

WEST OREGON ELECTRIC COOPERATIVE, INC
VERNONIA, OREGON

POLICY 212

FITNESS FOR DUTY

I. Objective

- A. To provide Cooperative employees with a safe, drug-free workplace and to promote high standards of employee health.
- B. To carry out the Cooperative's basic responsibility to serve the public safely and without undue interruption.
- C. To comply with the Drug-Free Workplace Act of 1988 and the Federal Motor Carrier Safety Regulations Part 382 and 40.

II. Policy

- A. Employees are the Cooperative's most valuable resource, and their health and safety are of paramount concern. For that reason, this policy applies to all employees and potential employees.
- B. The illegal use, possession, manufacture, distribution or dispensation of controlled substances, hereafter collectively referred to as "illegal drugs," will result in disciplinary action up to and including discharge. For all purposes under this policy and accompanying procedures, non-prescription marijuana use by an employee with an Oregon medical marijuana card shall be considered "illegal drug" or "controlled substance" use. Possession of a medical marijuana card is not the equivalent of a prescription.
- C. The use of or being under the influence of alcohol or illegal drugs while on the job or on Cooperative property will result in disciplinary action up to and including discharge.
- D. The legal use of controlled substances prescribed by a licensed physician is not prohibited, but employees are required to report this treatment to their supervisor if such substance might impair their ability to perform their work in a safe and efficient manner.
- E. All employees will report to work fit to perform their duties in a safe efficient manner. When the company has reasonable grounds (see attached procedures) to suspect that an employee is not fit for duty, the employee will be required to submit to a urine test and/or blood test as a condition of employment. Co-workers with concerns about the fitness and safety of another employee must report the employee to the employee's supervisor

or general manager. All employees will be subject to random testing for alcohol and/or controlled substance use based on a scientifically valid method. Refusal to submit to these tests within two hours of request will be considered insubordination and may result in discharge. Supervisors and co-workers who report employees to supervisors will refrain from making specific diagnosis, since this can only be done by a trained professional.

- F. Employees who test positive for drug or alcohol use will be given the choice between:
 - 1. Signing a “Return to Work Agreement” and participating in the Employee Assistance Program (EAP), or
 - 2. Termination
- G. Employees choosing to sign a return to work agreement must cooperate with the EAP and follow its recommendations in order to avoid discipline. If an employee participates in the EAP recommended treatment as an alternative to discipline, the employee will be required to authorize the disclosure of information from the EAP regarding attendance, cooperation with the EAP’s recommendations, the employee’s fitness to safely perform job duties, and a general assessment of the employee’s progress in treatment. Employees are required to authorize disclosure of this information as a condition of his or her referral to the EAP. If an employee refuses to sign such a consent, or revokes a previously signed consent, the EAP is prohibited by federal law from making any further disclosures of information.
- H. Employees who realize that they have an alcohol or substance abuse problem are encouraged to voluntarily seek confidential assistance through the Employee Assistance Program. Employees who voluntarily seek assistance will not be placing their jobs in jeopardy nor will they be asked to execute a “Return to Work Agreement” as long as all aspects of their performance remain acceptable.
- I. The employee shall use sick leave, vacation or unpaid leave for missed time as required by the EAP.
- J. Individuals that are extended a conditional offer of employment by the Cooperative (candidates) will be required to sign a form authorizing the Cooperative to perform a drug screen. Actual testing will be carried out on candidates selected for employment prior to a formal offer of employment. Candidates who refuse to sign the form, or who test positive will not be considered for employment for a period of one year. Test results will be communicated by the Cooperative to the candidate and will be maintained in the Cooperative medical file, not the personnel file.

III. Responsibility of Employee

- A. Compliance with this policy is a condition of employment. Employees will be given a copy of this policy and will be asked to sign a statement acknowledging receipt of it and evidencing their willingness to comply.
- B. Employees in safety sensitive positions are prohibited from the use or consumption of alcohol or marijuana within eight hours prior to reporting for duty. No employee shall perform safety-sensitive functions after using alcohol.
- C. No employee shall report for duty or remain on duty requiring the performance of safety-sensitive functions when the employee uses any controlled substance, except when the use is pursuant to the instructions of a physician who has advised the employee that the substance does not adversely affect the ability to perform safely.
- D. Employees who are convicted under any drug statute for a violation occurring in the work place must notify the general manager of the conviction within five days. Failure to notify the general manager of such conviction will result in discharge.

IV. Responsibility for Enforcement

- A. All supervisors and co-workers are responsible for being alert to possible violations of this policy.
- B. The general manager will provide assistance to supervisors and co-workers faced with the need to act under this policy.
- C. The general manager will notify federal agencies under contract with the Cooperative within ten days after receiving notice of a conviction as noted in Section III D.
- D. All employees must report concerns about the fitness and safety of another employee to the employee's supervisor or general manager.

V. Interpretation

This policy is the Cooperative's good faith attempt to comply with the statements of objectives (Section I) herein. This policy will be interpreted consistent with state and federal law. Should any provision herein, or part thereof, be determined incapable of such interpretation, it will be deemed deleted without requiring board action.

VI. Review Date

This policy will be reviewed at the first board of directors meeting two years after the last revision or review.

Effective Date: May 21, 1997

Date Adopted: 05/20/97

Date Revised: 02/17/98

Date Revised: 05/16/00

Date Revised: 05/21/02

Date Reviewed: 05/18/04

Date Revised: 05/16/06

Date Revised: 07/15/08

Date Reviewed: 05/18/10

Date Reviewed: 05/22/12

Date Reviewed: 05/20/14

Attested: s/Sam Hearing, Secretary

Attested: s/Randall Aultman, Secretary

Attested: s/Dixie London, Secretary

Attested: s/Bob Paleck, Secretary

Attested: s/Bob Paleck, Secretary

Attested: s/Larry Averitt, Secretary

Date Revised: 05/24/16

Attested: _____

Larry Averitt, Secretary

RETURN TO WORK AGREEMENT

Employees who have tested positive for illegal drug use, or determined to have used or have been under the influence of alcohol while on duty, will be allowed to return to work under the conditions of this agreement. The employee must also sign a *Release of Information* form that allows the supervisor and the EAP/treatment personnel to discuss adherence with and progress in treatment.

AGREEMENT

As a condition of continued employment, I agree to adhere strictly to all terms specified below.

- 1) I will actively participate in my rehabilitation program as specified by the Employee Assistance Program.
- 2) Following discharge from completion of that program, I agree to abide by and complete the treatment programs' follow-up requirements, including sustained attendance at Alcoholics Anonymous, Cocaine Anonymous, or Narcotics Anonymous or other appropriate support group meetings and/or extended sessions at the treatment facility for a minimum of one year.
- 3) I recognize that my continued employment is contingent on satisfactory completion of a one-year probationary period, during which time I will:
 - agree to be subject to random urine test and/or blood testing for the next 12 months;
 - maintain satisfactory job performance, conduct and attendance and be subject to termination for any failure to meet standards.
- 4) I understand that my previous job performance, conduct or attendance has not been satisfactory. I also understand that because of this past problem, close supervision is necessary. I accept this supervision for the next 12 months as a constructive part of my recovery.
- 5) I will never use or be under the influence of alcohol or controlled substances while on the job or company property.
- 6) I understand that this agreement serves as a FINAL WARNING and that any violation of this RETURN TO WORK AGREEMENT may result in the immediate termination of my employment with West Oregon Electric Cooperative, Inc.

Employee

Date

Supervisor

Date

General Manager

Date

**EMPLOYEE NOTICE AND STATEMENT OF DRUG FREE
WORKPLACE**

I, the undersigned employee of West Oregon Electric Cooperative, Inc., have received a copy of the Cooperative's Policy 212, Fitness for Duty, with procedures, which states that the illegal use, possession, manufacture, distribution or dispensation of controlled substances at any time is absolutely prohibited. Further, the use of or being under the influence of alcohol or marijuana while on the job or on Cooperative property is absolutely prohibited. I understand and agree that I will notify the employer of any criminal drug convictions for a violation occurring in the work place no later than five days after such conviction and will follow all other policy directives and requirements. I understand that compliance with this Notice and Statement is a requirement of my job, and I agree to comply with it fully for as long as I am employed by the Cooperative. I further understand this policy is in addition to other employment requirements and conditions.

Date

Employee Signature

cc: Company Files
Employee

PROCEDURES FOR POLICY 212

The following procedures and guidelines are to be used in applying Policy 212-Fitness For Duty

I. Consequences of Prohibited Conduct

An employee who is involved in any prohibited conduct shall be immediately removed from performing their duties and not permitted to return until the following actions take place.

Each employee shall be advised by the employer of the resources available to the employee in evaluating and resolving problems associated with the misuse of alcohol and use of controlled substances, including the names, addresses, and telephone number of substance abuse professionals, counseling, and treatment programs.

Each employee shall be evaluated by a Substance Abuse Professional (SAP) who shall determine what assistance, if any, the employee needs in resolving problems associated with alcohol misuse and controlled substances use. If treatment is necessary, the employee must complete treatment, or have satisfactorily participated in treatment, and be released to return to duty by the SAP.

Each employee shall submit to a return-to-duty test with an alcohol concentration of less than .02 if the conduct involved alcohol, or a controlled substances test with a verified negative result if the conduct involved a controlled substance, or submit to both tests if determined necessary by the SAP.

If the test results are negative:

1. West Oregon Electric will notify the employee and take no further action.

If the test results are positive:

1. The Medical Review Officer (MRO) or collection staff will notify the company or the company's representative of a positive test result after the MRO's contact or attempted contact with the employee.
2. The MRO must inform the employee of their right to request, in writing within 72 hours, a retest of the split sample, to be tested at an alternate lab. The employee will pay all costs incurred for the retest. If the retest at another lab is negative or fails to confirm the positive test, the employee will be reimbursed all costs of the retest:
3. West Oregon Electric will refer the employee to the SAP for evaluation. The initial evaluation is provided free to the employee. If the employee fails to comply with the SAP recommendations for rehabilitative treatment, outpatient counseling, or any other recommendation, the employee will be terminated from employment.

4. An employee who submits to an alcohol test and receives a result between .02 and .039 shall be removed from performing their duties for 24 hours. The employee must leave the work site and take the day as sick leave, vacation, or non-paid leave. The employee will not be allowed to return to work until he/she submits to a breath test required under company authority. The employee must wait 24 hours until a breath alcohol return-to-duty test is administered.
5. If the initial alcohol test is above .039%, the employee is referred to the SAP for evaluation. The SAP will recommend treatment, if appropriate, and set up a follow-up program. The employee must be released to return-to-duty based upon the SAP recommendations and results of a return-to-duty and/or alcohol test (s).
6. An employee who tests positive for controlled substances shall leave the work site and be referred to the SAP for evaluation and appropriate treatment and follow-up. The employee may not return to the work site until he or she is released to return to duty based upon the SAP recommendations. The employee shall use sick leave, vacation or non-paid leave for missed work time.
7. Refusal to test will be reported immediately to the general manager.
8. If the employee refused to test, or does not show up at the collection site within the required time limit, the employee must be evaluated by a SAP, undergo treatment if necessary, and submit to a return-to-duty test. Refusal of drug or alcohol testing will result in a presumption that the employee was incapable of passing the test and the test results would have indicated an unacceptable level of a controlled substance or alcohol, making the employee ineligible and unfit to operate any equipment or vehicle, and subject to disciplinary action.
9. If a urine, blood, or breath specimen is determined to be invalid or unreliable by the clinic or the NIDA/DHHS certified lab due to the circumstances unrelated to the conduct of the employee, the employee will be notified of the circumstances allowing a retest and requiring an immediate collection of a new specimen.
10. If a urine, blood, or breath specimen is determined to be invalid or unreliable by the clinic or the NIDA/DHHS certified lab due to circumstances related to the conduct of the employee, a presumption will arise that the employee was incapable of passing the test, and that the test results would have indicated an adverse level of a controlled substance or alcohol subjecting the employee to disciplinary action.

II. Pre-Employment Testing

- A. As a condition of employment, all applicants who are offered employment will be scheduled for alcohol and controlled substances tests as a part of the pre-employment process. Prior to the testing, applicants shall complete the pre-employment consent form. Employment is contingent upon an alcohol test result indicating a negative alcohol concentration and a controlled substances test result received from the medical review officer with a verified negative test result.
- B. All applicants with positive results shall be notified of those results and will be disqualified from consideration for employment.
- C. Refusal to submit to a pre-employment test will result in disqualification from employment with the Cooperative.

III. Random Testing

- A. All employees will be subject to random testing for alcohol and/or controlled substance use based on a scientifically valid method. Each employee will have an equal chance of being tested every time selections are made.
- B. Random alcohol and/or controlled substances testing will be unannounced and the dates for such tests will be such that any employee may be tested on any given work day throughout the calendar year.
- C. Upon notification of selection, employees are required to proceed to the designated collection site immediately.

IV. Employee and Supervisor Alternatives

A. Voluntary Self-Referral

The Cooperative encourages employees and their family members who have an alcohol or controlled substance abuse problem to deal with that problem voluntarily through the Cooperative's Employee Assistance Program (EAP). The following information and guidelines are provided in order to promote voluntary self-referral.

The Cooperative's insurance program provides Employee Assistance Services to all eligible employees and their dependents. This service is voluntary and confidential. Any employee who feels that he/she is affected by substance abuse, addiction or dependence on alcohol or drugs is encouraged to seek assistance through this program.

Employees who voluntarily seek assistance for an alcohol or drug dependency related problem before it becomes a subject of formal discipline will not be placing their job in jeopardy. Nor will they be asked to execute a *Return to Work*

Agreement as long as all aspects of their performance remain acceptable. Rehabilitation, however, is the responsibility of the employee.

B. Co-worker Referral

Co-workers must report observations and concerns about the fitness and safety of another employee to the employee's supervisor or general manager. Those co-workers who make this referral will be protected from retaliation by the Cooperative.

In addition, co-workers are encouraged to help their co-workers when they have a concern regarding alcohol or drug use by urging him or her to take advantage of the Cooperative's EAP.

C. Supervisor Referral

Employees who have not voluntarily dealt with an alcohol or drug related problem and whose conduct, performance, or attendance appears to violate this policy will be required to submit to a urine test and/or blood test to determine *Fitness for Duty* by the Cooperative as a condition of continued employment. The following procedures and guidelines should be used in making that assessment.

1. Events that require the Supervisor to request a determination of *Fitness for Duty*:

Accidents

Employee involvement in accidents causing property damage or personal injury will be grounds for requesting testing for alcohol or controlled substances. The intent of this procedure is to rule out alcohol or drug involvement without accusation of the employees involved. For this reason, the use of alcohol or controlled substances following an accident is strictly prohibited.

Post-accident alcohol testing will be administered within two hours following the accident. Employee(s) required to take a post-accident alcohol test, shall refrain from alcohol use or consumption for eight hours following an accident, or until he/she undergoes a post-accident alcohol test, whichever occurs first.

Post-accident controlled substances testing will be administered within 2 hours following the accident.

An employee who is subject to post-accident testing shall remain readily available for such testing or may be deemed by the Cooperative to have refused to submit to testing. Mandatory documentation is required for any delay in post-accident testing.

Observed Behavior

The supervisor is responsible for making the initial determination as to whether an employee is fit for duty. Such determination should be based on the supervisor's observation of an employee's ability to perform all job duties safely and efficiently as well as the employee's conduct and attendance. In making this determination, the supervisor is not *diagnosing* but merely noting behaviors. In some instances an illness or disease may mimic the symptoms of alcohol or substance abuse. The Cooperative will not tolerate the use of this policy to harass or intimidate employees.

Co-worker Referral

The supervisor is responsible for reviewing and following up on all reports by employees regarding the fitness and safety of another employee. Co-workers who make referrals should be advised to keep the matter confidential.

Supervisors must also ensure that those co-workers who make referrals are protected from retaliation by other employees. The Cooperative will not tolerate the use of this policy to harass or intimidate employees.

2. Patterns and Indications of a Substance Abuse Problem

The attached *Long-Term Indicator Checklist* and *Short-Term Indicator Checklist* illustrate the most commonly observed signs that indicate that an employee may not be fit for duty. These signs may be considered *reasonable* grounds, which will justify requiring a urine test and/or blood test.

These lists are not all inclusive. Supervisors or referring co-workers may observe other signs and symptoms similar to these that may prompt a request for testing.

If the supervisor determines that the employee is not fit for duty, the following procedure should be used.

- V. Procedure to be followed by a supervisor once it has been determined that it is necessary to REQUEST a urine test and/or blood test.**
- A. It is very important that whenever possible, those employees and employees' supervisors who observing signs that an employee is not fit for duty should ask another supervisor to observe the employee for corroboration of the behavioral characteristics. Co-worker referrals to supervisors should also result in a second supervisor's observation of the employee.
 - B. The employee should be removed from the work-site to a place where a confidential meeting can occur. If more than one employee is involved, they should be separated.
 - C. If the employee is in the bargaining unit, he/she may request a shop steward be present for the questioning. If such a request is made, it should be granted. If the regular shop steward is not available, call for another

shop steward or call another bargaining unit employee to fill in temporarily. Do not delay any longer than necessary.

- D. The witnesses should explain what they have observed and ask the employee to explain why he/she appears to be physically or mentally unable to perform this job. The employee should be questioned regarding whether alcohol or a controlled substance has been consumed, when, how much and where it was consumed.
- E. If the employee indicates prescription drugs were ingested, the supervisor should inquire as to the type of drug, date and dosage of prescription, the prescribing doctor's name, the amount ingested, and the nature of the illness for which prescribed. Remember, the supervisor is neither diagnosing nor accusing the employee of being under the influence of alcohol or drugs, but acting on observed behavior.
- F. If the employee provides a satisfactory explanation for his/her behavior, the supervisor should make a further assessment to determine appropriate action to be taken. The supervisor should use the normal tools available for employee problem solving including: Interacting, coaching, counseling, and, if appropriate recommendation that the employee seek professional assessment and assistance through the EAP program. While this referral is not mandatory, failure to address job performance, conduct or attendance problems will result in disciplinary action. The employee should be returned to work only after the supervisor has determined that the employee is fit to perform his/her duties in a safe and efficient manner.
- G. It is important for the supervisor to do a thorough investigation to be sure that important facts and evidence are documented and retained.
- H. If the employee does not provide a satisfactory explanation, the supervisor should proceed with the following drug testing procedure.

Special Issues to Consider:

- 1. It is essential that all aspects of this investigation, and its outcome, be kept confidential and that only those who need to know are involved. This means that no one from the Cooperative may discuss test results except as part of their duties. Co-workers who make referrals should keep the matter confidential.
- 2. If an alcohol test is not conducted within two hours following the determination, the supervisor or designated representative shall prepare and maintain on file a record stating the reasons the test was not promptly administered. The Cooperative shall cease attempts to administer the reasonable suspicion test if the test has not been administered within eight hours of the determination and shall prepare and maintain on file a record stating the reasons for not administering the test.

3. If the employee is in possession of an illegal controlled substance, call the local police. Don't attempt to search an employee or detain against his/her will.

VI. The following procedure may be used when the decision to conduct a drug test to determine *Fitness for Duty* has been made.

- A. Testing Procedure - The supervisor and appropriate witnesses (shop steward, another supervisor, etc. as necessary) should escort the employee to an approved medical facility for specimen collection. He/she will be required to provide a specimen for examination using the approved specimen collection kit. Refusal to cooperate will be considered insubordination and subject the employee to discipline or discharge.

All specimens will be forwarded to an approved DHHS Certified Laboratory where the actual laboratory testing will occur.

After completion of the specimen collection, the employee should be relieved from duty and be driven home. The employee's status at this point is *suspended with pay pending investigation*. If test results are positive, the time will be charged to the employee's sick leave.

- B. Dealing with an Employee Who Refuses to Cooperate with the Testing Procedure. An employee who commits either of the following actions will be given a direct order to cooperate and allowed one (1) hour to reconsider the decision. If after one (1) hour, he/she still refuses to cooperate, he/she will be immediately suspended and, following consultation with the general manager, subject to discharge.

1. Employee refuses to sign the release of information form, or
2. Employees failing to provide an adequate sample, given reasonable time (as an alternative, employees unable to provide a urine sample, will be required to provide a blood sample)

Any employee who adulterates or otherwise sabotages the sample will be immediately suspended and following appropriate investigation, subject to discharge.

- C. After the Test - Meeting with the Employee

When the results of the test have been obtained, a meeting with the employee should be scheduled to tell the employee the test results. Make sure that the results of the testing are held in the strictest confidence. Only those with a need to know should be aware of the testing and results, and remember, even if test results are positive, a diagnosis should not be made by the supervisor.

If the test results are positive Section II of the policy will be applied.

If the test results are negative, an apparent Fitness for Duty problem may still exist. In these cases, the supervisor should conduct further discussion and evaluation to assess the reason for the objectively observed unsatisfactory

behavior. The supervisor should use the normal tools available for employee problem solving including: Interacting, coaching, counseling, and, if appropriate recommendation that the employee seek professional assessment and assistance through the EAP program. While this referral is not mandatory, failure to address job performance, conduct or attendance problems will result in disciplinary action. The employee should be returned to work only after the supervisor has determined that the employee is fit to perform his/her duties in a safe and efficient manner.

- D. It is important for the supervisor to do a thorough investigation to be sure that important facts and evidence are documented and retained.

VII. Other Procedures

Employees observing signs that their supervisor is not Fit for Duty should report their observations to the next higher level of supervision for resolution. If it is not resolved by this process, the employee should report their observations to the General Manager.

**FITNESS FOR DUTY
SUPERVISOR'S FITNESS FOR DUTY CHECKLIST**

This checklist is an aid for a supervisor when an employee appears unfit for duty and the employee's job performance, behavior, conduct, or attendance pattern suggests he/she may be under the influence of drugs or alcohol. For example, an employee exhibits uncharacteristic behavior or impaired judgment.

The supervisor should also order an employee to be evaluated for fitness for duty if the employee is involved in an accident causing serious property damage or serious personal injury or an accident or near miss situation caused by lack of perception, alertness, or manual dexterity:

Procedural Steps Date _____

Time _____

I believe _____ may be unfit for duty based on the attached *Long-Term Indicator* or *Short-Term Indicator Checklist*.

Other uncharacteristic behavior – list, be specific _____

I had another supervisor or other appropriate witness who has been trained in Fitness for Duty policy administration observe employee and concur with my observations.

Name of Witness _____

I, along with the corroborating witness, confronted employee, explained why I was concerned he/she may not be fit for duty. Asked employee what might be cause of problem. (If requested, employee has right to union representation if in Bargaining Unit)

I discussed the problem with a representative of the IBEW.

(If unsatisfactory explanation to above item.) I ordered employee to be tested for alcohol/drugs and indicated that refusal is an act of insubordination and will result in disciplinary action up to and including termination.

I ordered the employee to sign a release for the alcohol/drug test (copy attached). I told employee that refusal to sign is an act of insubordination and will result in disciplinary action or termination.

I took the employee to the following facility, where a specimen was taken:

Name of facility

The specimen was sealed and mailed

(If employee refuses test at lab, repeat order to take test and consequences of noncompliance. Allow 1 hour for employee to reconsider).

- I saw that the employee was taken home. I indicated he/she would be informed of test results.
- I indicated employee is suspended pending results of investigation, or
- I indicated employee is on sick leave status (for employees entering rehabilitation)
- I initiated the proper step of positive discipline (if appropriate).
- I documented all significant events and conversations.
- Employee entered into a *Last Chance Return to Work Agreement*.

AUTHORIZATION FOR RELEASE OF INFORMATION

Release from:

Release to:

I authorize release of my medical records for purpose of:

I specifically request records about:

Employee's full name: _____

Date of Birth: _____
Please print

Mailing address: _____ Phone Number: _____
Street or PO Box number

City, State, Zip Code

I hereby authorize all records of psychiatric, drug, alcohol diagnoses and/or treatment be released to West Oregon Electric Cooperative, Inc. Unless otherwise requested, the duration of this consent to West Oregon Electric Cooperative, Inc., will be 12 months following the date of signature.

Signature of Patient or Authorized Representative

Date: _____

Long-Term Indicator Checklist

Reasonable Cause Observation Checklist <i>Strictly Confidential</i>		
Employee:		Period of Evaluation
Supervisor #1: Name & Telephone:		
Supervisor #2: Name & Telephone:		
<p>This checklist is intended to assist a supervisor in referring a person for drug testing. Has the employee manifested any of the following behavior? Indicate (D) if documentation exists.</p>		
A. QUALITY AND QUANTITY OF WORK		
YES	NO	
_____	_____	1. Clear refusal to do assigned task
_____	_____	2. Significant increase in errors
_____	_____	3. Repeated errors in spite of increasing guidance
_____	_____	4. Reduced quantity of work
_____	_____	5. Inconsistent, "up and down" quantity of work
_____	_____	6. Behavior that disrupts work flow
_____	_____	7. Procrastination on significant decisions or tasks
_____	_____	8. More than usual supervision necessary
_____	_____	9. Frequent, unsupported explanations for poor work performance
_____	_____	10. Noticeable change in written or verbal communication
_____	_____	11. Other (please specify):
B. INTERPERSONAL WORK RELATIONSHIPS		
YES	NO	
_____	_____	1. Significant change in relations with co-workers, supervisors, others
_____	_____	2. Frequent or intense arguments
_____	_____	3. Verbal abusiveness
_____	_____	4. Physical abusiveness
_____	_____	5. Persistently withdrawn or less involved with people
_____	_____	6. Intentional avoidance of supervisor
_____	_____	7. Expressions of frustration or discontent
_____	_____	8. Change in frequency or nature of complaints
_____	_____	9. Complaints by co-workers or subordinates
_____	_____	10. Cynical, "distrustful or human nature" comments
_____	_____	11. Unusual sensitivity to advice or critique of work
_____	_____	12. Unpredictable responses to supervision
_____	_____	13. Passive-aggressive attitude or behavior, doing things "behind your back"
C. GENERAL JOB PERFORMANCE		
YES	NO	
_____	_____	1. Excessive unauthorized absences – number in last 12 months _____

_____	_____	2. Excessive authorized absences – number in last 12 months _____
_____	_____	3. Excessive use of sick leave in last 12 months _____
_____	_____	4. Frequent Monday/Friday absences or other pattern
_____	_____	5. Frequent unexplained disappearances
_____	_____	6. Excessive “extension” of breaks or lunch
_____	_____	7. Frequently leaves work early – number of days per week or month _____
_____	_____	8. Increased concern about, actual incidents of, safety offenses involving the employee:
_____	_____	_____
_____	_____	9. Experiences or causes job accident.
_____	_____	10. Major change in duties or responsibilities
_____	_____	11. Interferes with or ignores established procedures
_____	_____	12. Inability to follow through on job performance recommendation

D. PERSONAL MATTERS

YES	NO	
_____	_____	1. Changes in or unusual personal appearance (dress, hygiene)
_____	_____	2. Changes in or unusual speech (incoherent, stuttering, loud)
_____	_____	3. Changes in or unusual physical mannerisms (gesture, posture)
_____	_____	4. Changes in unusual facial expressions.
_____	_____	5. Changes in or unusual level of activity: much reduced_____ or increased _____
_____	_____	6. Changes in or unusual topics of conversation
_____	_____	7. Engages in detailed discussions about death, suicide, or harming someone
_____	_____	8. Increasingly irritable or tearful
_____	_____	9. Persistently boisterous or rambunctious
_____	_____	10. Unpredictable or out-of-context displays of emotion
_____	_____	11. Unusual fears
_____	_____	12. Lacks appropriate caution
_____	_____	13. Engages in detailed discussion about obtaining or using drugs and/or alcohol
_____	_____	14. Has personal relationship problems (spouse, girl/boyfriend, children, in-laws)
_____	_____	15. Has received professional assistance for emotional or physical problems
_____	_____	16. Makes unfounded accusations toward others (i.e. has feelings of persecution)
_____	_____	17. Secretive or furtive
_____	_____	18. Memory problems (difficulty recalling instructions, data, past behaviors).
_____	_____	19. Frequent colds, flu, or other illnesses
_____	_____	20. Comes to work with alcohol on breath
_____	_____	21. Excessive fatigue
_____	_____	22. Makes unreliable or false statements
_____	_____	23. Unrealistic self-appraisal or grandiose statements
_____	_____	24. Temper tantrums of angry outbursts
_____	_____	25. Demanding, rigid, inflexible
_____	_____	26. Major change in physical health

Other information/observations: (Please be specific and attach additional sheet as necessary.)

SIGNATURE OF SUPERVISOR #1

SIGNATURE OF SUPERVISOR #2

DATE

DATE

SHORT TERM INDICATOR CHECKLIST

Reasonable Cause Incident Checklist <i>(Strictly Confidential)</i>	
Employee:	Date/Time of Incident:
Supervisor #1: Name & Telephone:	
Supervisor #2: Name & Telephone:	
This checklist is to be completed when an incident has occurred which provides reasonable suspicion that an employee is under the influence of a prohibited drug substance or alcohol. You should note all pertinent behavior and physical signs or symptoms which lead you to reasonably believe that the employee has recently used or is under the influence of a prohibited substance. Mark each applicable item on this form and add any additional facts or circumstances which you have noted. (NOTE: If there are long-term behavioral indicators or substance abuse, please complete the Reasonable-Cause Employee Observation Checklist).	
A. NATURE OF INCIDENT/CAUSE FOR SUSPICION	
<input type="checkbox"/> 1. Observed/reported possession or use of a prohibited substance (including passenger complaint) <input type="checkbox"/> 2. Apparent drug or alcohol intoxication <input type="checkbox"/> 3. Observed abnormal or erratic behavior <input type="checkbox"/> 4. Arrest or conviction for drug-related offense <input type="checkbox"/> 5. Evidence of tampering on a previous drug test <input type="checkbox"/> 6. Other (i.e. flagrant violation of safety or serious misconduct, accident or "near miss," fighting or argumentative/abusive language, refusal of supervisor instruction, unauthorized absence on the job) please specify: _____ _____ _____ _____	
B. BEHAVIORAL INDICATORS NOTED	
<input type="checkbox"/> 1. Verbal abusiveness <input type="checkbox"/> 2. Physical abusiveness <input type="checkbox"/> 3. Extreme aggressiveness or agitation <input type="checkbox"/> 4. Withdrawal, depression, tearfulness, or unresponsiveness <input type="checkbox"/> 5. Inappropriate verbal response to questioning or instructions <input type="checkbox"/> 6. Other erratic or inappropriate behavior (i.e. hallucinations, disorientation, excessive euphoria, talkativeness, confusion) please specify: _____ _____ _____ _____	
C. PHYSICAL SIGNS OR SYMPTOMS	
<input type="checkbox"/> 1. Possessing, dispensing, or using prohibited substance	

- 2. Slurred or incoherent speech
- 3. Unsteady gait or other loss of physical control, poor coordination
- 4. Dilated or constricted pupils or unusual eye movement
- 5. Bloodshot or watery eyes
- 6. Extreme fatigue or sleeping on the job
- 7. Excessive sweating or clamminess of skin
- 8. Flushed or very pale face
- 9. Highly excited or nervous
- 10. Nausea or vomiting
- 11. Odor of alcohol
- 12. Odor of marijuana
- 13. Disheveled appearance or out of uniform
- 14. Dry mouth (frequent swallowing/lip wetting)
- 15. Dizziness or fainting
- 16. Shaking hands or body tremor/twitching
- 17. Breathing irregularity or difficulty breathing
- 18. Runny nose or sores around nostrils
- 19. Inappropriate wearing of sunglasses
- 20. Puncture marks or "tracks"
- 21 Other –please specify:

D. WRITTEN SUMMARY

Please summarize the facts and circumstances of the incident, employee response, supervisor actions taken, and any other pertinent information not previously noted. Please note the date, times, and location of reasonable-cause testing or note if employee refused the test. Attach additional sheets as necessary.

SIGNATURE OF SUPERVISOR

DATE

WEST OREGON ELECTRIC COOPERATIVE, INC.
VERNONIA, OREGON

POLICY NO. 306

PCB PROGRAM

I. Objective

To provide for the identification, removal, proper handling, accounting and disposal of equipment owned by West Oregon Electric Cooperative that contains polychlorinated biphenyls (PCB) in a manner that meets or exceeds government standards and regulations.

II. Policy Content

- A. The Cooperative's PCB records and storage facilities will be available to inspection by regulatory agencies.
- B. The Cooperative will follow all federal, state, and local regulations in the use, transport, storage and disposal of PCB equipment. This policy will be deemed automatically amended where necessary to conform with statutory and/or regulatory changes.
- C. The Cooperative will endeavor to become free of PCB contaminated equipment in an economical and timely manner.
- D. The Cooperative will maintain an employee education and training program related to spill response and clean-up procedures.

III. Responsibility

It will be the responsibility of the general manager to see that the provisions of this policy are carried out.

IV. Review Date

The provisions of this policy should be reviewed at the first board of directors' meeting two years after the last revision or review.

Date Adopted: 5/19/98
Date Revised: 5/16/00
Date Revised: 5/21/02
Date Reviewed: 5/18/04
Date Reviewed: 5/16/06
Date Reviewed: 5/20/08
Date Reviewed: 5/18/10

Attested: s/ Sam Hearing, Secretary
Attested: s/ Sam Hearing, Secretary
Attested: s/ Sam Hearing, Secretary
Attested: s/ Joe Riley, Secretary
Attested: s/ Randall Aultman, Secretary
Attested: s/ Dixie London, Secretary
Attested: s/ Bob Paleck, Secretary

Date Reviewed: 05/22/12

Date Reviewed: 05/20/14

Date Reviewed: 05/24/16

Attested: s/Bob Paleck, Secretary

Attested: s/Larry Averitt, Secretary

Attested: _____
Larry Averitt, Secretary