CONTROLLED SUBSTANCE USE AND ALCOHOL MISUSE POLICY FOR COMMERCIAL MOTOR VEHICLE DRIVERS- 2013

I. STATEMENT OF PURPOSE.

Farmers Cooperative Company recognizes that the use of controlled substances or the misuse of alcohol by any employee of the Company threatens the health and safety of that employee, the employee's co-workers and the Company. The Company also recognizes that employees should be able to work in an alcohol and controlled substance-free environment, and to work with other employees who are alcohol and controlled substance-free. The Company has, therefore, adopted this Controlled Substance Use and Alcohol Misuse Policy for Commercial Motor Vehicle Drivers (the Policy).

Nothing in this Policy is intended, nor should it be construed by the employee, to alter the at-will employment relationship between the Company and its employees. Either the Company or the employee may terminate the employment relationship with or without cause, and with or without notice, at any time. The Company also reserves the right to modify or terminate the provisions of this Policy at any time, with or without prior notice.

Drivers with questions regarding this Policy should contact the Human Resource Dept. at 515.817.2100.

II. DEFINITIONS.

A. Alcohol means the intoxicating agent in beverage alcohol, ethyl alcohol or other low molecular weight alcohols, including methyl or isopropyl alcohol.

B. Controlled substance means any substance indentified in 382 CFR § 40.85. These substances currently include: Marijuana metabolites; Cocaine metabolites; Amphetamines; Opiate metabolites; Phencyclidine (PCP).

C. Covered driver or driver means a person who operates a Commercial Motor Vehicle (CMV) used in commerce on behalf of the Company. A CMV is any one of the following:

1. a vehicle of 26,001 pounds (CVWR) or more;
2. a vehicle designed to transport 16 or more people, including driver;
3. any size vehicle transporting placardable hazardous material.

D. Licensed medical practitioner means a person who is licensed, certified, and/or registered, in accordance with applicable Federal, State, local, or foreign laws and regulations, to prescribe controlled substances and other drugs.
E. **Pre-employment** means prior to the first time a driver performs safety-sensitive functions for the Company and includes new employees or current employees who begin performing safety-sensitive functions.

F. **Safety-sensitive function** means time a covered driver is waiting at a Company or a shipper’s property to be dispatched, inspecting, servicing, or conditioning any CMV at any time, driving a CMV, in or upon a CMV, loading or unloading a CMV, repairing, obtaining assistance, or remaining with a disabled CMV.

III. COVERED DRIVERS SUBJECT TO TESTING AS A CONDITION OF EMPLOYMENT

The DOT requires the Company to test covered drivers for the use of controlled substances or alcohol and to take certain actions if a covered driver is found to be violating DOT rules regarding the use of alcohol or controlled substances. The Company may take additional actions against a covered driver not required by DOT rules.

This policy applies to all covered drivers. Covered drivers are required to participate in the Company’s controlled substances and alcohol testing program as a condition of employment or continued employment. Any offer made for new employment or transfer to a position requiring the performance of safety sensitive functions is contingent on the driver passing a pre-employment controlled substance and alcohol test.

IV. PROHIBITED CONDUCT AND REQUIRED HOURS OF COMPLIANCE.

A. **Use of Alcohol.** Per DOT rules, no covered driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater. In addition, a covered driver is prohibited from using or consuming alcohol:

1. While on duty requiring the performance of safety-sensitive functions;
2. Four (4) hours prior to on duty time requiring the performance of safety-sensitive functions; and
3. Up to eight (8) hours following an accident or until the driver undergoes a post-accident test, whichever occurs first.

No covered driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions while the driver is under the influence of or impaired by alcohol, as shown by the behavioral, speech, and performance indicators of alcohol misuse, and will not be permitted to perform or continue to perform safety-sensitive functions, until:

1. An alcohol test is administered and the driver's alcohol concentration measures less than 0.02; or
2. 24 hours have elapsed following the determination that there was a reasonable suspicion to believe that the driver had violated the prohibitions in this Policy concerning the use of alcohol.
B. **Use of Controlled Substances.** Per DOT rules, no driver shall report for duty or remain on duty requiring the performing a safety-sensitive function when the driver uses any controlled substance, except when the use is at the instructions of a licensed medical practitioner, who has advised the driver that the substance does not adversely affect the ability to safely operate a CMV. A driver shall not report for duty, remain on duty or perform a safety-sensitive function, if the driver tests positive or has adulterated or substituted a test specimen for controlled substances.

C. **Refusal to Submit to a Test.** Per DOT rules, no driver shall refuse to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substances test. Refusal to submit to a drug or alcohol test includes:

1. failing to appear for any test (except a pre-employment test) within a reasonable time after being directed to do so;
2. failing to remain at the testing site until the testing process is complete;
3. failing to provide a urine specimen for any drug test required by the DOT;
4. failing to permit the observation or monitoring of the provision of a sample;
5. failing to provide a sufficient amount of urine or breath when directed and it has been determined that no adequate medical explanation for such failure;
6. failing to take a second test the Company or the collector has directed the driver to take;
7. failing to undergo a medical evaluation or examination as directed by the Medical Review Officer (MRO) or Company as part of the verification process;
8. failing to cooperate with any part of the testing process, including signing a certification of a DOT form; or
9. being reported by the MRO as having verified adulterated or substituted test result.

D. **Other Prohibited Behavior.** The Company strictly prohibits the possession, use, solicitation, consumption, sale, transfer (or any attempt to solicit, sell or transfer) of alcohol or any controlled substance or drug paraphernalia, including any "look alike" substance, during work time, while conducting any type of business on the Company's behalf, or while on the Company's premises or property unless otherwise permitted by this Policy. These prohibitions are made by the Company and are not required by DOT rules.

E. **Over-The-Counter Medications.** A driver may use, possess, and be under the influence of over-the-counter or prescription medication while on the Company's premises or property or during working time provided the medication is kept in the container or packaging in which it was received from the pharmacy, and provided the prescription or over-the-counter drug will not impair the driver’s work performance or present a safety risk to the driver, others or property. The Company reserves the right to take appropriate action (including relieving the driver from his/her work duties) if a driver’s use of over-the-counter medication either impairs or is likely to impair the employee's ability to perform his or her work assignments. These prohibitions are made by the Company and are not required by DOT rules.
V. CIRCUMSTANCES UNDER WHICH TESTING WILL BE CONDUCTED.

A. Pre-employment testing. Prior to the first time a driver performs safety-sensitive functions for the Company, the driver shall undergo testing for controlled substances and alcohol. If an applicant is rehired within 30 days of termination, they are not subject to a pre-employment test.

B. Reasonable Suspicion Testing. Drivers are subject to controlled substance and/or alcohol testing if the driver’s appearance, behavior, speech or body odors suggest the driver may be impaired due to controlled substance and/or alcohol use, or exhibiting chronic or withdrawal effects of controlled substances. The determination that “reasonable suspicion” exists will be based on specific, contemporaneous, articulable observations made by a supervisor or company official trained to make such observations. If a reasonable cause test is not administered within 8 hours following the observations, Company shall prepare a record stating the reasons why the test was not administered promptly. An employee will be notified if the test is positive.

C. Random Testing. Employees will be subject to random controlled substance and alcohol testing. The names of all covered employees will remain in the selection pool. Therefore, it will be possible for some employees to be tested more than once and other employees to not be tested in a particular year. At least fifty percent (50%) of all covered employees will be randomly tested for drugs annually. At least ten percent (10%) of all covered employees will be randomly tested for alcohol annually. Upon notification, a covered employee must report to the designated collection site as soon as is safely possible, within one hour for an alcohol test, or two hours for a controlled substance test. The time required for testing shall be deemed work time for purposes of compensation and benefits for employees. An employee will be notified if the test is positive.

D. Post Accident Testing. As soon as possible following an accident involving a Company commercial vehicle, the driver shall be tested for both alcohol and drugs. An "accident" is defined as:

1. an accident involving a fatality; or,

2. an accident where the Company driver receives a citation for a moving violation and someone requires medical treatment away from the scene;

3. an accident where the Company driver receives a citation for a moving violation and any vehicle is required to be transported from the scene by a tow truck or other motor vehicle.

A driver who is subject to post-accident testing must remain available, or the Company may consider the driver to have refused to submit to testing. The driver subject to post-accident testing must refrain from consuming alcohol for eight (8) hours following the accident, or until he/she submits to a drug and alcohol test. An alcohol test should be administered within two (2) hours of an accident and substance test administered with 32 hours of an accident. If
an alcohol or substance abuse test is not administered within these time limits, the Company shall prepare a record stating the reasons the test was not administered. An employee will be notified if a test is positive.

E. **Follow-up and Return-To-Duty Testing.** If a driver who violates a DOT controlled substance or alcohol rule and is offered the opportunity to return to a duty requiring the performance of safety-sensitive function, he or she will be required to be evaluated by a Substance Abuse Professional and undergo follow-up and return-to-duty testing. A driver must have a negative drug test result and/or an alcohol test with an alcohol concentration of less than 0.02 before resuming performance of safety-sensitive duties. A driver must comply with all follow-up testing requirements directed by the SAP to continue to perform safety-sensitive functions. Drivers will bear all costs of any SAP evaluations and follow-up or return-to-duty testing.

VI. **TESTING PROCEDURES FOR COVERED DRIVERS**

A. **DOT Rules.** All covered drivers will be tested in accordance with 49 CFR Part 40.

B. **Controlled Substance Testing**

1. Positive identification of the covered driver providing the specimen at the collection site must be established, customarily with a photo ID.

2. Collection sites will be secured in order to prevent unauthorized access that could compromise the integrity of collections, including, but not limited to, restricting access to water sources, bluing toilet water, removing soap, disinfectants, cleaning agents or other possible adulterants, secure areas and items that might allow concealment of contaminants.

3. Collection procedures at a site must allow individual privacy unless there is a reason to believe that a driver may alter or substitute the specimen to be provided or the test being conducted is a follow-up or return-to-duty test. Grounds to believe that a driver may alter a specimen exist when:

   a. The driver has presented a specimen that falls outside the allowable temperature ranges, and the driver declines to provide a measurement of oral body temperature by thermometer.

   b. The collection site person observes conduct clearly and unequivocally indicating an attempt to substitute or adulterate the sample.

Should the collector have reason to believe the driver may become disorderly before administering the initial screen or at any time during the completion of the process, the collector shall contact the Company and request the presence of supervisory personnel.
4. Outer garments such as coats that might conceal or hide items that may be used to tamper or adulterate a specimen will be removed. Any briefcase, purse or other personal belongings must be left with the collector or in a mutually agreeable location. Pockets will be emptied and items displayed to ensure no items are present which could be used to adulterate a specimen.

5. Individuals will be instructed to wash their hands prior to and after giving a specimen.

6. Failure to cooperate will be noted and Company informed.

7. Collection kits meeting the specifications of the DOT will be used to collect specimens.

8. A specimen must contain at least 45 milliliters of urine. In the event that a lesser amount is provided, a driver will be requested to consume sufficient water to facilitate production of an adequate amount.

9. The temperature of a specimen will be measured immediately after the specimen is collected from an individual. The time from collection to temperature measure is critical and shall not exceed four (4) minutes. Any specimen donor may volunteer to have his or her oral temperature taken to provide evidence to counter any reason to believe that the individual may have altered or substituted the specimen.

10. Collection site personnel will visually inspect a specimen to determine its color and must look for any signs of contaminants. Any unusual findings must be noted on the Custody and Control Form.

11. Both the driver being tested and a collection site person shall keep the specimen in view before and after it is sealed and labeled.

12. The specimen will be separated into a primary and secondary samples and placed in two tamper-proof bottles and be properly labeled in the presence of the employee/applicant. The individual who provided the specimen must view any transfers of the specimen to a different container.

13. The specimen must be correctly recorded on the Custody and Control Form.

14. Proper signatures from the driver and the appropriate collection site personnel must be obtained. The collection site person must sign the Custody and Control Form certifying that the collection was accomplished according to all instructions and requirements. The driver/applicant must read and initial a statement on the Custody and Control Form certifying that the driver’s/applicant's specimen is, in fact, the driver’s/applicant's own specimen.

15. The collection site personnel must then complete the chain of custody portion of the Custody and Control Form to indicate that they have received a specimen from a
driver/applicant and to certify that they have properly completed the collection of a specimen.

16. The primary specimen will be screened at a certified laboratory. Specimens that screen positive will be analyzed again using a different methodology. Specimens that test positive under both methods will be reported to the MRO as a positive test.

17. The MRO will review all reports from the laboratory for accuracy and report results to Company. If a result is positive, the MRO will conduct an interview with the employee to determine if there is a legitimate medical reason for the positive result. If a legitimate medical reason is established, the MRO will report the result as negative. If not, the MRO will report the result as positive. If the result from the laboratory shows an adulterated or substituted specimen, the MRO will interview the employee to determine if there is a legitimate medical reason for the result. If a legitimate medical reason is established, the MRO will report the result to Company as cancelled. If not the MRO will report the result as a refusal.

18. An employee who tests positive has 72 hours from the time of the confirmed result to request that the secondary sample be retested.

C. Alcohol Testing.

1. All employees being tested must present picture identification. An employee or a prospective employee shall be provided an opportunity to provide any information which may be considered relevant to the test, including identification of prescription or non-prescription drugs currently or recently used, or other relevant medical information.

2. All alcohol testing will be conducted in an area that affords privacy sufficient to prevent unauthorized persons from hearing and seeing test results. In the unusual circumstance it is necessary to test an employee at the scene of an accident, the Company shall provide privacy to the greatest extent possible. Unauthorized personnel will be prevented from entering the site.

3. All alcohol testing shall be performed by a Screening test technician (STT) or Breath Alcohol Technician (BAT) who has been trained to proficiency in the operation of the Evidential Breath Testing device (EBT) being used. A qualified supervisor of an employee will conduct the alcohol for that employee only if another BAT or STT is not available to perform the test in a timely manner. The BAT shall supervise only one driver’s use of the EBT at a time and shall not leave the alcohol testing location while the testing procedure for a driver is in progress.

4. Initial screening and confirmation tests shall be performed using an EBT.

5. If the result of an employee’s breath test is a breath alcohol concentration of less than .02, expressed in terms of grams of alcohol per two hundred ten liters of breath, or its equivalent, the BAT shall transmit the result to Company in a confidential manner.
6. If the result of an employee’s breath test is an alcohol concentration of .02 or higher, expressed in terms of grams of alcohol per two hundred ten liters of breath, or its equivalent, a confirmation breath test shall be performed within 30 minutes of the completion of the initial breath test by a different BAT than conducted the initial breath test. Before the confirmatory test, the employee is not permitted to eat, drink, smoke, belch, put anything in his or her mouth or leave the testing area.

7. A confirmed test of .02 or higher will be documented and reported to Company.

VII. DISCIPLINE IN CONNECTION WITH A POSITIVE TEST

A. Refusal to Submit to a Drug Test. A covered driver who refuses to submit to a drug or alcohol test when requested to do so will be removed immediately from his or her safety-sensitive function and may be terminated.

B. Controlled Substance Test. A driver’s verified positive controlled substance test will cause the driver to be removed immediately from his or her safety sensitive position and may result in the employee’s termination. A prospective driver’s first confirmed positive substance abuse test will result in the Company's refusal to hire the prospective employee and the prospective employee will be prohibited from reapplying for two (2) years. Termination or refusal to hire is at discretion of the Company and is not mandated by the DOT.

C. Alcohol Tests. Any covered driver found to have an alcohol concentration of 0.02 or greater but less than 0.04 shall not be allowed to perform a safety-sensitive function until 24 hours from the time the test is administered. A covered driver found to have an alcohol concentration greater than 0.04 will be removed immediately from his or her safety sensitive function and may be terminated. Termination is at discretion of the Company and is not mandated by the DOT.

D. Evaluation By A Substance Abuse Professional. Any covered driver who has a verified positive controlled substances test result, has an alcohol concentration of 0.04 or greater, or refuses to submit to a test must also be evaluated by a substance abuse professional, even if the driver is terminated by the Company.

E. Return-To-Work or Follow-Up Tests. A driver found to have a verified positive controlled substance result or an alcohol concentration of 0.04 at a return-to-work or follow-up test will be terminated.

VII. DRUG AND ALCOHOL ABUSE RESOURCES

A. Employee Assistance Program. The Company provides an Employee Assistance Program (EAP) to all employees, which provides confidential assessment, short-term counseling, referral (when necessary) and follow up services for you and your immediate family members. EAP is designed to deal with a wide range of human problems. These include
alcohol/drug concerns, as well as family, marital, financial, work-related, legal, emotional, or other problems that interfere with daily living.

Employees and family members can refer themselves to the EAP. EAP is available 24 hours per day, seven days a week. The services you receive are confidential. Within strict legal limitations, no one will be given any information about your visit without your permission.

Sessions with EAP counselors to assess problems are provided at no cost to you. The Company has prepaid the cost. If you are referred for additional assistance beyond EAP, the financial responsibilities will be yours.

Use of the EAP is strictly voluntary, although your supervisor may refer you to the EAP for help with a problem that is adversely affecting your work performance.

B. Educational materials. Attached to this Policy as Appendix A is information concerning the effects of alcohol and controlled substances use on an individual's health, work, and personal life; signs and symptoms of an alcohol or a controlled substances problem (the driver's or a co-worker's). Employees may obtain additional information from the EAP.

C. Suspected Alcohol or Controlled Substances Problem. If you suspect a driver has an alcohol or controlled substance problem, you should encourage them to contact the EAP and refer them to management.

VIII. CONFIDENTIALITY

The Company will strictly adhere to all standards of confidentiality as required by DOT rules. Drivers’ testing records and results will be released only to those authorized by DOT rules to receive such information. A driver is entitled, upon written request, to obtain copies of any records pertaining to the driver's use of alcohol or controlled substances, including any records pertaining to his or her alcohol or controlled substances tests. Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the driver's request.
APPENDIX A

Signs and Symptoms
of Alcohol and
Controlled Substances Use

Detection Periods

Detection periods vary; rates of metabolism and excretion are different for each drug and use and vary by individual. Detection periods should be viewed as estimates. Cases can always be found to contradict these approximations.

Drug and Detection Period

Amphetamines

Amphetamine 1 to 2 days
Methamphetamine 1 to 2 days

Cocaine

Benzoylcgonine 2 to 3 days

Cannabinoids (Marijuana)

Casual Use Up to 7 days
Chronic Use Up to 30 days

Alcohol 12 to 24 hours

Opiates

Codeine Usually up to 2 days
Hydromorphone (Dilaudid) Usually up to 2 days
Morphine (for Heroin) Usually up to 2 days

Phencyclidine (PCP)

Casual Use Up to 8 days
Chronic Use Up to 30 days
Alcohol Fact Sheet

Alcohol is a drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings. However, when consumed primarily for its physical and mood-altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions.

Description

- **Generic/Chemical Names (Representative):** Beer (about 4.5 percent alcohol), wine (about 14 to 20 percent alcohol), distilled spirits or liquor (about 50 percent alcohol).

- **Alternative Sources:** After-shave lotion, cough medicine, antiseptic mouthwash, vanilla extract, disinfectant, room deodorizer fluid, cologne, breath sprays, shaving creams, rubbing alcohol.

- **Common Street Names:** Booze, juice, brew, grain, shine, hooch.

- **Distinguishing Characteristics:** Pure ethanol (sold in some States as "grain alcohol") is a colorless liquid with a distinctive odor and taste. It has a cooling effect when rubbed on the skin. Most commonly, however, alcohol is consumed as the component of another beverage, and grain alcohol itself is normally diluted with juices or other soft drinks by the consumer. Depending upon the concentration of alcohol in the beverage, the aroma of alcohol may serve as an indicator of the presence of alcohol in a beverage. Since the sale and distribution of all products containing more than a trace amount of ethanol are regulated by Federal and State governments, the best guide to whether a specific beverage contains alcohol will be label information if the original container is available.

- **Paraphernalia:** Liquor, wine, after-shave, or cough medicine bottles; drinking glasses; cans of alcohol-containing beverages; can and bottle openers. Paper bags are sometimes used to conceal the container while the drink is being consumed.

- **Method of Intake:** Alcohol is consumed by mouth. It is infrequently consumed as pure (grain) alcohol. It is, however, frequently consumed in the form in which it is sold (e.g., cans of beer, "straight" liquor, glasses of wine). Alcohol is often consumed in combination with other beverages ("mixers"), either to make it more palatable or to disguise from others that alcohol is being consumed.

- **Duration of Single Dose Effect:** Alcohol is fully absorbed into the bloodstream within 30 minutes to 2 hours, depending upon the beverage consumed and associated food intake. The body can metabolize about one quarter of an ounce (0.25 oz. roughly half the amount in a can of beer) of alcohol per hour.

The effects of alcohol on behavior (including driving behavior) vary with the individual and with the concentration of alcohol in the individual's blood. The level of alcohol achieved in the blood
depends in large part (although not exclusively) upon the amount of alcohol consumed and the time period over which it was consumed. One rule of thumb says that in a 150-pound person, each drink adds 0.02% to blood alcohol concentration and each hour that passes removes 0.01 percent from it.

Generally speaking, alcohol is absorbed into the blood relatively quickly and metabolized more slowly. Therefore, the potential exists for alcohol concentrations to build steadily throughout a drinking session. The table below shows some general effects of varying levels of BAC:

<table>
<thead>
<tr>
<th>BAC</th>
<th>Behavioral Effects</th>
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<tbody>
<tr>
<td>0.02-0.09%</td>
<td>Loss of muscular coordination, impaired senses, changes in mood and personality.</td>
</tr>
<tr>
<td>0.10-0.19%</td>
<td>Marked mental impairment, further loss of coordination, prolonged reaction time.</td>
</tr>
<tr>
<td>0.20-0.29%</td>
<td>Nausea, vomiting, double vision.</td>
</tr>
<tr>
<td>0.30-0.39%</td>
<td>Hypothermia, blackouts, anesthesia.</td>
</tr>
<tr>
<td>0.40-0.70%</td>
<td>Coma, respiratory failure, death.</td>
</tr>
</tbody>
</table>

- **Detection Time:** The detection time for alcohol depends upon the maximum level of BAC achieved and varies by individual. Since under FMCSA regulations alcohol concentrations as low as 0.02 percent (under DOT testing procedures, breath alcohol concentration is used as a proxy for BAC) require employer action, and current technology can reliably detect this level, a driver who had achieved a moderate level of intoxication (i.e., 0.08 percent BAC) would be detectable approximately 8 hours after achieving that level. (Note: this is detectability after achieving this level and not after commencing or stopping drinking.)

- **Dependency Level:** The chronic use of alcohol can produce dependence in some individuals manifested by craving, withdrawal, and tolerance. Despite the fact that many individuals consume alcoholic beverages (more than 90 percent of Americans at some point during their lives), relatively few of them (only about 10 percent of drinkers) develop psychological and physical dependency on it.

**Signs and Symptoms of Use**

- **Evidence of Presence of Alcohol:** Bottles, cans, and other containers which alcohol-containing beverages may have been purchased and/or consumed in; bottle caps from alcohol containers; bottle or can openers; drivers drinking from paper bags; odor of alcohol on containers or on driver's breath.

- **Physical Symptoms:** Reduction of reflexes, slurred speech, loss of coordination, unsteady gait.

- **Behavioral Symptoms:** Increased talkativeness, reduced emotional control, distorted judgment, impaired driving ability, gross effects on thinking and memory.
Effects of Alcohol on the Individual

*Physical Health Effects*

- The liver is the primary site of alcohol metabolism and can be severely affected by heavy alcohol use. The three primary dangers are fatty liver, alcoholic hepatitis, and cirrhosis.

- Heavy alcohol use can also severely affect the gastrointestinal tract, contributing to inflammation of the esophagus, exacerbating peptic ulcers, and causing acute and chronic pancreatitis. It interferes with the absorption of nutrients from food and contributes to malnutrition.

- Heavy alcohol use affects the heart and vascular system, contributing to heart attacks, hypertension, and strokes.

- Either because of direct action or indirectly through the malnutrition, liver disease, and other effects it causes, alcohol depresses immune system functioning and increases the likelihood of infection.

- There is considerable evidence that alcohol abuse is associated with the incidence of cancer, particularly cancers of the liver, esophagus, nasopharynx, and larynx.

- Heavy alcohol consumption causes brain damage, manifested through dementia, blackouts, seizures, hallucinations, and peripheral neuropathy.

*Other Health Effects*

- In addition to having direct health effects through physiological changes in the drinker's body, alcohol contributes significantly to health problems indirectly. While most of the medical consequences of alcohol use listed above result from chronic use, these other effects can often result from a single episode of acute use:

One half of all traffic accident fatalities are alcohol-related.

The risk of a traffic fatality per mile driven is at least eight times higher for a drunk driver than for a sober one.

Falls are the most common cause of nonfatal injuries in the U.S. and the second-most common cause of fatal accidents. Estimates of the involvement of alcohol in these falls range from 20 to 80 percent. A BAC between 0.05 and 0.10 percent increases the likelihood of a fall by three times. Between 0.10 and 0.15 percent, it increases by a factor of 10, and above 0.16 percent it increases by a factor of 60.

Research indicates over 60 percent of those dying in non-vehicular fires (fourth leading cause of accidental death in the United States) have BACs over 0.10 percent.
 Approximately 38 percent of those drowning (third leading cause of accidental death in the United States) have been exposed to alcohol at the time of their deaths.

Between 20 and 36 percent of suicide victims have a history of alcohol abuse or were drinking shortly before their suicides.

Alcohol also plays a significant role in crime and family violence, including spousal and child abuse.

**Effects on Driver Performance**

The statistics reported above make it clear that alcohol can have a devastating effect on driver performance. By affecting vision, reflexes, coordination, emotions, aggressiveness, and judgment, alcohol deprives the professional driver of most of the tools he or she relies upon to perform safely.

Hangovers also present a risk to driving behavior, as would other illnesses. The sick feeling associated with hangovers, including headaches, nausea, and other symptoms, can distract a driver's attention and lead to accidents even though alcohol may no longer be detectable in the body.

**Overdose Effects**

- Unconsciousness, coma, death.

**Withdrawal Syndrome**

Repeated use of alcohol results in tolerance, with increasing consumption necessary to attain its characteristic effects. Alcohol at a given blood level produces less impairment in heavy drinkers than it does in lighter drinkers. Alcohol is toxic by itself and, coupled with the malnutrition common in alcoholics, can lead to kidney disease, deterioration of mental faculties, and psychotic episodes (the "DTs") if the alcohol is withdrawn. The DTs are characterized by hallucinations and extreme fear, and their presence is a clear indication of alcohol dependence. Withdrawal and the associated DTs can be fatal.

**References**


Amphetamine Fact Sheet

Amphetamines are central nervous system stimulants that speed up the mind and body. The physical sense of energy at lower doses and the mental exhilaration at higher doses are the reasons for their abuse. Although widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. Most amphetamines that are abused are illegally manufactured in foreign countries and smuggled into the United States or clandestinely manufactured in crude laboratories.

Description

• **Generic/Chemical Names:** Include amphetamine and methamphetamine. Trade names include: Desoxyn, Dexapex, Fastin, Vasotilin, Dexedrine, Delcobese, Fetamine, and Obetrol.

• **Common Street Names:** Uppers, speed, bennies, crystal, black beauties, Christmas trees, white crosses, mollys, bam, crank, meth, ice, LA ice.

• **Distinguishing Characteristics:** In their pure form, amphetamines are yellowish crystals. They are manufactured in a variety of forms, including pill, capsule, tablet, powder, and liquid. Amphetamine ("speed") is sold in counterfeit capsules or as white, flat, double-scored "mini bennies." Methamphetamine is often sold as a creamy white, granular powder or in lumps wrapped in aluminum foil or sealable plastic bags.

• **Paraphernalia:** Needles, syringes, and rubber tubing for tourniquets, used for the injection method.

• **Method of Intake:** The most common forms of amphetamines are pills, tablets, or capsules, which are ingested. The less frequent forms, liquid and powder, are injected or snorted.

• **Duration of Single Dose Effect:** 2 to 4 hours.

• **Detection Time:** 1 to 2 days after use.

• **Dependency Level:** Psychological dependence on amphetamines is known to be high. Physical dependence is possible.

Signs and Symptoms of Use

• **Evidence of Presence of Amphetamines:** Most frequently pills, capsules, or tablets; envelopes, bags, vials for storing the drug; less frequently syringes, needles, tourniquets.

• **Physical Symptoms:** Dilated pupils, sweating, increased blood pressure, palpitations, rapid heartbeat, dizziness, decreased appetite, dry mouth, headaches, blurred vision, insomnia, high fever (depending on the level of the dose).
• **Behavioral Symptoms:** Confusion, panic, talkativeness, hallucinations, restlessness, anxiety, moodiness, false sense of confidence and power; "amphetamine psychosis" which might result from extended use (see health effects).

**Effects of Amphetamine Use on the Individual**

*Physical Health Effects*

• Regular use produces strong psychological dependence and increasing tolerance to drug.

• High doses may cause toxic psychosis resembling schizophrenia.

• Intoxication may induce a heart attack or stroke due to spiking of blood pressure.

• Chronic use may cause heart and brain damage due to severe constriction of capillary blood vessels.

• The euphoric stimulation increases impulsive and risk-taking behaviors, including bizarre and violent acts.

• Long-term heavy use can lead to malnutrition, skin disorders, ulcers, and various diseases that come from vitamin deficiencies.

• Lack of sleep, weight loss, and depression also result from regular use.

• Users who inject drugs intravenously can get serious and life-threatening infections (e.g., lung or heart disease, kidney damage) from non-sterile equipment or contaminated self-prepared solutions.

*Effects on Mental Performance*

• Anxiety, restlessness

• Moodiness

• False sense of power.

Large doses over long periods can result in

• Hallucinations

• Delusions

• Paranoia

• Brain damage.
Effects on Driver Performance

Amphetamines cause a false sense of alertness and potential hallucinations, which can result in risky driving behavior and increased accidents. Drivers who fail to get sufficient rest may use the drug to increase alertness. However, although low doses of amphetamines will cause a short-term improvement in mental and physical functioning, greater use impairs functioning. The hangover effect of amphetamines is characterized by physical fatigue and depression, which make operation of equipment or vehicles dangerous.

Overdose Effects

• Agitation • Convulsions

• Increase in body temperature • Death

• Hallucinations

Withdrawal Syndrome

• Apathy • Depression

• Long-term periods of sleep • Disorientation

• Irritability

Workplace Issues

• Because amphetamines alleviate the sensation of fatigue, they may be abused to increase alertness due to unusual overtime demands or failure to get rest.

• Low-dose amphetamine use will cause a short-term improvement in mental and physical functioning. With greater use or increasing fatigue, the effect reverses and has an impairing effect. Hangover effect is characterized by physical fatigue and depression, which may make operation of equipment or vehicles dangerous.

Reference

Cocaine Fact Sheet

Cocaine is used medically as a local anesthetic. It is abused as a powerful physical and mental stimulant. The entire central nervous system is energized. Muscles are more tense, the heart beats faster and stronger, and the body burns more energy. The brain experiences an exhilaration caused by a large release of neurohormones associated with mood elevation.

Description

• **Generic/Chemical Names:** Cocaine hydrochloride or cocaine base.

• **Common Street Names:** Coke, crack, snow, blow, flake, "C", toot, rock, base, nose candy, snort, white horse.

• **Distinguishing Characteristics:** Cocaine is an alkaloid (organic base) derived from the coca plant. In its more common form, cocaine hydrochloride or "snorting coke" is a white to creamy granular or lumpy powder chopped fine before use. Cocaine base, rock, or crack is a crystalline rock about the size of a small pebble.

• **Paraphernalia:** Cocaine hydrochloride single-edged razor blade, a small mirror or piece of smooth metal; a half straw or metal tube, and a small screw-cap vial or folded paper packet containing the cocaine (used for snorting), needles, tourniquets (used for injecting). Cocaine basea "crack pipe" (small glass smoking device for vaporizing the crack crystals); a lighter, alcohol lamp, or small butane torch for heating the substance.

• **Method of Intake:** Cocaine hydrochloride is snorted into the nose, rubbed on the gums, or injected into the veins. Cocaine base is heated in a glass pipe and the vapor is inhaled.

• **Duration of Single Dose Effect:** 1 to 2 hours.

• **Detection Time:** Up to 2 to 3 days after last use.

• **Dependency Level:** Research indicates possible physical dependence. Although there is insufficient evidence for humans, animal studies indicate "reverse tolerance," in which certain behavioral effects become stronger with repeated use of cocaine. Psychological dependence on cocaine is known to be high.

Signs and Symptoms of Use

• **Evidence of Presence of Cocaine:** Small folded envelopes, plastic bags, or vials used to store cocaine; razor blades; cut-off drinking straws or rolled bills for snorting; small spoons; heating apparatus.

• **Physical Symptoms:** Dilated pupils, runny or irritated nose, profuse sweating, dry mouth, tremors, needle tracks, loss of appetite, hyper-excitability, restlessness, high blood pressure, heart palpitations, insomnia, talkativeness, formication (sensation of bugs crawling on skin).
• Behavioral Symptoms: Increased physical activity, depression, isolation and secretive behavior, unusual defensiveness, frequent absences wide mood swings, difficulty in concentration, paranoia, hallucinations, confusion, false sense of power and control.

Effects of Cocaine Use on the Individual

Physical Health Effects

• Research suggests that regular cocaine use may upset the chemical balance of the brain. As a result, it may speed up the aging process by causing irreparable damage to critical nerve cells. The onset of nervous system illnesses such as Parkinson's disease could also occur.

• Cocaine use causes the heart to beat faster and harder and rapidly increases blood pressure. In addition, cocaine causes spasms of blood vessels in the brain and heart. Both effects lead to ruptured vessels causing strokes or heart attacks.

• Strong psychological dependency can occur with one "hit" of crack. Usually, mental dependency occurs within days of using crack or within several months of snorting coke. Cocaine causes the strongest mental dependency of any known drug.

• Treatment success rates are lower than those of other chemical dependencies.

• Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid. The fatal effects of an overdose are not usually reversible by medical intervention. The number of cocaine overdose deaths in the United States has tripled in the last four years.

Effects on Mental Performance

• Paranoia and hallucinations

• Hyper-excitability and overreaction to stimulus

• Difficulty in concentration

• Wide mood swings

• Withdrawal leads to depression and disorientation

Effects on Driver Performance

Cocaine use results in an artificial sense of power and control, which leads to a sense of invincibility. Lapses in attention and the ignoring of warning signals brought on by cocaine use greatly increase the potential for accidents. Paranoia, hallucinations, and extreme mood swings make for erratic and unpredictable reactions while driving.
The high cost of cocaine frequently leads to workplace theft and/or dealing. Forgetfulness, absenteeism, tardiness, and missed assignments can translate into lost business.

*Overdose Effects*

- Agitation
- Convulsions
- Increase in body temperature
- Death
- Hallucinations

*Withdrawal Syndrome*

- Apathy
- Depression
- Long periods of sleep
- Disorientation
- Irritability

*Reference*

Cannabinoids (Marijuana) Fact Sheet

Marijuana is one of the most misunderstood and underestimated drugs of abuse. People use marijuana for the mildly tranquilizing and mood and perception-altering effects it produces.

Description

• **Generic/Chemical Name:** Dronabinal, marinol, nabilone.

• **Common Street Names:** Pot, dope, grass, hemp, weed, hooch, herb, hash, joint, Acapulco gold, reefer, sinsemilla, Thai sticks.

• **Distinguishing Characteristics:** Like tobacco, marijuana consists of dried, chopped leaves that are green to light tan in color. The seeds are oval with one slightly pointed end. Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense. Less prevalent, hashish is a compressed, sometimes tarlike substance ranging in color from pale yellow to black. It is usually sold in small chunks wrapped in aluminum foil.

• **Paraphernalia:** Cigarette papers, roach clip holders, and small pipes made of bone, brass, or glass are commonly found. Smoking "bongs" (large-bore pipes for inhaling large volumes of smoke) can easily be made from soft drink cans and toilet paper rolls.

• **Method of Intake:** Marijuana is usually inhaled in cigarette or pipe smoke. Occasionally, it is added to baking ingredients (e.g., brownies) and ingested. Tetrahydrocannabinol (THC), the active chemical detected in urinalysis, is released by exposure to heat.

• **Duration of Single Dose Effect:** The most obvious effects are felt for 4 to 6 hours. Preliminary studies suggest that performance impairment lasts longer. The active chemical, THC, is stored in body fat and slowly metabolized over time.

• **Detection Time:** Traces of marijuana will remain in the urine of an occasional user for up to 1 week, and, in the case of a chronic user, for 3 to 4 weeks.

• **Dependency Level:** Evidence indicates moderate psychological dependence.

Signs and Symptoms of Use

• **Evidence of Presence of Marijuana:** Plastic bags (commonly used to sell marijuana); smoking papers; roach clip holders; small pipes of bone, brass, or glass; smoking bongs; distinctive odor.

• **Physical Symptoms:** Reddened eyes (often masked by eye drops); stained fingertips from holding "joints," particularly for nonsmokers; chronic fatigue; irritating cough; chronic sore throat; accelerated heartbeat; slowed speech; impaired motor coordination; altered perception; increased appetite.
• **Behavioral Symptoms:** Impaired memory, time-space distortions, feeling of euphoria, panic reactions, paranoia, "I don't care" attitude, false sense of power.

**Effects of Marijuana Use on the Individual**

*General Health Effects*

• When marijuana is smoked, it is irritating to the lungs. Chronic smoking causes emphysema-like conditions.

• One joint causes the heart to race and be overworked. People with undiagnosed heart conditions are at risk.

• Marijuana is commonly contaminated with the fungus *Aspergillus*, which can cause serious respiratory tract and sinus infections.

• Marijuana smoking lowers the body's immune system response, making users more susceptible to infection. The U.S. Government is actively researching a possible connection between marijuana smoking and the activation of AIDS in positive human immunodeficiency virus (HIV) carriers.

*Pregnancy Problems and Birth Defects*

• The active chemical, THC, and 60 other related chemicals in marijuana concentrate in the ovaries and testes.

• Chronic smoking of marijuana in males causes a decrease in the male sex hormone, testosterone, and an increase in estrogen, the female sex hormone. The result is a decrease in sperm count, which can lead to temporary sterility. Occasionally, the onset of female sex characteristics, including breast development, occurs in heavy users.

• Chronic smoking of marijuana in females causes a decrease in fertility and an increase in testosterone.

• Pregnant women who are chronic marijuana smokers have a higher-than-normal incidence of stillborn births, early termination of pregnancy, and higher infant mortality rate during the first few days of life.

• In test animals, THC causes birth defects, including malformations of the brain, spinal cord, forelimbs, and liver, and water on the brain and spine.

• Offspring of test animals that were exposed to marijuana have fewer chromosomes than normal, causing gross birth defects or death of the fetus. Pediatricians and surgeons are concluding that the use of marijuana by either or both parents, especially during pregnancy, leads to specific birth defects of the infant's feet and hands.
• One of the most common effects of prenatal cannabinoid exposure is underweight newborn babies.

• Fetal exposure may decrease visual functioning and cause other ophthalmic problems.

_Mental Function_

Regular use can cause the following effects:

• Delayed decision-making
• Diminished concentration
• Impaired short-term memory, interfering with learning

• Impaired signal detection (ability to detect a brief flash of light), a risk for users who are operating machinery

• Impaired tracking (the ability to follow a moving object with the eyes) and visual distance measurements

• Erratic cognitive function
• Distortions in time estimation

• Long-term negative effects on mental function known as "acute brain syndrome," which is characterized by disorders in memory, cognitive function, sleep patterns, and physical condition.

_Effects on Driver Performance_

• The mental impairments resulting from the use of marijuana produce reactions that can lead to unsafe and erratic driving behavior. Distortions in visual perceptions, impaired signal detection, and altered reality can make driving a vehicle very dangerous.

_Overdose Effects_

• Aggressive urges • Immobility
• Anxiety • Mental dependency
• Confusion • Panic
• Fearfulness • Paranoiac reaction
• Hallucinations • Unpleasant distortions in body image
• Heavy sedation

Withdrawal Syndrome

• Sleep disturbance • Irritability

• Hyperactivity • Gastrointestinal distress

• Decreased appetite • Salivation, sweating, and tremors

Workplace Issues

• The active chemical, THC, is stored in body fat and slowly releases over time. Marijuana smoking has a long-term effect on performance.

• A 500 to 800 percent increase in THC concentration in the past several years makes smoking three to five joints a week today equivalent to 15 to 40 joints a week in 1978.

• Combining alcohol or other depressant drugs and marijuana can produce a multiplied effect, increasing the impairing effect of both the depressant and marijuana.

Reference

Opiates (Narcotics) Fact Sheet

Opiates (also called narcotics) are drugs that alleviate pain, depress body functions and reactions, and, when taken in large doses, cause a strong euphoric feeling.

Description

• Generic/Chemical Names: Natural and natural derivatives include opium, morphine, codeine, and heroin (semi-synthetic).

Synthetics include meperidine (Demerol), oxymorphone (Numorphan), and oxycodone (Percodan).

• Common Street Names: Big M, micro, dots, horse, "H", junk, smack, scag, Miss Emma, dope, China white.

• Distinguishing Characteristics: Because of the variety of compounds and forms, opiates are more difficult to clearly describe in terms of form, color, odor, and other physical characteristics. Opium and its derivatives can range from dark brown chunks to white crystals or powders. Depending on the method of intake, they may be in powder, pill, or liquid form.

• Paraphernalia: Needles, syringe caps, eyedroppers, bent spoons, bottle caps, and rubber tubing (used in the preparation for and injection of the drug).

• Method of Intake: Opiates may be taken in pill form, smoked, or injected, depending upon the type of narcotic used.

• Duration of Single Dose Effect: 3 to 6 hours.

• Detection Time: Usually up to 2 days.

• Dependency Level: Both physical and psychological dependence on opiates are known to be high. Dependence on codeine is moderate.

Signs and Symptoms of Use

• Evidence of Presence of Drug: In addition to paraphernalia enumerated above, the following items may be present: foil, glassine envelopes, or paper "bindles" (packets for holding drugs); balloons or prophylactics used to hold heroin; bloody tissues used to wipe the injection site; a pile of burned matches used to heat the drug prior to injection.

• Physical Symptoms: Constricted pupils, sweating, nausea and vomiting, diarrhea, needle marks or "tracks," wearing long sleeves to cover "tracks", loss of appetite, slurred speech, slowed reflexes, depressed breathing and heartbeat, and drowsiness and fatigue.
• **Behavioral Symptoms:** Mood swings, impaired coordination, depression and apathy, stupor; euphoria.

**Effects of Narcotics Use on the Individual**

• IV needle users have a high risk for contracting hepatitis and AIDS due to the sharing of needles.

• Narcotics increase pain tolerance. As a result, people could more severely injure themselves or fail to seek medical attention after an accident due to the lack of pain sensitivity.

• Narcotics' effects are multiplied when used in combination with other depressant drugs and alcohol, causing increased risk for an overdose.

*Effects on Mental Performance*

• Depression and apathy

• Wide mood swings

• Slowed movement and reflexes

In addition, the high physical and psychological dependence level of opiates compounds the impaired functioning.

*Effects on Driver Performance*

The apathy caused by opiates can translate into an "I don't really care" attitude toward performance. The physical effects as well as the depression, fatigue, and slowed reflexes impede the reaction time of the driver, raising the potential for accidents. Although opiates have a legitimate medical use in alleviating pain, workplace use may cause impairment of physical and mental functions.

**Social Issues**

• There are more than 500,000 heroin addicts in the United States, most of whom are IV needle users.

• An even greater number of medicinal narcotic-dependent persons obtain their narcotics through prescriptions.

• Because of tolerance, there is an ever-increasing need for more narcotic to produce the same effect.

• Strong mental and physical dependency occurs.
• The combination of tolerance and dependency creates an increasing financial burden for the user. Costs for heroin can reach hundreds of dollars a day.

**Workplace Issues**

• Unwanted side effects such as nausea, vomiting, dizziness, mental clouding, and drowsiness place the legitimate user and abuser at higher risk for an accident.

• Narcotics have a legitimate medical use in alleviating pain. Workplace use may cause impairment of physical and mental functions.

**Reference**

Phencyclidine (PCP) Fact Sheet

Phencyclidine (PCP) was originally developed as an anesthetic, but the adverse side effects prevented its use except as a large animal tranquilizer. Phencyclidine acts as both a depressant and a hallucinogen, and sometimes as a stimulant. It is abused primarily for its variety of mood-altering effects. Low doses produce sedation and euphoric mood changes. The mood can change rapidly from sedation to excitation and agitation. Larger doses may produce a coma-like condition with muscle rigidity and a blank stare with the eyelids half-closed. Sudden noises or physical shocks may cause a "freak-out," in which the person has abnormal strength, extremely violent behavior, and an inability to speak or comprehend communication.

Description

• **Generic/Chemical Names:** Phencyclidine.

• **Common Street Names:** Angel dust, dust, peace pills, hog, killer weed, mint, monkey dust, supergrass, Tran Q, weed.

• **Distinguishing Characteristics:** PCP is commonly sold as a creamy, granular powder. It is either brown or white and often packaged in one-inch-square aluminum foil or folded paper packets. Occasionally, it is sold in capsule, tablet, or liquid form. It is sometimes combined with procaine, a local anesthetic, and sold as imitation cocaine.

• **Paraphernalia:** Foil or paper packets; stamps (off which PCP is licked); needles, syringes, and tourniquets (for injection); leafy herbs (for smoking).

• **Method of Intake:** In pill, capsule, or tablet form, PCP may be ingested. It is commonly injected as "angel dust." It may be smoked or snorted when applied to leafy materials or combined with marijuana or tobacco.

• **Duration of Single Dose Effect:** Days.

• **Detection Time:** Up to 8 days.

• **Dependency Level:** Psychological dependence on PCP is known to be high. Physical dependence is unknown.

Signs and Symptoms of Use

• **Evidence of Presence of PCP:** Packets, stamps, injection paraphernalia, herbs.

• **Physical Symptoms:** Dilated or floating pupils, blurred vision, nystagmus (jerky eye movement), drooling, muscle rigidity, profuse sweating, decreased sensitivity to pain, dizziness, drowsiness, impaired physical coordination (e.g., drunken-like walk, staggering), severe disorientation, rapid heartbeat.
• **Behavioral Symptoms:** Anxiety, panic/fear/terror, aggressive/violent behavior, distorted perception, severe confusion and agitation, disorganization, mood swings, poor perception of time and distance, poor judgment, auditory hallucinations.

**Health Effects**

• The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body.

• PCP is potentiated by other depressant drugs, including alcohol, increasing the likelihood of an overdose reaction.

• Misdiagnosing the hallucinations as LSD-induced, and then treating with Thorazine, can cause a fatal reaction.

• Use can cause irreversible memory loss, personality changes, and thought disorders.

• There are four phases to PCP abuse. The first phase is acute toxicity. It can last up to three days and can include combativeness, catatonia, convulsions, and coma. Distortions of size, shape, and distance perception are common. The second phase, which does not always follow the first, is a toxic psychosis. Users may experience visual and auditory delusions, paranoia, and agitation. The third phase is a drug-induced schizophrenia that may last a month or longer. The fourth phase is PCP-induced depression. Suicidal tendencies and mental dysfunction can last for months.

**Effects on Mental Performance**

• Irreversible memory loss

• Personality changes

• Thought disorders

• Hallucinations

**Effects on Driver Performance**

The distortions in perception and potential visual and auditory delusions make driver performance unpredictable and dangerous. PCP use can cause drowsiness, convulsions, paranoia, agitation, or coma, all obviously dangerous to driving.

**Overdose Effects**

• Longer, more intense "trip" episodes

• Psychosis
• Coma

• Possible death.

Withdrawal Syndrome

• None reported

Workplace Issues

• PCP abuse is less common today than in the recent past. It is not generally used in a workplace setting because of the severe disorientation that occurs.
I have received a copy of Farmers Cooperative Company’s Controlled Substance Use and Alcohol Misuse Policy for Commercial Motor Vehicle Drivers-2013. I certify that I have read and retained a copy of the Policy, including the educational materials. I understand that I should contact Human Resources regarding any questions I may have about this document. I have entered into my employment relationship with the Company voluntarily without any specified length of employment. Accordingly, either I or the Company can terminate the relationship at will, with or without cause, at any time. I understand this Policy does not alter my at-will relationship with the Company.

I understand that the Company reserves the right to revoke, revise, or supplement any section of this Policy at any time with or without notice. I understand that revisions will supersede, modify, or eliminate existing policies. I understand that it is my compliance with the provisions contained in this Policy is a condition of my employment with the Company.

_____________________
Driver’s Signature

_____________________
Printed Driver’s Name

_____________________
Date