



EGS, Inc.

Empowered Global Solutions

DRUG AND ALCOHOL TESTING POLICY STATEMENT AND CONSENT FORM

EGS, Inc is committed to maintaining a safe, productive work environment at all facilities and work sites to which it assigns associates and to safeguarding all property connected with such employment. Because the concern for the safety of all EGS, Inc. associates is paramount, the signing of the Drug and Alcohol Testing Consent Form, constituting agreement and cooperation with this policy, is required of all persons as a condition of employment by EGS, Inc.

It is the policy of EGS, Inc. not to assign or retain any individuals who test positive for any illegal drugs in their system or use illegal drugs or a controlled drug, in any amount, regardless of frequency, without a medically acceptable prescription. Therefore, to rule out the presence of non-prescribed or prohibited dangerous controlled substances in the body, all EGS, Inc. associates may, consistent with state law, be required to undergo a drug screening test for any or all of the following reasons:

- Pre-employment (assignment) purposes
- Continuation of employment (assignment)
- Periodic, announced (routine) testing
- Randomly to ensure consistency and continuance of policy
- For cause due to reasonable suspicion by EGS, Inc. or its clients
- Post-accident (work-related injury)

In addition, EGS, Inc. associates may be required to undergo alcohol screening when there is suspicion of impairment or a critical event (work-related injury, unusual behavior, etc.).

I understand that according to EGS, Inc.'s policy, I may be required to submit a sample of my urine and/or other body fluids, tissue, or filaments for chemical analysis. I understand that the analysis will be performed by qualified personnel.

I consent freely and voluntarily to this request for a specimen or specimens of urine and/or other body fluids, tissue, or filaments. I hereby and herewith release EGS, Inc. the medical provider obtaining the samples, and the laboratory performing the analysis (including its employees, agents, and contractors) from any liability whatsoever arising from this request to furnish my urine and/or other body fluids, tissue, or filaments, the testing of the sample, and decisions made concerning my employment based upon the results of the analysis.

I understand that any person refusing to take or failing to pass the drug screening test will not be qualified for employment or any assignments with EGS, Inc. until a negative drug test result can be obtained on the EGS Inc.'s test. Initial testing and confirmatory tests for positive results are at the expense of EGS, Inc. Re-testing is at my expense, consistent with state law.

I have read the foregoing policy statement and consent form and understand and agree to submit to drug and alcohol testing as part of the terms and conditions of my employment with EGS, Inc.

Name: _____
(please print)

Social Security: _____

Signature: _____ Date: _____

Witness: _____ Date: _____