DRUG OR ALCOHOL TESTING CONSENT FORM

I _____ , hereby agree to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis upon a request made under the drug/alcohol testing policy of _____ (the "Company").

I have been fully informed of the reason for conducting this test and I also understand what procedures are involved. I understand that the results of this test may be forwarded to my potential employer or current employer and the results will become part of my record.

I understand and agree that if I at any time refuse or if I otherwise fail to cooperate with the test my employment will be subject to immediate termination. I hereby authorize and give full permission to the Company and its physician to send the specimen collected from the test to a laboratory for a screening test to find the presence of any prohibited substances.

I hereby authorize the company, physician and any testing facility to disclose or release any and all documentation relating to such test to the Company or to any governmental entity involved in a legal proceeding or investigation connected with the test.

I hereby agree to hold harmless the Company, its physician, and any testing laboratory and agree that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results.

_____

Signature of Employee

_____

Date

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