
<td>25</td>
<td>25</td>
</tr>
</tbody>
</table>

If you have employees who are eligible to be grandfathered, please provide us with their name, Social Security number, home address and their craft (Carpenter, Cement Mason, Laborer or Glazier, or indicate they are non-bargaining staff). Please also provide a copy of your drug and alcohol test policy.

Rev. May 2013