

**NORTH LINCOLN FIRE & RESCUE DISTRICT #1
ALCOHOL/DRUG TEST CONSENT FORM**

EMPLOYER: If applicable, state objective facts giving rise to the belief that the employee or volunteer is under the influence of alcohol or a controlled substance: _____

I, _____, pursuant to a request by my appointing authority or as a condition of employment/volunteer service with the North Lincoln Fire & Rescue District #1 (NLF&R), hereby give my consent to and authorize NLF&R and the testing laboratory designated by NLF&R to perform analytical tests deemed necessary to determine the absence or the presence of alcohol and/or drugs (**Employer: circle one or both**) in my urine, blood, or breath as specified by statute and regulation.

I give my consent to release the results of the test(s) and other related medical information from the laboratory to individuals within NLF&R who, pursuant to statute or regulation, have a need to know of the alcohol and drug testing results and to the use of all such reports or other medical information by NLF&R in its assessment of my employment/volunteer service application and/or employment status. I understand the results of the test may not be used in any criminal proceeding.

I understand that:

The appointing authority may request proof that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name. If requested, I must provide such proof within 72 hours. **Please list all lawful prescription drugs:**

I have the right to request a re-test of the initial specimen at a licensed laboratory of my choice and at my (employee's/volunteer's) expense, when I have a positive test for drugs. All requests for a re-test of the sample must be made within ten (10) working days of the receipt of the original positive test result. The results of the sample must be forwarded to me by the appointing authority of NLF&R.

I have the right to request the presence of a representative to witness the test. The test may not be delayed unreasonably in order to wait for a representative.

I understand that I have the opportunity to explain a confirmed positive test for a controlled substance and/or a positive test for alcohol.

I acknowledge that I have received a copy of the NLF&R Policy 8.7.L.

A positive test for illegal drugs, or my refusal to authorize the test(s) by signing this form, take the specified test(s) or produce a specimen, may result in the following action:

Applicants – Rejection of my employment application for public safety related positions for one year or until I demonstrate I have successfully completed a substance abuse treatment program.

Volunteers/Employees – Referral to an Employee Assistance Program and/or disciplinary action up to and including termination in accordance with statute and regulations of the State of Oregon.

Applicant/Employee/Volunteer Signature

Date

Fire Chief's Signature if employee/volunteer refuses to sign

Date

Witness Signature if employee/volunteer refuses to sign

Date

cc: North Lincoln Fire & Rescue Copy
Employee/Volunteer/Applicant Copy