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JC Industrial Services

I, \_\_\_\_\_, of \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_ hereby agree, upon a request made under the drug testing policy of JC Industrial Services of 6906 W Bleck Rd., Michigan City, Indiana 46360, to submit to a drug test and to furnish a sample of my urine, breath, and/or blood for analysis.

I understand and agree that if I at any time refuse to submit to a drug test under Employer policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination.

I further authorize and give full permission to have the Employer and/or its Employer physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Employer and/or to any governmental entity involved in a legal proceeding or investigation connected with the test.

Finally, I authorize the Employer to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

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

I will further hold harmless the Employer, its Employer physician, and any testing laboratory the Employer might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I understand that the Employer will require a drug screen test under this policy whenever I am involved in an on-the-job accident or injury under circumstances that suggest possible involvement or influence of drugs in the accident or injury event.

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Name of Employee: \_\_\_\_\_

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Date