Administrative Services Committee Meeting Committee Room- 5/26/2009- 12:35 PM

ADMINISTRATIVE SERVICES

1. Approve a Resolution amending the Year 2008 Action Plan, approve projects to be funded from CDBG-Recovery funds and authorize submission of Community Development Block Grant – Recovery Act funds (CDBG-R) application to HUD in the amount of $606,372. Attachments

2. Motion to approve a Resolution reclassifying the SPLOST Dover-Lyman Streets and Drainage Infrastructure Project (Phase I) to a HOME Investment Partnership Program (HOME) Project to be administered by the Housing and Community Development (HCD) Department to satisfy HOME Findings issued by the Office of the Inspector General. Attachments

3. Motion to approve Department of Transportation (DOT) and Federal Transit Administration (FTA) changes in regulations on Substance Abuse Testing. Attachments

4. Motion to approve a request to transfer title to Promise Land Community Development. Attachments

Administrative Services Committee Meeting
5/26/2009 12:35 PM
CDBG-Recovery Funds

Department:	Housing and Community Development Department
Caption:	Approve a Resolution amending the Year 2008 Action Plan, approve projects to be funded from CDBG-Recovery funds and authorize submission of Community Development Block Grant – Recovery Act funds (CDBG-R) application to HUD in the amount of $606,372.
Background:	The American Recovery and Reinvestment Act (Recovery Act) was signed into law by President Obama February 17, 2009. The Recovery Act authorized stimulus funds to be used to stimulate the economy through measures that modernize infrastructure, improve energy efficiency and expand educational opportunities and access to health care. Under this Act, the City will receive a one time allocation of $606,372 in Community Development Block Program funds which are being referred to as "CDBG-R". These funds must be expended by September 30, 2012. Priority is to be given to projects that maximize job creation or retention and provide economic benefit. Additionally, priority is to be given to projects than can be awarded and ready to bid within 120 days from the date the funds are made available to the city. Permanent, construction, and temporary jobs are all eligible. HUD has asked staff to consider funding existing projects that are shovel-ready. Staff is recommending that the following projects be funded from CDBG-Recovery funds: 1. Laney-Walker Enterprise Initiative – Antioch Ministries $400,000 This is an existing project that has not been able to proceed due to increased construction costs and lack of funds. Costs had initially been estimated at approximately over $300,000. However, last year the agency received construction quotes exceeding $600,000. At the April 29, 2009, Administrative Services Committee meeting, staff requested that the CDBG funds already allocated to this project be reprogrammed to other projects in order to fund this project with CDBG-Recovery funds. Project Description: This project will consist of new construction of a 4,950 square feet two-story building at the corner of Laney-Walker Boulevard and Blount Avenue. Upon completion, the facility will be used as a Micro-Enterprise Development Center, Business Incubator and a Neighborhood Network Center. The facility will offer four (4) basic components to its clients: training (business skills training and business plan development training), one-on-one technical assistance, micro-loans and follow-up assistance. The incubator portion of the business will be designed to assist new entrepreneurs in growing their small businesses by providing low cost space, office support services and business management assistance. The Neighborhood Network Center will provide opportunities for education, training, supportive services and connections to the surrounding community for area residents. It is estimated that this project will create 6 full-time and 1 part-time permanent jobs and 51 temporary construction jobs. 2. Small Business

Development/Recruitment - $140,000 Project Description: Loans will be provided to small businesses. It is estimated that three (3) jobs will be created. 3. Demolition - $36,053 Funds will be used to demolish a 16-unit apartment located at 910 Wrightsboro Road. Upon completion of demolition, the project will be used for future redevelopment of Laney-Walker neighborhood. For demolition, it is estimated that seven (7) temporary construction jobs will be created. Once the use of the property has been determined, it is estimated that forty-seven (47) temporary construction jobs will be created. 4. Administration – $30,319 Funds to be used by the Housing and Community Development Department for administration of the CDBG-R projects. TOTAL CDBG-Recovery funds allocated $606,372. The regulations governing this program were issued May 5, 2009. The deadline for the application is June 5, 2009. This additional entitlement allocation is being treated as a substantial amendment to the City's 2008 Action Plan. Congress has shortened the citizen participation comment period from 30 days to 7 days. To meet the June 5, 2009, deadline, get citizens comments, present agenda item to this Committee, staff had to post the Substantial Amendment on the City's website May 15 with the comment expiration being May 22. If any comments are received, staff will present comments to the Committee on May 26, 2009 for consideration. Commission will consider comments on June 2, 2009, and authorize submission of the Substantial Amendment/Application to HUD for receipt by June 5, 2009.

Analysis:	Because of the short period of time staff has to complete this amendment and application process (30 days), staff has determined that the proposed projects are "shovel-ready" and can be bid and awarded within 120 days.
Financial Impact:	An additional $606,372 in funds will be beneficial to the Augusta area.
Alternatives:	None recommended
Recommendation:	Approve funding in the amount of $606,372 for the Proposed Projects, Authorize HCD to Amend the City's 2008 Action Plan and Authorize Submission of the CDBG-Recovery application to HUD by approval of the attached Resolution.
Funds are Available in the Following Accounts:	If application is approved by HUD, the City will receive $606,372 in CDBG-Recovery funds.

REVIEWED AND APPROVED BY:

Finance.
Law.
Administrator.
Clerk of Commission

Attachment #1

COMMUNITY DEVELOPMENT BLOCK GRANT – RECOVERY FUNDS (CDBG-R)

PROJECT	AMOUNT
Laney Walker Enterprise Initiative – Antioch Ministries	$400,000
Demolition (910 Wrightsboro Road Apartments)	36,053
Small Business Development/Recruitment	140,000
Administration	30,319
Total	$606,372

RESOLUTION

A RESOLUTION AUTHORIZING SUBMISSION OF AN APPLICATION TO THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT FOR $606,372 IN COMMUNITY DEVELOPMENT BLOCK GRANT – RECOVERY FUNDS AND GRANTING THE MAYOR THE AUTHORITY TO GIVE ASSURANCES AND CERTIFICATIONS AS REQUIRED BY THE SECRETARY OF THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT AND GRANTING THE AUTHORITY TO EXECUTE THE GRANT AGREEMENT FOR PROJECTS AS APPROVED.

WHEREAS, Augusta-Richmond County has availed itself of the provisions of the American Recovery and Reinvestment Act of 2009; and

WHEREAS, the U. S. Department of Housing and Urban Development (HUD) informed the City of Augusta that under the American Recovery and Reinvestment Act that the City is eligible to receive $606,372 in Community Development Block Grant Recovery (CDBG-R) funds; and

WHEREAS, HUD regulations relative to the CDBG-R funds require a citizen participation process that includes a 7-day comment period and that the City complete a substantial amendment; and

WHEREAS, to satisfy HUD's requirements as specified in the CDBG-R regulations, the substantial amendment was posted on the City's website and was approved by the Augusta-Richmond County Commission on June 2, 2009; and

WHEREAS, in order to expedite the orderly execution of the assurances, certifications and Grant Agreement, the Mayor is hereby given authority to provide such assurances, certifications and execute the Grant Agreement as required by the Secretary; and

WHEREAS, in order to expedite the federal CDBG-R Program, the Housing and Community Development Department is given the authority to carry out the program as approved by the Augusta-Richmond County Commission; and

NOW, THEREFORE, BE IT RESOLVED: That the Mayor and the Housing and Community Development Department be authorized to amend the 2008 Action Plan, prepare and submit the CDBG-R application, thereto as well as provide the required assurances, certifications, and execution of the Grant Agreement; and

BE IT FURTHER RESOLVED: That the Housing and Community Development Department be authorized to carry out the orderly execution of the CDBG-R Program as approved by the Augusta-Richmond County Commission in compliance with all applicable law, rules, and regulations.

ATTEST: AUGUSTA, GEORGIA

BY: ________________________________
David S. Copenhaver
Mayor

____
Lena J. Bonner
Clerk of Commission

CERTIFICATION

I, Lena J. Bonner , Clerk of Commission, hereby certify that the above is a true and correct copy of a Resolution as adopted by said AUGUSTA-RICHMOND COUNTY COMMISSION in meeting held on June 2, 2009.

S E A L

____
Lena J. Bonner
Clerk of Commission

Administrative Services Committee Meeting
5/26/2009 12:35 PM
Dover-Lyman

Department: Housing and Community Development Department

Caption: Motion to approve a Resolution reclassifying the SPLOST Dover-Lyman Streets and Drainage Infrastructure Project (Phase I) to a HOME Investment Partnership Program (HOME) Project to be administered by the Housing and Community Development (HCD) Department to satisfy HOME Findings issued by the Office of the Inspector General.

Background:

During October 2007 through March 2008, the Office of the Inspector General (OIG) audited the City's HOME Program for the period covering program years 2003 through 2007. As a result of that audit, on April 21, 2008, OIG issued several findings requiring the City to repay $822,580 to the HOME Program and $477,373 to be recaptured by HUD. The findings consisted of: 1. Ineligible costs - $430,040 (Costs charged to HOME Program that auditor believes are not allowable by law.) 2. Unsupported costs – $392,540 (Costs charged to a project and the eligibility of the cost could not be determined at the time of the audit. Unsupported costs require a decision by HUD program officials that requires additional supporting documentation from City staff and clarification/interpretation of departmental policies and procedures.) 3. Uncommitted HOME Funds - $477,373 (Funds were not committed to projects within the required 24-month period. HOME funds must be committed within 24 months from execution of grant agreement by the City and expended within 5 years (includes the 24 months). Total $1,299,953 The City responded to OIG's audit on May 14, 2008 (response attached), concurring with OIG on the following amounts: 1. Ineligible costs $ 430,040 2. Unsupported costs $ 392,540 3. Uncommitted funds subject to recapture $ 477,373 Total $1,299,953 Therefore, the City is required to repay $1,299,953 to the HOME Program (HUD) from non-federal funds. In lieu of a direct cash payment, we are proposing that the Commission reclassify the Engineering SPLOST-funded Dover-Lyman Streets and Drainage Infrastructure Project (Phase I) to a HOME project which will be administered by the HCD Department. Staff has discussed this option with HUD officials and it is acceptable if approved by Commission. Currently, HCD has $200,000 of CDBG funds budgeted for this project. Engineering Department has $2,000,000 budgeted in SPLOST funds. NOTE: Commission approved the transfer of the $2,000,000 from the Travis Road/Plantation Drainage Improvement Project on June 17, 2008, to the Dover-Lyman Streets and Drainage Infrastructure project, which will partially fund the project. The total project cost is estimated to be $5,299,355. A Request for Proposals for design of the project has been issued by Engineering. If Commission approves the reclassification, this will be a "substantial change" to the 2008 Action Plan. In compliance with the City's Citizen's Participation Policy, a Public Notice must be published

Cover Memo

Item # 2

in the newspaper giving citizens 30 days to comment on the reclassification. The comment period will be May 29, 2009 through June 29, 2009. If any comments are received, they will be presented to Commission July 7, 2009, for consideration.

Analysis: Reclassifying Engineering Department's SPLOST-funded Dover-Lyman Streets and Drainage Infrastructure to a HOME project will prevent the City from having to repay HUD $1,299,953 from general funds.

Financial Impact: Approval of the reclassification will have no financial impact to the City.

Alternatives: None recommended

Recommendation: Approve Resolution Reclassifying the SPLOST-funded Dover-Lyman Streets and Drainage Infrastructure Project (Phase I) to a HOME Investment Partnership Program (HOME) Project to be administered by the Housing and Community Development (HCD) Department to Prevent the Payment of $1,299,953 to HUD. Additionally, authorize HCD to proceed with amending the 2008 Action Plan by issuing a Public Notice allowing citizen 3-days to comment on the reclassification. If any public comments are received, they will be presented to Commission July 7, 2009, for consideration.

Funds are Available in the Following Accounts: SPLOST & CDBG

REVIEWED AND APPROVED BY:

Finance.
Law.
Administrator.
Clerk of Commission

Augusta GEORGIA **Housing & Community Development Department**

Chester A. Wheeler, III
Director

May 14, 2008

Mr. James McKay
Regional Inspector General
U.S. Department of Housing and Urban Development
District Office of the Inspector General
Richard B. Russell Federal Building
75 Spring Street, SW, Room 330
Atlanta, GA 30303-3388

RE: Response to Inspector General's Audit Report
City of Augusta, Georgia
Housing and Community Development Department

Dear Mr. McKay:

Pursuant to the Audit Report issued by your office April 21, 2008, and the exit conference conducted with City officials April 30, 2008, below are the City's responses to your ten (10) recommendations:

Recommendation 1A: Require the City to reimburse its U. S. Treasury trust fund account from nonfederal funds the $277,911 that it committed after expiration of the commitment deadline.

Response to 1A: The City concurs that funds for the following two (2) projects were not committed within the statutory requirement of 24 months.

Project # & Name	Program Year	Required Commitment Date	Actual Commitment Date	Days past 24-mo deadline	Amount
#954 Laney Walker Development Corporation (LWDC)	2003	May 31, 2005	Jan. 3, 2006	216	$ 185,782
#1514 - 30901 Development Corporation	2005	May 31, 2007	July 10, 2007	39	$ 92,129
				TOTAL	$ 277,911

A new director for the Housing and Community Development Department was hired April 2007. At that time, all budgets and projects were reviewed. As a result of that review, $514,955.70 in HOME funds was reprogrammed from slow moving projects to new projects that could be completed in a timely manner. Included in that reprogrammed list were the two (2) aforementioned projects, LWDC and 30901 Development Corporation. On July 10, 2007, the $185,782 was reprogrammed from LWDC and 30901 Development Corporation's balance of $40,000 was reprogrammed. Of the $185,782, $134,955.70 was reprogrammed to East Augusta Community Development Corporation and $50,826.30 to Antioch Ministries. East Augusta Community Development Corporation (IDIS #1552) is utilizing the funds to complete construction on two (2) units located on Magnolia Avenue. The project is 95% complete with a remaining balance of $8,712.70. Antioch Ministries (IDIS #1605) has not utilized the funds at this time. Antioch Ministries will expend the funds for acquisition within the next two (2) months. 30901 Development Corporation's initial project budget was $92,128.50, of which, $40,000 was given to Promise Land Community Development Corporation. Promise Land has expended the total $40,000. The contract was for 5-units, which have all been completed and four (4) units have been sold.

While the City was proactive, under new leadership, in addressing the delays in expending funds for Laney Walker Development Corporation and 30901 Development Corporation, the City acknowledges its non-compliance and the $277,911 is subject to recapture.

RECAP: Recommendation 1A - Subject to Recapture *$277,911*

Recommendation 1B: Recapture $477,373 on deposit in the U. S. Treasury trust fund account, which the City had not committed although the commitment deadline had expired.

Response to 1B: The City concurs that funds for the following five (5) projects were not committed within the statutory requirement of 24 months.

Mr. James McKay
May 14, 2008
Page 3

Project # & Name	Program Year	Required Commitment Date	Actual Commitment Date	Days past 24-mo deadline	Amount
#1316 – Caroline Turner	2004	April 30, 2006	Uncommitted	637	$ 67,350
#1317 – Mary King	2004	April 30, 2006	Uncommitted	637	$ 74,218
#1530 - Permanent Homeless Housing	2005	May 31, 2007	Uncommitted	241	$ 210,000
#1536 – Rental Rehabilitation Program	2003	May 31, 2005	Uncommitted	971	$ 77,383
#1537 – Rental Rehabilitation Program	2004	April 30, 2006	Uncommitted	637	$ 48,422
				TOTAL	$477,373

However, we have contracts for three (3) rental rehabilitation projects which are obligated under the Year 2003 Rental Rehabilitation Program above. The total amount obligated for these projects is $43,778, which are listed below:

3 New Rental Rehabilitation Projects

Project Name	Program Year	IDIS #	Amount
Charles Bullock - 2112 Tubman Home Road	2003	1635	$ 14,999
Charles Bullock – 2114 Tubman Home Road	2003	1636	$ 14,999
Nello Thomas – 1810 Covington Place	2003	1637	$ 13,780
		TOTAL	$ 43,778

This will decrease the recapture amount from $477,373 to $433,595. For the balance of HOME funds subject to recapture ($433,595), the City will reimburse the HOME Program by substituting $711,586 in low to moderate income projects being funded by non-federal funds.

RECAP: Recommendation 1B - Subject to Recapture *$477,373.00*
Decreased for new projects *$433,595.00*

Recommendation 1C: Require the City to develop and implement procedures and controls to ensure that future program funds are committed by the required deadline dates.

Mr. James McKay
May 14, 2008
Page 4

Response to 1C: The City has developed and implemented procedures to ensure that HOME funds are committed in compliance with the required deadline dates (Attachment 1C #1).

Once the Funding Approval HOME Grant Agreement is received from HUD, it will be distributed to HOME staff, the Director and the Financial Officer. The HOME project tracking log is being maintained by the Housing Development Manager (Attachment 1C #2). This log will have information recorded on all HOME projects that include agency/program/project name, fund year, IDIS number, required commitment date, actual agreement commitment date, amount of award, funds expended monthly, balances and status of each project.

Recommendation 1D: Require the City to develop and implement procedures and controls to ensure accurate entries into HUD's Integrated Disbursement and Information System.

Response to 1D: The City has developed and is in the process of implementing the procedures for input of HOME project data into IDIS (Attachment 1D #1). After execution of agencies' agreements, assigned HOME staff will complete HUD's Setup and Completion forms (Attachment 1D#2). The Assistant Director-Housing Development will review and sign-off on each form. Each HOME program manager will maintain all forms in a HOME IDIS Binder Book.

Recommendation 1E: Require the City to take appropriate action to recover all HOME funds invested in activities the City cannot complete in a timely manner.

Response to 1E: Staff has reviewed all open HOME projects and a determination has been made of the need to reprogram funds from certain projects that have been completed and to undertake new projects. Attached is a chart listing all open HOME projects with the required commitment dates, agreement dates and funding awards (Attachment 1E #1).

For all projects denoted with an asterisk (*), the projects are complete and the funds will be reprogrammed. For Year 2004 Demolition Rebuild Program, the funds are being reprogrammed to the Antioch Ministries for Holley Street Revitalization. The contract has been executed, the agency has site control, house plans has been approved, and construction will start August 1, 2008.

For Year 2005 Demolition Rebuild Program, the funds are being reprogrammed to the Promise Land Community Development Corporation. The contract will be executed the end of August 2008, after meeting citizen participation requirements for reprogramming of funds.

Recommendation 1F: Require the City to develop and implement procedures and controls to ensure proper documentation of its review and approval of activities before disbursing future HOME funds for ownership and rental housing carried out by community housing development organizations and other developers.

Mr. James McKay
May 14, 2008
Page 5

Response to 1F: Staff has implemented procedures to assist in reviewing all applications prior to awarding funds. Staff utilizes the HOME Homebuyer Project Underwriting Checklist (Attachment 1F #1). Agencies' plans must be approved prior to construction (Attachment 1F #2) and the HOME Homebuyer Project Compliance Review Checklist (Attachment 1F #3) is used also. These forms aid staff in making a determination as to whether funds should be awarded for the project to the applicant.

Recommendation 1G: Require the City to reimburse its U. S. Treasury trust fund account from nonfederal funds any portion of the $392,540 in questioned costs that it cannot support as having been incurred for costs that met program requirements.

Response to 1G: The City has obtained adequate supporting documentation to substantiate $305,235.58 of the $392,540 which is enclosed as Attachment 1G #1. Therefore, $87,304.42 is subject to repayment.

RECAP: Recommendation 1G – Repayment *$87,304.42*

Recommendation 1H: Require the City to reimburse its U.S. Treasury trust fund account from nonfederal funds the $152,129 disbursed for projects 963 and 1236 since the projects did not result in units being sold to individuals who met the HOME program's income limits.

Response to 1H: Staff has reviewed the agency clients' income documentation and agrees that the units were not sold to individuals who met the HOME program's income limits. Because the $60,000 for IDIS #963 is included under Recommendation 1G, of which, is subject to repayment, the City accepts responsibility and the $92,129 is also subject to repayment.

RECAP: Recommendation 1H – Repayment *$92,129*

Recommendation 1I: Require the City to develop and implement procedures and controls to ensure that affordable housing units are only sold or rented to individuals who meet the program's income limits.

Response to 1I: The City has developed and implemented the "HOME Income Eligibility Determination Worksheet" (Attachment 1I #1). This worksheet has been distributed to all the CHDOS which is being used now. The worksheet contains space for the recording of income, racial data, affordability period, financial investment in project, maximum subsidy and evidence of first time homebuyer. Also, City HOME staff performs quarterly on site monitoring of CHDOs to review project/client records, check on progress of projects and provide technical assistance, if needed.

Recommendation 1J: Require the City to hire and train sufficient staff to effectively administer its HOME program.

Response to 1J: The City's current HOME staff consists of LaSandra Corley, Housing Development Manager, Hattie Hogan, Housing Rehabilitation Manager and Chester A. Wheeler, Director. Mr. Wheeler has more than 20 years experience at a director's level managing the Community Development Block Grant and HOME programs. An Assistant Director for Housing Development has been hired and his reporting work date is May 19, 2008. Attached is a copy of the current organizational chart (Attachment 1J #1) and resumes of Ms. Corley, Ms. Hogan and Mr. Hawthorne Welcher (Attachments 1J #2).

CONCLUSION: According to the City's calculations, the following amounts are to be recaptured or repaid:

• Recommendation 1A – Subject to Recapture	$277,911.00
• Recommendation 1B – Subject to Recapture	$433,595.00
• Recommendation 1G – Subject to Repayment	$ 87,304.42
• Recommendation 1H – Subject To Repayment	$ 92,129.00
TOTAL	$890,939.42

No City entity desires to be audited by the Inspector General's Office. However, this audit has been beneficial to the City and me, the new Director of the Department, because it has provided insight to the problem areas that require immediate attention.

Thanking you in advance for your cooperation and assistance in this matter.

Sincerely,

Chester A. Wheeler, III
Director

CAW/rlw

Attachments

cc: Joyce Harris, Senior OIG Auditor
Mary D. Presley, Director - HUD Atlanta Regional Office
Stella Taylor, Sr. CPD Representative – HUD Atlanta Regional Office
Frederick Russell, Augusta City Administrator
Tameka Allen, Augusta Deputy Assistant

RESOLUTION

A RESOLUTION AUTHORIZING THE RECLASSIFICATION OF THE ENGINEERING DEPARTMENT'S SPLOST-FUNDED DOVER-LYMAN STREETS AND DRAINAGE INFRASTRUCTURE PROJECT (PHASE I) TO A HOME INVESTMENT PARTNERSHIPS PROGRAM (HOME) PROJECT TO BE ADMINISTERED BY THE HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT TO PREVENT THE PAYMENT OF $1,299,953 IN GENERAL FUNDS TO HUD

WHEREAS, the City of Augusta is a Participating Jurisdiction receiving HOME Investment Partnerships Program funds from the U. S. Department of Housing and Urban Development Department (HUD) as a result of the Cranston-Gonzalez National Affordable Housing Act, as amended; and

WHEREAS, the City submitted an application to HUD through its 2008 Action Plan and received HOME funds; and

WHEREAS, the City agreed to use HOME funds in accordance with the HOME Program regulations at 24 CFR Part 92; and

WHEREAS, the Office of the Inspector General's auditors determined that $1,299,953 of HOME funds used by the City were not in compliance with HOME regulations; and

WHEREAS, the City is obligated to repay said HOME funds to HUD from non-federal funds; and

WHEREAS, the Dover-Lyman Streets and Drainage Infrastructure Project is included in the City's 2008 Action Plan and also is a City SPLOST-funded project; and

WHEREAS, to prevent the payment of general funds to HUD's HOME Program, in lieu of cash amounting to HOME funds deemed ineligible, HUD will allow an eligible non-federally-funded City project that benefits a low and moderate income area, as sufficient payment; and

WHEREAS, it is necessary to amend the City's 2008 Action Plan to include the SPLOST-funded Dover-Lyman Streets and Drainage Infrastructure project as a HOME-funded project; and

NOW, THEREFORE, BE IT RESOLVED: That the Mayor and the Housing and Community Development Department staff be authorized to amend the 2008 Action Plan, prepare and submit the amendment to HUD; and

BE IT FURTHER RESOLVED: That the Housing and Community Development Department will administer the Dover-Lyman Streets and Drainage Infrastructure Project (Phase I) as a HOME project in compliance with all applicable HOME laws, rules, regulations to resolve the OIG findings and prevent payment of cash to HUD's HOME Program.

ATTEST: AUGUSTA, GEORGIA

BY: ______________________________
David S. Copenhaver
Mayor

____
Lena J. Bonner
Clerk of Commission

CERTIFICATION

I, Lena J. Bonner , Clerk of Commission, hereby certify that the above is a true and correct copy of a Resolution as adopted by said AUGUSTA-RICHMOND COUNTY COMMISSION in meeting held on July 7, 2009.

S E A L

____
Lena J. Bonner
Clerk of Commission

Administrative Services Committee Meeting
5/26/2009 12:35 PM
Revision to Substance Abuse Policy as required by DOT/FTA

Department:	Finance/Risk Management
Caption:	Motion to approve Department of Transportation (DOT) and Federal Transit Administration (FTA) changes in regulations on Substance Abuse Testing.
Background:	Augusta Public Transit's operations utilize Federal and State funding. DOT and FTA have certain requirements in the area of Substance Abuse. When changes are made to the federal register and state law then we are required to reflect those changes in our policy. Changes are highlighted in bold font. These are mainly additions to the Definition section of the policy.
Analysis:	
Financial Impact:	
Alternatives:	
Recommendation:	
Funds are Available in the Following Accounts:	

<u>REVIEWED AND APPROVED BY</u>:

Finance.
Law.
Administrator.
Clerk of Commission

Administrative Regulation No. 3-1
Sections 1 through 6 (pages 1-28)
Effective Date: January 16, 1996
Revised/Approved Date: March 24, 2003
Revised date: May 11, 2009

AUGUSTA POLICY AND PROCEDURES ON SUBSTANCE ABUSE

1 POLICY AND PURPOSE:

1.1 In recognition of the continued and growing problem of substance abuse, it is the policy of the Augusta to take all reasonable measures to assure that drug and/or alcohol use by employees does not jeopardize the safety of its operations or otherwise adversely affect Augusta employees, the community, or the public's trust in its ability to carry out its responsibilities.

1.1.1 Augusta cannot and will not tolerate lapses in employee control of the ability to operate safely and productively. The policy of Augusta is that if an employee required under this Policy to be tested for substance abuse either refuses or fails such test, the employee will be subject to disciplinary measures up to and including termination.

1.1.2 The employees' cooperation with and adherence to the Augusta's policies and procedures regarding substance abuse are conditions of their continued employment. If an employee violates or is insubordinate by refusing to cooperate with any of these policies and procedures, the employee is subject to disciplinary measures up to and including termination.

1.1.3 The following is the Augusta Substance Abuse Policy. The use of the term "Augusta", in this document, refers to the Augusta government. Augusta will make a public announcement of this Policy. Employee training will be undertaken to ensure that each individual employee understands the Policy's requirements and his/her obligation to cooperate fully in the testing program.

1.1.4 All references within this Policy to regulations, processes and procedures are available to any employee for review in the Risk Management Office located in Room 217, Municipal Building, 530 Greene Street, Augusta, Georgia 30911.

1.1.5 Augusta reserves the right to amend this Policy at any time, in its sole discretion, with 60 days' written notice to employees before implementation of the amendment(s).

1.1.6 PRESCRIPT NOTE: Federal law requires testing of certain employees within transit systems and holders of Commercial Drivers Licenses (49 CFR Parts 40 & 655). The testing requirements and procedures for these employees may be different than for employees tested under authority of Augusta. Where a requirement of this Policy differs as to regular and transit or CDL employees, such difference will be noted. From time to time Federal and State will update/revise their respective regulations. When such updates/revisions occur they will *automatically* become a part of this policy when they become Final Rule.

1.2 IT IS THE INTENT OF THIS POLICY TO:

1.2.1. Provide for a drug-free workplace;
1.2.2. Provide for the safety of employees, the department and the public.

1.2.3 Detect and deter the misuse of drugs and alcohol by employees of Augusta.

1.2.4 Comply with Federal, State and local regulations, policies or authority regarding substance abuse testing of employees.

1.3 REFERENCES:

1.3.1 Federal Register. 49 CFR Part 40 (as amended): Procedures for Transportation Workplace Drug and Alcohol Testing Programs; Final Rule

1.3.2 Federal Register. 49 CFR Part 655 (amended 8/2001) (replaces 653/654): Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations

1.3.3 The Drug-Free Workplace Act, 1988 (PL 100-690)

1.3.4 Georgia Code Title 50, Chapter 24, Drug-Free Workplace

1.3.5 Federal Register, 49 CFR Part 382 (as amended); Controlled Substances and Alcohol Use and Testing (Federal Highway Administration, DOT).

1.4 DEFINITIONS:

1.4.1 Accident. For purposes of this Policy, "accident" means an occurrence or incident which results in a post-accident drug screen as outlined in Part 2.4 herein, including:

For regular employees:

1.4.1.1 An incident involving a vehicle that has resulted in damage to property or physical injury to a person(s). This Section includes Transit employees and CDL Holders under the authority of Augusta; and/or

1.4.1.2 An occurrence or incident which results in the employee seeking, requiring and/or receiving medical treatment for injuries suffered in connection with the occurrence or incident. This Section includes Transit employees and CDL holders under the authority of Augusta.

For Transit Employees and CDL Holders:

1.4.1.3 A vehicular accident which results in a fatality;

1.4.1.4 A vehicular accident which results in the Transit Employee or CDL Holder receiving a moving traffic citation under State or local law;

1.4.1.5 A vehicular accident where one or more of the vehicles involved receive disabling damage and cannot be moved from the scene under its own power (including a single-vehicle accident) For the purposes of this definition, *disabling damage* means damage which precludes departure of the vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, mirrors or windshield wipers that make them inoperative;

1.4.1.6 *(URBAN Transit Employees):* A vehicular accident in which the performance of the Transit Employee or CDL Holder could have contributed to the accident, as determined by management using the best information on hand at the time of the determination; and/or

1.4.1.7. A vehicular accident in which any individual suffers a bodily injury and is immediately transported away from the scene of the accident for medical treatment.

1.4.2 Adulterated specimen. A specimen that contains a substance that is not expected to be present in human urine, or contains a substance expected to be present but is at a concentration so high that it is not consistent with human urine.

1.4.3 <u>Alcohol.</u> The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols contained in any beverage, mixture, mouthwash, candy, food, preparation or medication.

1.4.4 <u>Canceled Test.</u> A drug test that has been declared invalid by a Medical Review Officer. A canceled test is neither a positive nor a negative.

1.4.5 <u>Contractor.</u> A person or organization(s) providing a service for Augusta or its subordinate departments, divisions, sections or agencies under a specific understanding or arrangement. The understanding can be a written contract or an informal arrangement that reflects an ongoing relationship between the parties.

1.4.6 <u>Controlled Substances.</u> (For the purposes of this Policy, see sub- paragraph 1.4.5 ("Drugs") below.

1.4.7 <u>Designated Employer Representative (DER):</u>
An employee authorized by the employer to take immediate action to remove employees from safety-sensitive duties and to make required decisions in drug testing. The DER also receives drug test results and other communications for the employer. For the purpose of this policy, the Designated Employer Representative (DER) is the Risk Management Manger, **Sandra Wright**. In the absence of the Risk Management Manager, it shall be the Risk Management Loss Control Officer, **Joe Crozier**. This also meets the requirements of 49 CFR Parts 40 and 655.

1.4.8 <u>Department of Transportation (DOT):</u> Department of the federal government which includes the, Federal Transit Administration, Federal Railroad Administration, Federal Highway Administration, Federal Motor Carrier's Safety Administration, Research and Special Programs, and the Office of the Secretary of Transportation.

1.4.9 <u>Direct Observation Collection:</u> Procedure is the same as a routine collection procedure with the additional requirement that an observer of the same gender as the individual physically watches the employee urinate into the collection container.(DOT rule change 2008).

1.4.10 <u>Dilute Specimen</u>: A specimen with creatinine and specific gravity values that are lower than expected for human urine.

1.4.11 <u>Drugs</u>. For the purposes of this Policy, "Drugs" include illegal street drugs, legal drugs either taken for non-medical reasons or without a valid prescription, and alcohol. It DOES NOT include prescription medication prescribed for the employee by a qualified health care provider and taken in accordance with that physician's instructions. Some of the drugs which are considered controlled substances under Federal, State or local laws include, but not limited to: marijuana, heroin, hashish, cocaine, hallucinogens, inhalants and designer drugs, and depressants and stimulants which are not prescribed for current personal treatment by a licensed physician.

1.4.12 **<u>Evidentiary Breath Testing Device (EBT):</u> A Device approved by the NHTSA for the evidential testing of breath at the 0.02 and the 0.04 alcohol concentrations.**

1.4.13 <u>Illegal Substances.</u> For the purposes of this Policy, see sub- paragraph 1.4.5 ("Drugs") above.

1.4.14 <u>Medical Review Officer.</u>(MRO) A licensed physician (medical doctor or doctor of osteopathy) responsible for reviewing laboratory results generated by the Drug Testing program, who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's positive test result together with his or her medical history and any other relevant biomedical information; knowledge of adulteration or substituted specimens. *The MRO must also meet additional qualification training requirements which can be found in Part 40.121 of the Federal Regulations.*
A test result will not be deemed positive for the purpose of disciplinary action until ruled positive by the Medical Review Officer (MRO).

1.4.15 **<u>Negative-Dilute</u>: A drug test which is negative for the five drug/drug metabolites but has a specific gravity value lower than expected for human urine, second collection is required under direct observation.**

1.4.16 <u>Safety-Sensitive Employee.</u> Safety-sensitive employees are those who perform any of the following tasks or duties, or have the following qualifications/job requirements:

1.4.16.1 Certified Law Enforcement Officers;
1.4.16.2 Jailers of Richmond County Sheriff's Office
1.4.16.3 911 operators/ communications officers;
1.4.16.4 Fire Fighters;
1.4.16.5 Crash Fire and Rescue employees (Bush Field);
1.4.16.6 Certified Correctional Officers;
1.4.16.7 Employees who mix chemicals with water;
1.4.16.8 Employees who fuel or maintain aircraft;
1.4.16.9 Employees who maintain airfield facilities, including aircraft ramps, taxiways or active runways or median areas around ramps, taxiways and runways;
1.416.10 Employees whose responsibilities include airfield operations or planning activities, in areas described in (1.4.8.9);
1.4.16.11 Employees who maintain, repair, or install traffic control markers, signs or devices to include painting lane markers or directional indicators;
1.4.16.12 Employees of the Recreation Department, whose job responsibilities include supervising youth (defined as "minor children"),;

1.4.16.12.6 Coordinating food and beverage concessions sold to the public at events, requiring on-going compliance for health standard.

1.4.16.13 Operators of heavy equipment or construction type equipment, without regard to whether a CDL license is required
1.4.16.14 Employees who operate Augusta vehicles for which a Commercial Drivers' License (CDL) is required while performing safety-sensitive functions, as defined as:

1.4.16.14.1 While on duty, waiting to be dispatched, unless the driver has been relieved from duty by the employer;
1.4.16.14.2 While on duty inspecting equipment as required by the Federal Motor Carrier Safety Regulations (FMCSR's), or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;
1.4.16.14.3 While on duty at the driving controls of a commercial motor vehicle;
1.4.16.14.4 While on duty, other than driving time, spent on or in a commercial motor vehicle (except for time spent resting in the sleeper berth);
1.4.16.14.5 While on duty and loading or unloading a commercial motor vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded;
1.4.16.14.6 While on duty performing the driving requirements associated with an accident;
1.4.16.14.7 While on duty repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle

1.4.16.15 Employees who service or repair Augusta vehicles;
1.4.16.16 Control room operators, utilities department1.4.16.17 First line supervisors of anyone listed above if their job duties require they perform the listed functions
1.4.16.18 Employees of the Transit Department performing safety-sensitive functions ("Transit Employees"). Such functions include:

1.4.16.18.1 Operation of a revenue service vehicle, including when not in revenue service;

1.4.16.18.2 Operation of a non-revenue service vehicle, when required to be operated by a holder of Commercial Driver's license

1.4.16.18.3 Control of dispatch or movement of a revenue service vehicle; Maintenance of revenue service vehicles or equipment used in revenue service; and

1.4.16.19 Carrying a firearm for security purposes. First line supervisors of anyone listed above are also defined as "Transit Employees" and are subject to testing under this Policy if the position requires the employee to perform any of the duties listed above.

1.4.16.20 Employees of animal control who have access to and /or administer controlled substances, which are stored on the premise.

1.4.17 **Substance Abuse Professional (SAP): A licensed physician (medical doctor or doctor of osteopathy) or licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission or by the International Certification Reciprocity Consortium/Alcohol and other Drug Abuse) with knowledge of and clinical experience in the diagnosis and treatment of drug and alcohol related disorders.**

1.4.18 Substituted specimen: A specimen with creatinine and specific gravity values that are so diminished that they are not consistent with normal human urine.

1.4.19 Test Refusal: The following are considered a refusal to test and are treated the same as a positive test result if the employee:

1.4.19.1 Fails to appear for any test (excluding pre-employment) within a reasonable time, as determined by the employer, after being directed to do so by the employer.

1.4.19.2 Fails to remain at the testing site until the testing process is complete

1.4.19.3 Fails to provide a urine or breath specimen for any drug or alcohol test (for FTA/DOT this complies with Part 40 regulations).

1.4.19.4 In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of your provision of a specimen.

1.4.19.5 Fails to provide a sufficient amount of urine or breath when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure.

1.4.19.6 Fails or declines to take a second test the employer or collector has directed you to take.

1.4.19.7 Fails to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER as part of the "shy bladder" or "shy lung" procedures.

1.4.19.8 Fails to cooperate with any part of the testing process (e.g. refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process.

1.4.19.9 If the MRO reports that there is a verified adulterated or substituted test result

1.4.19.10 Failure or refusal to sign Step 2 of the alcohol testing form.

1.4.19.11 If you refuse to take a test.

1.5 PROHIBITIONS:

1.5.1 The possession, unlawful manufacture, sale, distribution or presence in the body, of alcohol, drugs, controlled substances or prescription medicine for which no valid prescription is held, in the workplace, is strictly prohibited.

1.5.2 *It is illegal and a violation of this Policy to take a medication prescribed for someone else - prescription medicine must be prescribed for the user by a licensed physician.*

1.5.3 All employees are prohibited from consuming alcohol for four (4) hours prior to reporting for duty and for eight hours after an accident, or until he/she has been tested pursuant to this Policy. This prohibition applies equally to Transit Employees and CDL Holders by virtue of federal regulations

1.5.4 Any and all employees who are on an on-call work status will not consume alcohol while on-call status.

1.6 CONSEQUENCES FOR VIOLATIONS*:*

The following violations will result in an employee being placed on three days administrative leave with pay with a recommendation of termination. At such time the recommendation of termination will be forwarded to the Human Resources Director for review. The Human Resources Director will schedule a conference with the Administrator or his/her designee to review the recommended termination (See Augusta Administrative Regulation 3-3).

1.6.1 Employees who have drug test results confirmed by the Medical Review Officer as positive for a prohibitive substance,

1.6.2 Employees who have a confirmed alcohol content of .04 or above, while on duty, confirmed by an evidentiary breath testing devise or blood alcohol content,

1.6.3 Employees who refuse to test under the provisions of this policy,

1.6.4 Employees who adulterate or substitute their specimens and reported by GC/MS and confirmed by the MRO,

CONSEQUENCES FOR OTHER VIOLATIONS :

1.6.5 Employees whose blood alcohol content is between .02 to .039 will be removed from duty for a minimum of 8 hours and will receive appropriate disciplinary action appropriate to the "Progressive discipline" policy *provisions.*

1.6.6 Negative Dilute when reported by the MRO will require a second test under direct observation

1.7 NOTIFICATION REQUIREMENTS:

1.7.1 If any employee is prescribed a drug whose use may affect their job performance, that employee must immediately notify the supervisor of the prescription. For example, if an employee's prescription drug label reads that the user should not operate a car or machinery while taking the drug or that the drug causes drowsiness, and the employee operates a car or machinery in the course of employment, or if the employee is a safety-sensitive employee, that employee must notify his/her supervisor of the prescription prior to coming on duty.

1.7.2 An employee who is not on-call status, but is called during non-working hours and who have been drinking alcohol must inform the caller that the employee have been consuming alcohol and cannot respond to the request. No disciplinary action will be taken against the employee for not responding due to the consumption of alcohol when the employee is not on-call.

1.7.3 Appropriate law enforcement agencies will be notified of any controlled substances found on Augusta property and these substances will be disposed of in accordance with policies and procedures of the law enforcement agency called.

1.7.4 Employees must notify the department head if the employee is convicted of any Georgia Controlled Substances Act statute in connection with activity occurring in the workplace. This notification must be made within 5 days of the conviction.

1.8 TESTING PROCEDURES:

1.8.1 Drugs Urine tests will be used for the detection of drugs and controlled substances

1.8.1.1 Regular employees. Standards, procedures and processes for drug testing are available for review at the Risk Management office.

1.8.1.2 Transit employees and CDL Holders. Standards, procedures and processes for testing of Transit employees and CDL Holders are found in the federal regulations cited in paragraph 1.3 above, and are available for review at the Risk Management Office.

1.8.1.3 Every urine specimen shall, ***at a minimum***, be tested for:

1.8.1.3.1 Marijuana; Initial cutoff 50 ng/ml/confirmatory cutoff 15ng/ml

1.8.1.3.2 Cocaine; Initial cutoff 300 ng/ml/confirmatory cutoff 150ng/ml

1.8.1.3.3 Opiates; Initial cutoff 2000ng/ml/confirmatory cutoff 2000ng/ml

1.8.1.3.4 Amphetamines; Initial cutoff 1000ng/ml/confirmatory cutoff 500ng/ml

1.8.1.3.5 Phencyclidine (PCP) Initial cutoff 25ng/ml/confirmatory cutoff 25ng/ml

1.8.2 Alcohol Breath and/or blood tests will be used for the detection of alcohol

1.8.2.1 Regular employees. Standards, procedures and processes for alcohol tests are available for review at the Risk Management office.

1.8.2.2 Transit employees and CDL Holders: Standards, procedures and processes for testing of Transit employees and CDL Holders are found in the federal regulations cited in paragraph 1.3 above, and are available for review at the Risk Management Office.

1.9 ACTIONS REQUIRED FOR POSITIVE TEST:

1.9.1 Laboratory. Once a specimen has been tested as positive on an initial screening, a confirmatory test will be conducted prior to the laboratory's reporting the specimen as a positive result. Such test shall be performed by GCMS method.

1.9.1.1 Regular Employees. Once confirmed, the laboratory will report the results with allied documentation to the MRO, through the DER /Risk Management Office.

1.9.1.2 Transit Employees and CDL Holders: All laboratory reports will be sent from the laboratory testing facility directly to the MRO.

1.9.2 Medical Review Officer. The MRO will verify all positive test results by first reviewing laboratory reports, and confirming that a proper chain of custody (procedures to account for the integrity of each specimen by tracking its handling and storage from point of collection to final disposition) was followed.

1.9.2.1 The MRO will then contact the employee to discuss the positive result.

1.9.2.2 If verification of prescription drug use is required in connection with the MRO's investigation of a positive result, the MRO shall meet personally with the employee.

1.9.2.3 Otherwise, the MRO may contact the employee by telephone.

1.9.2.4 If the MRO finds that a valid medical reason explains the positive result, the MRO will report the test results to Risk Management as negative.

1.9.2.5 If the MRO is unable to find a valid medical reason for a positive result, the positive result will be reported to the Designated Employer Representative as positive.

1.9.2.6 As a qualified medical professional, the MRO's medical judgement cannot be overturned by an arbitrator, employer, or anyone else in the testing program (in accordance with Federal Regulations - 40.149)

1.9.3 Risk Management.

For all employees other than Transit Employees and CDL Holders, Risk Management receives positive reports from the laboratory and forwards those reports to the MRO. (Reports for Transit Employees and CDL Holders are forwarded from the laboratory directly to the MRO, as outlined in paragraph 1.9.1.2 above.

1.9.3.1 Risk Management is informed of a confirmed positive test result, by the MRO; the Risk Manager (DER) will recommend to the appropriate department director that the employee should be placed on three days administrative leave with pay with a recommendation of termination from employment for a violation of this policy.

1.9.4 Department Management. Upon notification by Risk Management that an employee has tested positive for an illegal substance or be under the influence of alcohol, department management will immediately remove the employee from duty and initiate a letter of termination to the employee, refer the employee to a Substance Abuse Professional and inform the employee of their right to appeal the decision.

1.9.5 Positive Alcohol Tests

1.9.5.1 An employee with a confirmed blood-alcohol level of 0.04 or higher is in violation of this Policy. Actions in paragraph 1.9.4 above will apply.

1.9.5.2 Employees who are found to have an alcohol concentration of 0.02 or greater but less than 0.04 will not be permitted to perform the job duties until: The employee's alcohol concentration measures less than 0.02; *or* the start of the employee's next regularly scheduled duty period, but not less than eight hours following administration of the test.

1.10 TESTING OF ADDITIONAL SAMPLE. In accordance with federal and state regulations for *Transit employees and CDL holders* and Augusta authority for all other employees, urine drug tests shall be according to the split sample method, whereby the sample provided is divided into two bottles. Upon being notified of a positive test result by the MRO, a Transit Employee or CDL Holder may request that the split sample be tested. This request must be made within 72 hours of the MRO's notification. Requests made after 72 hours will only be accepted if the delay was due to documentable facts that were beyond the control of the employee. Testing of the split sample will be according to federal regulations.

1.10.1 EMPLOYEE PLACED ON ADMINISTRATIVE LEAVE WITHOUT PAY: While awaiting results of split sample, employee will not be allowed to use accrued vacation time.

1.10.2 PAYMENT FOR TESTING: An employee's economic status will not bar them from having the split tested. If an employee cannot afford to pay for the testing up front, as a courtesy, Augusta will pay for this cost. Should the results from testing the split sample uphold the original positive test result, the cost of the split test will be deducted in full from the employee's next paycheck.. If there are not enough funds in the employee's paycheck to cover the testing cost(s) this does not relieve the employee from reimbursing Augusta for all associated cost incurred.

1.11 REVIEW OF TERMINATION RECOMMENDATION: The Human Resources Director or designee will schedule a grievance with the Administrator or designee to review the departmental recommendation of termination. The Administrator or designee will either uphold the recommendation for termination or reject the recommendation

1.12 REHIRING TERMINATED EMPLOYEES

1.12.1 Employees being terminated for violation of this Policy will not be considered for rehire by Augusta for a period of one year from the date the individual ***successfully completes an approved rehabilitation program*** (acceptable proof of completion of an approved rehabilitation program will be required before rehiring will be considered).

1.12.2 Employees who resign after being notified of a positive test result, by the MRO or through the administrative process, will not be considered for rehire by Augusta, for a period of one year from the date the individual successfully completes an approved rehabilitation program. Acceptable proof of completion of an approved rehabilitation program will be required before rehiring will be considered.

1.13 ALCOHOL TESTING OF TRANSIT EMPLOYEES and CDL HOLDERS:

Federal regulations stipulate specific criteria to be applied when Transit Employees and CDL Holders are tested for alcohol. Those regulations provide, in part, that:

1.13.1 Alcohol tests will only be conducted just before, during or just after the performance of safety sensitive job functions.

1.13.2 Alcohol testing will be conducted if the employee is injured, from a job related activity (on-the-job injury) and medical treatment is provided to the employee.

1.13.3 Transit employee or CDL Holder with a blood-alcohol level of .04 or higher is in violation of federal regulations and this Policy. Such employee will be immediately removed from his/her safety-sensitive duties and will be terminated. As part of this process the employee will be advised of programs available for rehabilitation, if applicable.

1.13.4 Transit Employees or CDL Holder found to have an alcohol concentration of 0.02 or greater but less than 0.04 will not be permitted to perform safety sensitive functions until: The employee's alcohol concentration measures less than 0.02; *or* the start of the employee's next regularly scheduled duty period, but not less than eight hours following administration of the test.

1.14 <u>REFUSAL TO SUBMIT TO TESTING:</u>

1.14.1 Refusal to submit a urine, breath and/or blood sample when required under this Policy will be considered the same as a positive test result.

1.14.2 Refusal can include;

1.14.2.1 Fail to appear for any test (except pre-employment test) within a reasonable time, as determined by the employer;

1.14.2.2 Fail to remain at the collection site until the collection process is complete;

1.14.2.3 Fail to provide a urine specimen for any drug test;

1.14.2.4 Fail to permit observation or monitoring of your provision of a specimen;

1.14.2.5 Fail to provide a sufficient urine specimen without a valid medical reason as verified by the MRO;

1.14.2.6 Fail or decline to take a second test the employer or collector has directed you to take

1.14.2.7 Fail to undergo a medical examination or evaluation, as directed by the MRO as a part of the verification process or as directed by the DER (Designated Employer Representative);

1.14.2.8 Fail to cooperate with any part of the testing process (e.g. refuse to empty pockets, behave in a confrontational way that disrupts the collection process);

1.14.2.9 If MRO reports a verified adulterated or substituted test result, this is considered a refusal;

1.14.2.10 If you refuse to take a drug test.

1.14.3 Any employee who is suspected of providing false information in connection with a test, or who is suspected of falsifying test results through tampering, contamination, or substitution shall be required to undergo an observed collection.

1.14.4 Confirmation of tampering, contamination, adulteration or substitution may result in recommendation of termination from employment.

1.15 <u>CONFIDENTIALITY:</u>

1.15.1 The privacy interests of employees and the legitimate interests of the Augusta in implementing and maintaining a substance abuse program will be accomplished by:

1.15.1.1 Limiting the extent of inquiries to those necessary to effectuate this Policy;

1.15.1.2 Assuring that disclosure of, and access to, information generated under this Policy is on a strict need-to-know basis; and

1.15.1.3 Informing employees of the purpose for which the information is sought.

1.15.2 If a third party requests information (for example, in the context of a reference check), regarding Augusta's decision not to hire an applicant or not to transfer or promote or to terminate an employee, and that decision is based on a violation of this Policy by the applicant or employee, the reason given for such decision will be that the applicant or employee did not comply with policy. No further information will be given to any third party without the prior written consent of the applicant or employee, except in the following circumstances:

1.15.2.1 Information may be given to Risk Management, to laboratories and to the MRO for the purpose of administering this Policy;

1.15.2.2 Information may be given to the employee's department head, when a recommendation of disciplinary action has been made and it is that department head's responsibility to carry out such disciplinary action;

1.15.2.3 Information may be released to the Department of Labor and appropriate representatives of Augusta in the event an employee discharged for violations of this Policy applies for and/or appeals a denial of unemployment compensation;

1.15.2.4 Information may be released pursuant to an order from a court of competent jurisdiction or other tribunal;

1.15.2.5 Information may be released to the Equal Employment Opportunity Commission or the Human Relations Commission if requested in connection with any inquiry or investigation by either such body; and

1.15.2.6 Information may be released to those persons or bodies hearing any appeal by an employee of any action taken pursuant to this Policy.

1.15.3 Release of Information as to Transit Employees or CDL Holder:

1.15.3.1 Augusta shall release information regarding a Transit Employee or CDL Holder record as directed by specific written consent from the employee authorizing release of the information to an identified person.

1.15.3.2 Transit Employee or CDL Holder is entitled, upon written request, to obtain copies of any records pertaining to his or her use of a prohibited substance, including any records pertaining to test results.

1.15.3.3 Augusta may disclose information that is required to be maintained to the decision maker in a lawsuit, grievance, or other proceeding initiated by or on behalf of the employee tested.

1.15.3.4 When requested by the National Transportation Safety Board as part of an accident investigation, Augusta shall disclose information related to its administration of drug and alcohol tests following the accident.

1.15.3.5 Records shall be made available to subsequent employers upon receipt of written request from the Employee.

1.15.3.6 Augusta shall disclose data for its drug and alcohol testing program and any other information pertaining to its anti-drug program, when requested by the Secretary of Transportation or any Department of Transportation agency with regulatory authority over the Augusta transit system or Federal Highway Administration - DOT.

1.16 CONTRACTORS:

Persons engaged by Augusta as independent contractors shall be required to comply with Georgia's Drug-Free Workplace Act, O.C.G.A. sec. 50-24-1 et seq., before they may perform services for Augusta. Compliance shall be in the form of certification before beginning services (see Appendix 1), and documentation of continuing compliance as reasonably requested by Augusta.

Contractors who are also providing repair and maintenance services on DOT regulated vehicles are required to also be in compliance with applicable provisions of the DOT/FTA drug and alcohol testing regulations (Title 49 Part 40) if services are more than ad hoc or one time repairs. As long as Augusta's population is less than 200,000 this does not apply to contractors doing business with Augusta it will only apply if and when the local population exceeds 200,000.

1.17 CHANGES TO POLICY:
At times, State or Federal law may require that additional employees be tested for illegal substances, or that additional or different testing mechanisms and procedures be implemented. Said State or Federal law requirements will supersede the relevant provisions of this Policy, and this Policy may or may not be amended to reflect those changes prior to their effective date. Affected employees will be notified in advance of any implementation of changes as a result of State or Federal law requirements.

1.18 CONTACT PERSONS:
The proponent agency for this Policy is the Risk Management Division of the Finance Department. Any comments, questions or recommendations applying to this policy or testing program should be referred to the Risk Management Manager, 530 Greene Street, Augusta, Georgia, 30911 (706) 821-2301 or FAX (706) 821-2502. Because the MRO is not an employee of Augusta any employee wishing to contact the MRO should contact the Risk Management Manager. The Employee Assistance Program is "CONCERN"- EAP; located at 961 Broad Street - 722-2353 or 1-800-285-2353.

SECTION 2 - INDIVIDUALS SUBJECT TO TESTING

2.1 APPLICANTS/NEW EMPLOYEES*:*
All applicants who have been extended a conditional job offer will be required to undergo the following as part of the employment process:

2.1.1 Regular New Hires

2.1.1.1 Submit to a substance abuse test for illegal substances prior to becoming an an employee of Augusta. Such screening must be completed within 24 hours of the time the applicant is instructed to submit to the screening. Any screening not completed within that 24 hour period will not be accepted

2.1.1.2 Sign a Substance Abuse Coverage Form (Form SA 1, a copy of which is attached as Appendix 2) within 45 days of the first day of work.. This form states that the applicant has read, understands and agrees that he/she is subject to this Policy as a condition of employment with Augusta. The signed form will be retained in the employee's personnel file.

2.1.1.3 Sign a Test Consent Form (SA-3, a copy which is attached as Appendix 3). This form authorizes Augusta and/or its representatives to perform the appropriate tests to identify the presence of drugs or controlled substances and releases test results as necessary to administer this Policy. The signed form will be forwarded to Risk Management where it will be retained in the employee's drug test file.

2.1.1.4 Refusal of an applicant to sign SA-3 will remove the applicant from consideration for employment with Augusta since the employment process cannot be completed.

2.1.2 Transit Applicant or New Hire and Holders of Commercial Driver's License

2.1.2.1 Submit to a pre-employment substance abuse screening for illegal substances prior to becoming an employee of Augusta. Such screening must be completed prior to performing any safety sensitive function.

2.1.2.2 Sign a Substance Abuse Coverage Form (Form SA-2, a copy of which is attached as Appendix 2) within 45 days of the first day of work, which form states that the applicant has read, understands and agrees that he/she is subject to this Policy as a condition of employment with Augusta. The signed form will be retained in the employee's personnel file.

2.1.2.3 No Form SA-3 (Consent Form) is required. This is due to prohibition by FTA for employee to sign any type of waiver including a consent form.

2.1.2.4 Sign an Information Request Form allowing AUGUSTA to submit request on drug testing history from any DOT-regulated employers for whom you have worked within the previous two years. (appendix 7 SA-7)

2.1.2.5 If you have failed or refused a DOT drug or alcohol pre-employment test within the previous two years you must provide this information when requested.

2.2 <u>TRANSFERS/PROMOTIONS</u>*:*

2.2.1 Any employee who transfers or is promoted into a safety-sensitive position will be drug tested prior to assuming the duties of the position.

2.2.2 Any employee who is promoted or transferred so as to become a Transit Employee or CDL Holder will be drug tested, in accordance with Federal regulations, prior to assuming the duties of that position.

2.3 <u>RETURN TO DUTY:</u>

2.3.1 <u>Regular Employees</u>:

2.3.1.1 Employees who have successfully completed a rehabilitation program will be required to take a drug and/or alcohol test with a negative result prior to returning to work.

2.3.1.2 Employees registering between .02 to .04 (but not including .04) on an alcohol breath-testing devise will be tested prior to returning to duty to ensure the blood alcohol content is below .02

2.3.2 <u>Transit Employees or CDL Holders:</u>

2.3.2.1 Transit Employees or CDL Holders who are out of work due to workers compensation leave for 8 days or more will be drug tested prior to resuming safety sensitive duties.

2.3.1.2 Transit Employees or CDL Holders are required to take a pre-employment substance abuse test if they have not performed a safety-sensitive function for 90 consecutive calendar days regardless of the reason (exception – if employee has remained in random pool during that time, no pre-employment test is required)

2.4 <u>POST-ACCIDENT:</u>

2.4.1 <u>Regular Employees</u>.

2.4.1.1 Any employee involved in an incident involving a vehicle where there is property damage or injury to another person will be drug and alcohol tested. Under the authority of Augusta this includes Transit employees and CDL holders.

2.4.1.2 Any employee involved in an accident or incident in the course of employment who is injured and who requires and/or receives medical treatment for the injury will be drug and alcohol tested.

2.4.1.3 Employees who receive medical treatment for an occupational exposure (exposure to disease, bloodborne pathogen) will not be drug or alcohol tested, if the treatment is solely for the occupational exposure. Any employee will be drug and alcohol tested when, while operating a government motor vehicle, an accident occurs and results in a fatality.

2.4.2 <u>Transit Employees and CDL Holders</u> Federal regulations establish the criteria for post-accident testing for Transit Employees or CDL Holders. Testing will be administered when:

2.4.2.1 a fatality occurs from an accident;

2.4.2.2 the employee receives a citation under State or local law for a moving traffic violation arising from the accident;

2.4.2.3 a vehicle accident occurs and any of the vehicles cannot move from the accident scene under there own power. This also applies to a single vehicle accident; or

2.4.2.4 the performance of an employee could have contributed to the accident, as determined by management using the best information at the time of the decision.

2.4.3 Employees will be tested as soon as possible after the accident but not more than 32 hours after the accident. If a test has been required by law enforcement and employer cannot test employee within given time limit, employer can request a copy of the test results from the authorizing agency.

2.4.4 Employees who are injured in the course of their employment, and refuse medical treatment may be tested under the provisions of "For Cause" testing. The injury must be of such gravity as to obviously require medical attention.

2.5 <u>FOR-CAUSE (REASONABLE SUSPICION):</u>

2.5.1 Any employee may be tested for illegal substances and/or alcohol when, based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of an employee, it is determined that there is reasonable suspicion that the employee is violating this Policy.

If you suspect an employee to be under the influence of alcohol or other drugs while at work, the following steps are to be taken when requesting a drug screen:

Step 1: Call Risk Management Manager 821-2486 or Human Resources Director 821-2309.

Step 2: Relay all known factors/information concerning reasons for suspicion (not just a "gut" feeling, must be able to give description/specifics/observation at that moment in time not days earlier). Use the FOR CAUSE TEST AUTHORIZATION FORM, Form SA-3, found in the Substance Abuse Policy. Fill out items #1, #2 to include all reasons, #3 and date. Then submit to Risk Management. The information is then evaluated and support/approval may or may not be given based on certain criteria.

Step 3: Approval – if the request is approved, the employee in question is to sign the Substance Abuse Consent Form (Form SA-3) PRIOR to being taken for testing. When fully executed, this form is then to be delivered in to Risk Management.

Step 4: ALCOHOL – If the employee is being tested for alcohol:

a. The employee is to be taken to the designated collection site by the Director or high ranking supervisor (the fact of testing is to be kept totally confidential).
b. If the test result is negative the employee is allowed to return to work.
c. If the breath/blood test is confirmed positive, the employee is to be processed through the normal termination process channels (i.e. placing employee on three-day administrative leave with pay with recommendation of termination).
d. Under no circumstances is the employee allowed to operate a vehicle, to include his/her own personal vehicle. A taxicab will be provided to transport the individual directly to his/her residence if a family member is not available. This will be arranged through Risk Management.

Step 5: OTHER DRUGS – If the employee is being tested for drugs other than alcohol:

a. The employee is taken by the Director or high ranking supervisor (the fact of testing is to be kept totally confidential) to the designated collection site for testing.
b. When the collection process has been completed the employee is NOT allowed to return to work and is placed on administrative leave (leave with pay) pending the outcome of the testing.

c. If the test results are negative the employee is allowed to return to work

2.5.2 An illegal substance screening which shows that a specimen may have been diluted, tampered with, or substituted will be considered reasonable suspicion for additional, for-cause testing.

2.5.3 The number of employees requested to participate in a for-cause screening based on a workplace incident may range from a single individual to all personnel who were involved in the incident or had access to the work area in which the incident occurred.

2.5.4 To initiate a for-cause screening, the appropriate Department Head will use the For-Cause Test Authorization Form (SA-4) attached as Appendix 4.

2.6 RANDOM TESTING PROGRAM:

2.6.1 General.

2.6.1.1 Employees classified as safety-sensitive will be randomly tested for illegal substances. A safety-sensitive employee may be tested up to once per month.

2.6.1.2 Criteria and standards for random testing for regular employees are available for review in the Risk Management Office. Criteria and standards for random testing of Transit Employees and CDL Holders are found in the federal regulations cited above, which are available for review in the Risk Management Office.

2.6.2 PROGRAM INTEGRITY: To ensure the selection process maintains true random integrity, no names, social security numbers, employee numbers or any other identification of individuals will be provided to the agency which is responsible for selecting the random numbers to be tested, which numbers are generated through a computer program.

2.6.3 Random Selection/Testing Process

STEP 1: Notification Process

Risk Management

a. Request sequence numbers from designated service provider on a monthly basis

b. Receive numbers, match numbers with names in spreadsheet maintained in Risk Management

c. Generate letter for each individual selected, attach Consent Form and Collection Site Checklist. Letters grouped by department, give to Risk Manager for signature.

d. Send letters to Department Point of Contact via courier (point of contact determined by Department Director

Department Point of Contact

a. Receives packet of letters from Risk Management containing monthly selections for drug screening. Point of Contact secures letters to maintain confidentiality of information. Remainder of internal process is developed by department (employees who are selected are not to have notice of their selection prior to receipt of notification letter from Risk Management. Testing is to be spread out throughout the month - do not try to test all employees within a few days.

Suggestion for internal process: When feasible, only Point of Contact gives letter to each employee.

b. After employee receives this notification, the Point of Contact places the current date and time in appropriate area on letter Employee then signs and dates Consent Form, witnessed by person giving the notice. (Important: once notified, the employee has 30 minutes to arrive at the collection facility listed in letter).

c. Consent Form is left with Point of Contact who sends form back to Risk Management to be maintained in employee drug testing file.

d. Employee carries letter showing date and time along with Collection Procedures Checklist to the facility designated as the collection site.

STEP 2: Collection Site

a. Upon arrival at collection site, employee follows guidelines of collection site (signing in, providing photo identification - driver's license, etc.).

b. Employee gives letter to Collection Site who verifies timeliness of arrival.

c. Employee and Collector will initial appropriate step, as it is completed on Collection Procedures Checklist.

STEP 3: Notification by Laboratory of Testing Results

a. Risk Management is notified directly of all drug test results except those under Federal and DOT Regulations (those results go directly to the designated Medical Review Officer). Notification is done through a dedicated fax machine for drug testing results only.

b. Upon receipt of a drug screen showing a positive test result, Risk Management immediately delivers appropriate paperwork to the Medical Review Officer for determination of test results. Medical Review Officer contacts employee at work or home (whichever is the most expedient).

c. Upon questioning employee concerning test results, Medical Review Officer makes official determination of positive or negative test results.

d. Medical Review Officer contacts Risk Manager with official results, which are then faxed for documentation purposes.

e. Upon receipt of documentation, Risk Management contacts appropriate Department Director of employee. Verbal notification is given with instructions on policy, which is followed up by written notification and instructions. Written notification includes a sample letter for Department Director to use for notification to employee

SECTION 3 - ANNUAL TRAINING

3.1 NEW EMPLOYEES:

All full-time, regular new employees will be required to attend orientation prior to beginning their normal work schedule. The orientation will include a program for Drug Awareness/ Effects of Drug Abuse and a briefing on this Policy.

3.2 TRANSIT EMPLOYEES and CDL HOLDERS:

3.2.1 All Transit Employees and CDL Holders, whether full-time or part-time, will be required to attend an orientation prior to performing any safety sensitive function. Orientation will include a program for Drug Awareness/ Effects of Drug Abuse and a briefing on this Policy. Transit Employees and CDL Holders will also be required to attend a one- hour training session on the effects and consequences of prohibited drug use on personal health, safety, and the work environment and on the signs and symptoms, which may indicate, prohibited drug use. An additional hour of training will be required regarding alcohol.

3.2.2 Supervisors of Transit Employees and CDL Holders who may make reasonable suspicion determinations will be required to attend one hour of training on drug abuse and one hour on alcohol abuse.

3.3 ANNUAL TRAINING:

All employees will be required to attend a one-hour class on the effects of Drug and Alcohol abuse each year.

SECTION 4 - REHABILITATION POLICY

4.1 REHABILITATION POLICY:

4.1.1 Voluntary Participation.

When a regular employee (not probationary, part-time or temporary) comes forward PRIOR to notification of a random or for-cause test or PRIOR to an accident and/or injury, seeking help with a substance abuse problem, that employee will be allowed to enter an approved rehabilitation program, as outlined below. The employee is subject to all of the provisions of the rehabilitation policy.

If a regular employee DOES NOT come forward as described above, and tests positive on an illegal substance screening, that employee will be immediately recommended for termination from employment.

4.1.1.1 Any employee who desires to voluntarily participate in rehabilitation will be allowed to enter an approved detoxification and/or rehabilitation program with no Augusta participation in cost other than as provided under the employee's group health insurance program.

4.1.1.2 The employee will be allowed the use of any accrued leave time (sick and/or vacation) during his/her absence from work for this treatment. If there is no leave time available, the employee will be placed on leave without pay.

4.1.1.3 Prior to returning to work, the employee shall submit to the Risk Management Division, in writing, proof of completion of the program and competence to return to work.

4.1.1.4 Employees who have completed a detoxification and/or rehabilitation program will not be afforded any further opportunity by Augusta or through Augusta's resources to re-enter a detoxification and/or rehabilitation program for a second time.

4.1.2 Participation in Rehabilitation Directly through EAP.

If any employee comes forward voluntarily directly to the Employee Assistance Program (EAP) (without first going through either Human Resources or Risk Management), and the EAP finds that the employee is a risk to the safety of himself/herself and/or others, the EAP will notify Risk Management that the employee is seeking treatment directly through EAP.

4.1.2.1 The employee will not be terminated from employment unless the employee fails to enter and successfully complete the substance abuse program designed for him/her by the EAP; however, such employee shall be placed on leave until such time as he/she is no longer considered a risk to the safety of himself/herself and/or others.

4.1.2.2 The EAP will keep Augusta informed of the employee's progress through the rehabilitation program.

4.1.2.3 The employee will be required to sign a statement prior to being admitted to the EAP acknowledging that Augusta may be notified of his entry into the program under the above circumstances.

4.1.3 Failure to Complete Rehabilitation.

Employees who do not successfully complete a rehabilitation program will be terminated and may not be considered for re-hiring for a period of one year from the date of termination.

4.1.3.1 Acceptable proof of satisfactory completion of a rehabilitation program will be required before re-hiring will be considered.

4.1.4 Disciplinary Action.
Referral to the EAP does not deprive Augusta of the option of taking disciplinary action against any employee in accordance with this Policy.

4.2 POST REHABILITATION:

4.2.1 Any employee who successfully completes a rehabilitation program and returns to work will be considered a probationary employee for the next three-year period.

4.2.1.1 The classification of "probationary" applies to substance abuse testing only, when used in the context of this Policy. The employee shall be responsible for the costs of such tests.

4.2.1.2 An employee's refusal or failure of any such test will cause the employee to be immediately terminated.

4.2.2 Prior to returning to work, the employee will be tested for illegal substances and will be tested on an unannounced basis thereafter during the period of probation, said testing not to exceed 12 times each year.

SECTION 5 . RELATIONSHIP TO PREVIOUSLY ESTABLISHED PROCEDURE

5.1 Administrative Regulation 3-1, Augusta Substance Abuse Policy revisions are effective November 2008 or until notice is given that this regulation is modified, reissued or cancelled.

5.2 No qualifying statement, previously established rule(s) or procedure(s) shall be used to negate the spirit or intent of this statement or policy.

SECTION 6. APPENDICES:

1. Contractor Certificate (FORM SA-1)(Appendix 1)
2. Substance Abuse Coverage Form (FORM SA-2)(Appendix 2)
3. Test Consent Form (FORM SA-3)(Appendix 3) (Not for use by Transit/CDL - Fed Regulation)
4. For Cause Test Authorization Form (FORM SA-4)(Appendix 4)
5. Supervisor Referral Form (FORM SA-5) (Appendix 5)
6. Collection Site Checklist (FORM SA-6)(Appendix 6)
7. Information Request Form (FORM SA-7)(Appendix 7) (Transit/CDL Pre-Empl)
8. Alcohol Fact Sheet
9. Substance Abuse Index

Revision Effective Date:__________________________

____
Fred Russell, Administrator

Item # 3

APPENDIX 1

CONTRACTOR CERTIFICATE

I,____________________________________of__________________________________

(Contractor/Vendor's Certifying Official) *(Company Name)*

____

(Address)

certify that a drug-free workplace will be provided for the employees of this company during the performance of this contract pursuant to section 50-24-3 of O.C.G.A.

I further certify that in accordance with O.C.G.A. 50-24-3 paragraph (a) subsection (2), that should this company require the services of a subcontractor as part of this contract, that all subcontractors will be required to provide this company with a certificate of compliance for the establishment of a Drug Free Work Place. I understand that a drug-free work place may be provided by my:

(1) Publishing a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the contractor's/subcontractor's workplace and specifying the actions that will be taken against employees for violations of such prohibition;

(2) Establishing a drug-free awareness program to inform employees about:
   a. The dangers of drug abuse in the workplace;
   b. The contractor's/subcontractor's policy of maintaining a drug-free workplace;
   c. Any available drug counseling, rehabilitation, and employee assistance program; and
   d. The penalties that may be imposed upon employees for drug abuse violations.

(3) Providing each employee with a copy of the statement provided for in paragraph (1) above.

(4) Notifying each employee in the statement provided for in paragraph (1) above, that as a condition of employment, the employee shall:
   a. Abide by the terms of the statement; and
   b. Notify the contractor/subcontractor of any criminal drug statute conviction for a violation occurring in the work place within five days of the conviction;

(5) Notifying the contracting principal representative within ten days after receiving from an employee or a subcontractor a notice of conviction as provided under paragraph (4),b above or otherwise receiving actual notice of such a conviction;

(6) Making a good faith effort on a continuing basis to provide a drug-free workplace for employees; and

(7) Requiring that such contractor/subcontractor include in any agreement or contract with a subcontractor a provision that such subcontractor will provide a drug-free workplace for his employees by complying with the provisions of paragraphs (1), (2), (3), (4), and (6) listed above.

____

(Signature)

____

(Printed Name & Title)
FORM SA-1

APPENDIX 2

SUBSTANCE ABUSE COVERAGE FORM

I, ____________________________________, have read and understand the Augusta Substance Abuse Policy (the "Policy").

I further understand that the manufacture, use, possession, sale or distribution or presence in body of alcohol, drugs or illegal substances in the work place is strictly prohibited and will lead to my immediate discharge from employment.

For purposes of this Policy, "drugs" or "illegal substances" or "controlled substances" is defined to include illegal street drugs, legal drugs either taken for non-medical reasons or without a valid prescription and alcohol, but not to include prescription medication taken in accordance with a physician's prescription and instructions. I also understand that the presence of such substances in my system during work hours places unacceptable risk and burden on the safe and efficient operation of my job, and, consequently, is strictly forbidden.

I understand that if I am a Transit employee or an employee required to have a CDL I will be tested in accordance with testing requirements established by Federal regulations. I understand that if I work in a safety-sensitive position (as that is defined in the Policy), I may be tested for illegal substances on a random basis. I also understand that Augusta has a zero tolerance policy for safety - sensitive employees, such that I will be terminated for any violation of the Substance Abuse Policy.

I understand that based on reasonable suspicion, I may be tested for illegal substances (a "for-cause test").

I understand that if I successfully complete a rehabilitation program and return to work for the Augusta Commission, I may be tested for illegal substances on a random basis up to twelve times per year for three years and that it is my responsibility to pay for these tests as a condition of my employment.

I understand that if I am involved in an accident, which results in property damage or injury to another person; or in my requiring and/or receiving medical attention for injuries, I may be tested for illegal substances (a "post-accident test"). I understand that Federal testing requirements, for Transit employees and holders of CDL licenses, may require drug and/or alcohol testing in cases of vehicle accidents, even though there may be no injuries.

I also understand that my arrest and/or conviction for off-the-job drug and/or alcohol activities, including driving under the influence, may constitute grounds for reasonable suspicion and a for-cause illegal substances screening, and may cause me to have action taken against me, taking into consideration (among other things), the nature of the charges, my job assignment and my record with the Augusta Commission.

I understand that it is my responsibility to read the Augusta Substance Abuse Policy entirely, and that my cooperation with, and adherence to, policies and procedures regarding substance abuse are conditions of my employment and that if I violate or am insubordinate by refusing to cooperate with any of these policies and procedures, I am subject to discipline up to and including discharge.

Employee Signature:_________________________________ Date:__________________________

FORM SA-2

APPENDIX 3

SUBSTANCE ABUSE TEST CONSENT FORM

I, ________________________________, do hereby give my consent to the Augusta (or its agent(s)) to collect a urine, breath and/or blood sample from me to determine if I have used illegal drugs or misused alcohol and/or drugs or controlled substances (including the misuse of any legal drugs).

I further give my consent to Augusta to forward the sample(s) to a qualified laboratory for its performance of appropriate tests thereon to identify the presence of substances illegal under the Substance Abuse Policy.

I further give the testing laboratory my permission to release the results of such test to Augusta, Risk Management and/or the Medical Review Officer for the Augusta government.

I understand that refusal to submit to testing or providing false information in connection with a test is considered the same as a positive test result.

I hereby certify that I will not adulterate or substitute any urine sample given under the Substance Abuse Policy.

Employee Signature: ____

DATE:____

WITNESS:__________________________________

DATE:______________________________________

FORM SA-3

APPENDIX 4

PERSONAL AND CONFIDENTIAL

FOR-CAUSE/REASONABLE SUSPICION DRUG TEST AUTHORIZATION FORM

FOR-CAUSE TEST is requested for:

Print Employee Name:		Payroll #:
Department:	Job Title	
Physical Signs or Symptoms		
☐ 1. Possessing, dispensing, or using prohibited substance. ☐ 2. Slurred or incoherent speech ☐ 3. Bloodshot or watery eyes ☐ 4. Odor of alcohol ☐ 5. Odor of Marijuana ☐ 6. Runny nose or sores around nostrils. ☐ 7. Puncture marks or "tracks"	☐ 8. Loss of physical control, poor coordination, unsteady gait. ☐ 9. Extreme fatigue or sleeping on the job. ☐ 10. Flushed or very pale face ☐ 11. Nausea or vomiting ☐ 12. Disheveled appearance or out of uniform ☐ 13. Dizziness or fainting ☐ 14. Highly excited or nervous	☐ 15. Dilated or constricted pupils or unusual eye movement ☐ 16. Excessive sweating or clamminess of skin ☐ 17. Shaking hands or body tremors. ☐ 18. Dry mouth ☐ 19. Breathing irregularity or difficult breathing ☐ 20. Inappropriate wearing of sunglasses. ☐ 21. Other (describe below)

5. Has there been a change to the employee's quality and quantity of work? ☐ NO If so describe:

6. Has the employee's work relationships changed with fellow employees? ☐ NO If so, describe:

7. Does the employee appear to "bring his personal/family problems" to work more than usual? ☐ NO If so, describe:

8. Have you noticed any recent changes in personality, moods, or behavior? ☐NO If so, describe:

FORM SA-4 Page 1 of 2

PAGE 2 FOR-CAUSE REASONABLE SUSPICION DRUG TEST AUTHORIZATION FORM
NATURE OF INCIDENT/CAUSE FOR SUSPICION
☐ 1. Observed possession or use of a prohibited substance ☐ 2. Apparent drug or alcohol intoxication. ☐ 3. Observed abnormal or erratic behavior. ☐ 4. Other:

2. Test requested by:

Signature	Date:
Printed Name:	Payroll #:
Job Title:	Department:

3. TEST AUTHORIZED BY:

Signature:	Date:
Printed Name:	Empl #:
Job Title:	Department:

Additional Information

____

____

____

____

FORM SA-4 Page 2 of 2

APPENDIX 5

CONCERN: EAP SUPERVISORY REFERRAL FORM

- C O N F I D E N T I A L -

NOTE: NOT FOR INCLUSION IN PERSONNEL FILE - Please print or type

This form is to be used as a guide in determining the extent and exact nature of the decline of your employee's job performance. Please review the form with your employee, and be sure that both parties sign. Please call if you have any questions. Upon completion of the form please forward to: CONCERN, Employee Assistance Program, 2610-B Commons Blvd, Augusta, GA 30909
Telephone: 706-667-2353, Toll Free 1-800-285-2353, FAX: 706-667-2303

Name and Title of Employee : ____________________

Company: Augusta Government ____ Department: ____________________

CHANGES IN WORK BEHAVIOR

(√_) (Please explain in detail indicating when you first noticed changes.)

____ Frequent short absences ____________________

____ Tardiness ____________________

____ Unexplained disappearances from work station: ____________________

____ Reduced quantity of work ____________________

____ Reduced quality of work ____________________

____ Erratic work performance ____________________

____ Missed deadlines ____________________

____ Complaints from fellow workers ____________________

____ Errors due to inattention or poor judgment ____________________

____ Repeated minor accidents on or off job ____________________

____ Inability to concentrate ____________________

____ Irritability: ____________________

____ Overreaction to criticism ____________________

FORM SA-5 Page 1 of 2

CONCERN: EAP SUPERVISORY REFERRAL FORM

__ Complaints of not feeling well:

__ Undependable statements:

__ Deteriorating appearance:

__ Outside forces (i.e., family and financial garnishments) beginning to interfere with work:

__ Hospitalized more than should be expected:

__ Changes in personality pattern:

The above listing is intended only as a guide. These indicators are most reliably applied to employees who have been good performers in the past but who have had a recent decline in job performance.

Additional Information:
(Please list any additional information or comments, which you feel, could be helpful. Attach additional sheets if necessary.)

____

____

____

____

____

____

____

____

RELEASE OF INFORMATION: (To be reviewed and signed during interview)

I authorize CONCERN: EAP to advise the person listed below whether or not I scheduled and/or kept an appointment for services.

EMPLOYEE:____________________________________DATE:____________________

Supervisor ________________________________ Title: ________________________________

Telephone __________________________ Date: _____________________________________

CONTACT PERSON: __________________TELEPHONE: __________(If different from above)

FORM SA-5 Page 2 of 2

APPENDIX 6 Collection Procedures Check List

Employee Last Name: ______________ First Name__________ Employee number: _________

PLEASE READ!!!!

In an effort to provide the best protection possible for each employee and the collection agent, this checklist is being provided for use with each collection. Your participation is required to ensure that each step of the collection process is completed to standard. You will be required to initial each block by the procedure you were involved in. Your initials signify that the procedure was completed properly. If there is any deviation of procedures you should make a note at the bottom of the sheet and sign your name. Designated Employer Representative is Sandy Wright, Risk Management…direct any questions of concerns to the DER.

#	Procedure	Collector	Donor
1	Prepare collection site; ensure coloring agent present in commode.		
2	Verify identity of employee with picture ID.		
3	Prepare Top section of Chain of Custody form: (donor ID, reason for test)		
4	If required: ask donor to remove bulky or unnecessary items (exterior clothing, store in secure area.		
5	Employee washes hands and returns to the collector.		
6	Collector gives (sealed collection bottle) or lets donor pick (non-sealed collection bottle). NOTE: only one collection container allowed in the rest room.		
7	Employee/donor provides urine sample in the collection container and immediately provides the container to the collector. (Note: do not flush the commode until told to do so)		
8	Collector annotates the temperature on the Chain of Custody form and insures there is at least 45 ml. If the temperature is outside the acceptable range follow the procedures of SAMSHA.		
9	Donor observes the splitting of the sample and sealing.		
10	Collector splits the sample, writes the date on the labels/seals and seals the containers (In the presence of the donor).		
11	Donor initials security seal.		
12	Donor flushes the commode and washes hands.		
13	Donor reads the certification statement of the Chain of Custody form and signs the form.		
14	Collector completes the Chain of Custody form and provides copy to the employee/donor.		

Collector Comments:

Employee Comments:

CERTIFICATION

I certify that the above procedures were satisfactorily completed and that any questions concerning the procedure by the employee were satisfied at the time of the collection. I also state that I was given the opportunity to write comments concerning any aspect of the collection process.

________________________ ____________ ________________________

(Signature of Collector) *(Date)* *(Signature of Employee)*

NOTE: This form is an internal document for use by Augusta Risk Management and is not required by DOT/FTA

FORM SA-6

APPENDIX 7

Information Request Form (Pre-Employment Transit)

I, ____ hereby allow ___Augusta Transit
(Applicant) (Transit Agency)
to contact my former DOT -regulated employer(s), from the past two years, to request the following information in accordance with 49CFR part 40.25.

1. Alcohol test results of 0.04 or higher alcohol concentration. 49CFR part 40.25(b)(1)
2. Verified positive drug tests. 49CFR part 40.25(b)(2)
3. Refusals to be tested (including verified adulterated or substituted drug test results.) 49CFR part 40.25(b)(3)
4. Other violations of DOT agency drug and alcohol testing regulations. 49CFR part 40.25(b)(4)
5. With respect to any employee who violated a DOT drug and alcohol regulation, Documentation of the employee's successful completion of DOT return-to-duty Requirements (including follow-up tests). 49CFR part 40.25(b)(5)

Please list former employer(s) with contact information.

____
____
____
____
____

In respect to DOT drug and alcohol testing regulations over the past two years……

Have you ever had an alcohol test results of 0.04 or higher? Yes___ No ___
Have you ever had a verified positive drug test? Yes___ No ___
Have you ever refused to be tested (including verified adulterated or substituted drug test results.) Yes___ No ___
Have you violated any DOT agency drug and alcohol testing regulation? Yes___ No ___

If you have violated a DOT drug and alcohol regulation, do you have documentation of successful completion of DOT return-to-duty requirements (including follow-up tests)?
Yes___ No___

FAILURE TO PROVIDE WRITTEN CONSENT, INCLUDING FORMER EMPLOYER(S) INFORMATION, ANSWERS TO THE QUESTIONS AND SIGNATURE, WILL RESULT IN YOU BEING DISQUALIFIED FOR A SAFETY SENSITIVE POSITION WITH ___AUGUSTA TRANIT, AS PER 49CFR PART 40.25(a).

Applicant Signature ____________________________________ Date ___________

Witness Signature ______________________________________ Date ___________

FORM SA-7

APPENDIX 8

ALCOHOL FACT SHEET

Alcohol is a socially acceptable 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.

Signs and Symptoms of Use

◊ Dulled mental processes
◊ Lack of Coordination
◊ Odor of alcohol on breath
◊ Possible constricted pupils
◊ Sleepy or stuporous conditions
◊ Slowed reaction rate
◊ Slurred speech

(NOTE: Except for the odor, these are general signs and symptoms of any depressant substance)

Health Effects

The chronic consumption of alcohol (average of three servings per day of beer [12 ounces], whiskey [1 ounce], or wine [6 ounce glass]) over time may result in the following health hazards:

◊ Decreased sexual functioning
◊ Dependency (up to 10 percent of all people who drink alcohol become physically and/or mentally dependent on alcohol and can be termed "alcoholic").
◊ Fatal liver diseases
◊ Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast and malignant melanoma.
◊ Kidney disease
◊ Pancreatitis
◊ Spontaneous abortion and neonatal mortality
◊ Ulcers
◊ Birth defects (up to 54 percent of all birth defects are alcohol related).

Social Issues
◊ Two-Thirds of all homicides are committed by people who drink prior to the crime.
◊ Two to three percent of the driving population is legally drunk at any one time. This rate is doubled at night and on weekends.
◊ Two thirds of all Americans will be involved in an alcohol-related vehicle accident during their lifetimes.
◊ The rate of separation and divorce in families with alcohol dependency problems is 7 times the average

APPENDIX 8

ALCOHOL FACT SHEET (Continued)

- ◊ Forty percent of family court cases are alcohol problem related.
- ◊ Alcoholics are 15 times more likely to commit suicide than are other segments of the population.
- ◊ More than 60 percent of burns, 40 percent of falls, 69 percent of boating accidents, and 76 percent of private aircraft accidents are alcohol related.

THE ANNUAL TOLL

- ◊ 24,000 people will die on the highway due to the legally impaired driver.
- ◊ 12,000 more will die on the highway due to the alcohol-affected driver.
- ◊ 15,800 will die in non-highway accidents.
- ◊ 30,000 will die due to alcohol-caused liver disease.
- ◊ 10,000 will die due to alcohol-induced brain disease or suicide.
- ◊ Up to another 125,000 will die due to alcohol-related conditions or accidents.

Workplace Issues

- ◊ It takes one hour for the average person (150 pounds) to process one serving of an alcoholic beverage from the body.
- ◊ Impairment in coordination and judgment can be objectively measured with as little as two drinks in the body.
- ◊ A person who is legally intoxicated is 6 times more likely to have an accident than a sober person.

ACKNOWLEDGEMENT OF RECEIPT

AUGUSTA POLICY AND PROCEDURES ON SUBSTANCE ABUSE
Administrative Regulation No. 3-1

I hereby acknowledge receipt of a copy of the Augusta Policy and Procedures on Substance Abuse on the date written below.

I further acknowledge and understand that it is my responsibility to read and understand the policies and procedures included in this administrative regulation.

By way of this acknowledgement, I acknowledge that I have been informed that the Augusta-Richmond County Commission may add to, revoke, and/or modify the policies and procedures from time to time.

Date

Employee Signature

Employee Printed Name

Employee Number

FORM SA-9

SUBSTANCE ABUSE POLICY INDEX

Administrative Services Committee Meeting
5/26/2009 12:35 PM
Transfer Title of 3115 Bell Drive

Department:	Housing and Community Development Department
Caption:	Motion to approve a request to transfer title to Promise Land Community Development.
Background:	On April 22, 2008, The Augusta Housing and Community Development Department purchased 3115 Bell Drive, Augusta, Georgia from Housing Urban Development. The sales were facilitated utilizing the $1 Homes Sales Program. This program is available to local government program only. Promise Land Community Development requested that AHCD purchase the home through the $1 Homes Sales Program and transfer ownership to them. Promise Land Community Development would then rehab the property and make it available for ownership to a low to moderate income first time homeowner.
Analysis:	Transfer of this title will allow another family the opportunity of living out the American Dream.
Financial Impact:	There is no financial impact on the transfer of this title.
Alternatives:	None recommended.
Recommendation:	Accept the recommendation to transfer title of 3115 Bell Drive, Augusta, GA 30906 in order to assist a low to moderate citizen with the opportunity to achieve their own American Dream.
Funds are Available in the Following Accounts:	No funds involved.

REVIEWED AND APPROVED BY:

Finance.
Law.
Administrator.
Clerk of Commission