

COUNTY OF LOS ANGELES

Department of Human Resources
Occupational Health Programs

Phone: 213-433-7201 | Email: ohp@hr.lacounty.gov

COUNTYWIDE NOTICE TO EMPLOYEE OF THE REQUIREMENT TO SUBMIT TO REASONABLE SUSPICION DRUG AND ALCOHOL TESTING

Date this Notice was Provided to the Employee	
Name of the Employee Receiving the Notice	
Employee's Department	

The County of Los Angeles' (County) Drug-Free Workplace Policy 9.050 strictly prohibits the use, possession, selling, or sharing of drugs or alcohol by employees, contract personnel, and others responsible for carrying out the County's business while in the workplace or on duty. This policy further prohibits being under the influence of any substance that causes impairment or that adversely impacts the individual's ability to perform their job duties safely and effectively and may adversely affect the health, safety, security, and productivity of the County's workforce, as well as undermine public trust and confidence.

This policy also authorizes a County department to initiate the County's Reasonable Suspicion Drug and Alcohol Testing procedures when a direct observation is made concluding that there is a reason to believe that the employee is impaired due to drugs and/or alcohol. The term "drugs" refers to any and all controlled substances that are taken outside of a valid prescribed use as authorized by the Controlled Substances Act. A copy of this policy accompanies this notice.

Observations reported to the Department, as documented by a supervisor or manager in the Reasonable Suspicion Checklist document provided to you on support the Department's decision to refer you for reasonable suspicion drug and alcohol testing.

Accordingly, you are required to undergo both a urine drug test and a breath alcohol test (BAT) immediately and without unnecessary delay.

SUBSTANCES SCREENED FOR

The drug and alcohol tests will screen for the following substances:

- 1. Amphetamines and Methamphetamines
- 2. Benzodiazepines (for example, Valium, Librium)
- **3.** Barbiturates (for example, Fiorinal)
- **4.** Cocaine
- **5.** Methadone

- **6.** Methagualone (for example, Quaalude)
- 7. Opiates (for example, Tylenol #3, Codeine)
- 8. Phencyclidine (PCP)
- 9. Marijuana
- **10.** Alcohol (BAT)

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REFUSAL TO SUBMIT TO REASONABLE SUSPICION DRUG AND ALCOHOL TESTING

Refusing to consent to reasonable suspicion drug and alcohol testing and/or failure to provide a urine specimen and BAT within four (4) hours from the time of the observed behavior may subject you to disciplinary action, up to and including discharge by your Department, for being under the influence of drugs and/or alcohol based on your refusal and documentation of your behavior(s).

URINE COLLECTION AND TESTING

You will be required to provide a urine specimen in a manner that respects your privacy and dignity but also prevents potential tampering, adulteration, or substitution of the urine specimen. You must provide enough urine (about ¼ cup) so that the sample can be divided into two bottles. Both specimen bottles will be sealed in your presence and will be transported to a certified drug testing laboratory. The laboratory will unseal the first bottle and will use that specimen to conduct the drug test.

If the urine specimen you provide yields a positive drug test result, a Medical Review Officer (MRO) must review and discuss the test results with you prior to making a final determination. The MRO will advise you of your right to have the second specimen bottle to be tested at a different certified laboratory within 72 hours after the discussion between you and the MRO.

BREATH ALCOHOL TEST (BAT)

You will be required to breathe into a breath alcohol device to determine your blood alcohol concentration (BAC) at the time of testing.

FINAL RESULTS

After the MRO completes their assessment, you will receive a letter from the Department of Human Resources, Occupational Health Programs informing you of the final results of the drug and alcohol testing and a copy of the laboratory result(s).

Your Department will be notified of the final results and will contact you directly to discuss any applicable next steps.

I RECEIVED A COPY OF THIS NOTICE AND UNDERSTAND ITS CONTENTS, INCLUDING MY RIGHT TO REPRESENTATION AND TO OBTAIN A NO-COST TEST OF THE SECOND BOTTLE SAMPLE IF THE SPECIMEN RESULTS FROM THE FIRST BOTTLE ARE POSITIVE.

Employee's Printed Name	
Employee's Signature	
Date and Time	