

“Keep Orlando a safe city by reducing crime and maintaining livable neighborhoods.”

**ORLANDO POLICE DEPARTMENT POLICY AND PROCEDURE
1605.5, EMPLOYEE DRUG AND ALCOHOL SCREENING**

| | |
|-------------------------|--------------------------|
| EFFECTIVE: | 2/19/2020 |
| RESCINDS: | 1605.4 |
| DISTRIBUTION: | ALL EMPLOYEES |
| REVIEW RESPONSIBILITY: | INTERNAL AFFAIRS MANAGER |
| ACCREDITATION CHAPTERS: | NONE |
| CHIEF OF POLICE: | ORLANDO ROLÓN |

CONTENTS:

1. DEFINITIONS
2. PROHIBITED ACTIVITIES
3. VOLUNTARY REHABILITATION
4. PROCEDURE FOR AUTHORIZING DRUG AND ALCOHOL DETECTION TESTS
5. TESTING PROCEDURES
6. FINDINGS AND DISCIPLINE
7. CONFLICT WITH OTHER LAWS

POLICY:

The Orlando Police Department will not tolerate the use of narcotic drugs or controlled substances, either on or off duty. This policy shall cover all employees including those newly hired up to and including the Chief of Police, except as otherwise provided by applicable bargaining agreements.

1. DEFINITIONS

Accident: An on-duty accident that results in one or more of the following (1) personal injuries requiring medical attention other than basic first aid; or (2) property damage; or (3) property damage to one or more vehicles. For the purposes of this policy, a parked OPD vehicle that is damaged by a non-OPD driver shall not be considered an accident requiring a drug and/or alcohol test.

Below are the criteria where mandatory testing is required:

- (1) Personal injury (requiring treatment beyond basic first aid); includes **all work-related injury or illness** that requires treatment by a designated medical provider or hospital.

Personal injury does not include employees making a notice of injury when not seeking treatment. However, the employee is subject to testing if treatment is sought later.

- (2) Property damage includes real property valued over \$500.
- (3) Property damage to one or more vehicles includes minor traffic crashes (more than \$500 per vehicle) and the officer is at fault. **If fault cannot be determined, testing is required.**
- (4) All **on and off-duty accidental discharges** with department issued firearms or approved firearms where the officer qualifies to carry per P&P 1702, Firearms. This does not apply to accidental discharges occurring during departmental training.

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 it is not consistent with human urine.

Alcohol: Beverages containing alcohol, including distilled spirits, wine, malt beverages and intoxicating liquors.

Chain of Custody: Method of tracking specified materials or substances for the purpose of maintaining control and

accountability from initial collection to final disposition for all such materials or substance and providing for accountability at each stage in handling, testing, and storing specimens, and reporting test results.

Confirmation Drug Test: "Confirmed Test" or "Confirmation Test:" A second analytical procedure used to identify the presence of a specific drug or metabolite in a specimen. The confirmation test must be different in scientific principle from that of the initial test procedure. This confirmation method must be capable of providing requisite specificity and quantitative accuracy.

Confirmation Alcohol Test: A second procedure used to identify the presence of alcohol.

Designated Employer Representative (DER): An employee designated by the City to take immediate action(s) to remove employees from safety-sensitive duties and to make required decisions in the testing and evaluation processes. The DER also receives test results and other communications to the City related to this policy and procedure.

Dilute Specimen: A specimen with creatinine and specific gravity values that are lower than expected for human urine as determined by a Medical Review Officer.

Driver: Any person who operates a City vehicle requiring a Florida Driver's License Class A through E including regularly employed drivers, casual, intermittent, or occasional drivers, and persons applying to become drivers.

Drugs: Cannabinoids or cannabinoid products with or without prescription; amphetamines; cocaine; phencyclidine (PCP); hallucinogens; methaqualone; opiates; barbiturates; benzodiazepine, synthetic narcotics; designer drugs; a metabolite of any of the substances listed herein; or any other drug that is an illegal and/or controlled substance as defined in Florida Statutes 893.13, not specifically listed above. This term includes the use of another's prescription medication or misuse of any prescription medication.

Drug or Alcohol Test: Any breath, blood, or urine instrumental analysis administered for the purpose of determining the presence or absence of alcohol, a drug or its metabolites.

Employee Assistance Program (EAP): A service provided by the City to assist employees and their families in identifying and resolving personal problems that may cause or contribute to work performance problems, which may include financial, marital, family, substance abuse, emotional/psychological, health or other concerns.

Initial Alcohol Test: A sensitive and reliable procedure to identify the presence of alcohol. The initial test will be by breathalyzer. If breath cannot be supplied, the initial alcohol test will be a blood test. If a blood test cannot be supplied, another scientifically-accepted method may be used.

Initial Drug Test: A sensitive and reliable procedure to identify negative and presumptive positive specimens. All initial tests shall use an immunoassay procedure or equivalent or shall use a more accurate scientifically-accepted method approved by the Agency for Health Care Administration as such more accurate technology becomes available in a cost-effective form.

Medical Review Officer (MRO): A licensed physician, employed by or contracted with an employer, who has knowledge of substance abuse disorders, laboratory testing procedures, and chain of custody collection procedures; who verifies positive, confirmed test results, and who has the necessary medical training to interpret and evaluate an employee's positive test result in relation to the employee's medical history or any other relevant biomedical information.

Negative Dilute: A diluted specimen that tests negative.

Occupational Health Medical Provider (OHMP): Contracted occupational medical provider as determined by the City of Orlando.

Positive Dilute: A diluted specimen that tests positive.

Reasonable Suspicion Drug and Alcohol Testing: Drug and/or alcohol testing based on a belief that an employee is using or has used drugs in violation of the employer's policy drawn from specific objective and articulable facts and reasonable inferences drawn from those facts in light of experience.

Refuse to Submit/Refuse to Test:

- a. Failure to provide adequate applicable specimen, as listed throughout this Policy, for testing without valid medical explanations after receiving written notice of requirement. However, for urine testing, the employee shall be allowed three hours from arrival for testing to provide an adequate, applicable specimen. Employee will be provided a source of drinking water of at least 40 ounces for consumption and encouraged to consume at least 40 ounces of drinking water. If the employee is still unable to provide a urine specimen, a blood specimen may be obtained for testing. For breath alcohol testing, if the employee is unable to provide a sufficient breath sample, a blood specimen may be obtained for testing. If neither of these tests can be performed, another scientifically-accepted method may be used as determined by Centra Care
- b. Engaging in conduct that clearly obstructs the testing process.
- c. Failure to appear for any test within one hour after being directed to do so by the employer.
- d. Failure to remain at the testing site until the testing process is complete.
- e. In the case of a directly observed or monitored collection, failure to permit the observation or monitoring of the employee's provision of specimen.
- f. Failure 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 "shy bladder" procedures.
- g. Failure to cooperate with any part of the testing process; **or**
- h. Producing a verified test result indicating possible adulteration or substitution.

Once an individual arrives at the testing site, he or she cannot leave until a specimen has been collected. If he or she leaves the testing site, the site will notify the City and disciplinary actions will be taken.

Safety-Sensitive Position: Any position, including a supervisory or management position, in which drug or alcohol impairment would constitute an immediate and direct threat to public health or safety.

Substituted Specimen: A specimen with temperature, creatinine, and specific gravity values that are not consistent with human urine.

Verified Test: A drug test result or validity testing result that has undergone review and final determination by the MRO.

2. PROHIBITED ACTIVITIES

2.0 PROHIBITED ACTIVITIES

2.1 Drugs

Use, possession, sale, solicitation or being under the influence of drugs is prohibited at all times on or off the job, except as described in Section 2.3.

2.1.2 Initial Test

The initial screening may include any drug use or possession of which is illegal under current Florida or Federal law. There is a zero-tolerance threshold for the presence of illegal drugs. The testing will be done by a NIDA certified laboratory pursuant to NIDA standards.

2.2 ALCOHOL

Use or being under the influence of alcohol is prohibited (except pursuant to managerial approval

and necessary as part of an investigation);

- 2.2.1 When in uniform.
- 2.2.2 During work hours, including any breaks.
- 2.2.3 While operating City equipment, including motor vehicles.
- 2.2.4 An alcohol test reflecting a blood alcohol concentration of .02 or higher will result in a positive alcohol test.

2.3 MEDICATIONS

- 2.3.1 Employees who are taking any medication that includes a warning not to drive or operate heavy machinery must use available leave. However, if the employee is taking the medication as the result of on-the-job injury, the employee may request alternative duty, if available, which may be granted in the sole discretion of management.
- 2.3.2 Unless covered by 2.3.1, prescription and over-the-counter drugs are not prohibited when taken in standard dosage and/or according to a physician's prescription. Provided, however, that marijuana/ cannabinoids are prohibited at all times on or off duty, regardless of whether the use is prescribed.
- 2.3.3 Any employee taking prescribed or over-the-counter medications will be responsible for consulting the prescribing physician and/or pharmacist to ascertain whether the medication may interfere with safe performance of his/her job. If the use of a medication could compromise the safety of the employee, fellow employees, or the public, it is the employee's responsibility to use appropriate personnel leave procedures.

3. VOLUNTARY REHABILITATION

3.0 VOLUNTARY REHABILITATION

- 3.1 An employee, not currently under a Last Chance Agreement, at any time prior to any off duty incident which could lead to investigation, or prior to any order for testing, may voluntarily enter a chemical dependence rehabilitation program without disciplinary action being taken against him or her. A rehabilitation program shall include evaluation, counseling, treatment, and monitoring. The rehabilitation program shall not be considered time worked. Details concerning treatment received by any employee at this program shall remain confidential. If available, employees can use sick leave, personal leave, or other appropriate leave while undergoing rehabilitation.
- 3.2 Upon successful completion of rehabilitation, as determined by the program administrator and the City's MRO, an employee shall be returned to his/her regular duty assignment, subject to the restrictions outlined in this policy.
 - 3.2.1 Upon return to the employee's regular duty assignment, the employee will be subject to random drug testing, pursuant to the Department's random testing program, described below.
 - 3.2.2 In addition to the Department's standard random testing program described below, the City may require the employee to take up to three (3) additional randomly administered drug or alcohol tests within a twelve (12) month period following his/her return to work.

- 3.3 The voluntary referral program may be invoked only one (1) time in any consecutive ten (10) year period by an employee and may not be used to supersede aspects of a mandated rehabilitation program.

4. PROCEDURE FOR AUTHORIZING DRUG AND ALCOHOL DETECTION TESTS

An employee may be tested for drug or alcohol use as follows:

4.1 REASONABLE SUSPICION TESTING

4.1.1 An employee may be subject to reasonable suspicion testing:

4.1.1.1 When any Supervisor or Manager has reasonable suspicion, based upon specific objective facts and observations, including observations of others, to believe an employee is under the influence of drugs or alcohol while on duty.

Such facts and observations may be based upon:

- a. Observable phenomena while at work, such as direct observation of drug use or of the physical symptoms or manifestations of being under the influence of a drug.
- b. Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance.
- c. A report of drug use, provided by a reliable and credible source, which has been independently corroborated.
- d. Evidence that an individual has tampered with a drug test during employment with the current employer.
- e. Information that an employee has caused, or contributed to, an accident while at work.
- f. Evidence that an employee has used, possessed, sold, solicited, or transferred drugs.

4.1.1.2 When the City has reasonable suspicion based upon specific objective facts and observations, other than as provided above, to believe an employee has used or possessed drugs, or has used or possessed alcohol while on duty.

4.1.2 Anonymous communications, without further corroboration, shall not constitute reasonable suspicion.

4.1.3 Prior to an employee being required to submit to reasonable suspicion drug and alcohol testing, a Supervisor or Manager must document in writing who is to be tested and describe the specific objective facts or information allegedly constituting reasonable suspicion for testing. A Supervisor or Manager shall use the Reasonable Suspicion Observation and Reasonable Suspicion Drug & Alcohol Forms (Attachment C) to satisfy this requirement. Only a copy of the Reasonable Suspicion Drug & Alcohol form shall be provided to the employee prior to any testing commencing and a copy shall be furnished to Internal Affairs before the end of the tour of duty.

4.1.4 A Supervisor or Manager shall transport the employee to and from the testing site and take the completed Reasonable Suspicion Drug & Alcohol Form (Attachment C).

4.1.5 The Supervisor or Manager shall ensure that the employee is not allowed to perform job-related tasks and shall remain with the employee until he or she is escorted home or turned over to a competent authority. Under no circumstances shall the employee undergoing reasonable suspicion

testing be permitted to drive a City vehicle. If an employee insists on driving a personally-owned vehicle, he or she will be subject to Florida traffic laws. Driving privileges of City vehicles may be reinstated at the discretion of the Police Chief upon receipt of the testing results.

- 4.1.6 Supervisors or Managers of non-sworn employees will follow City policy as outlined in 808.4.
- 4.1.7 When an employee is ordered to submit to reasonable suspicion testing for drug or alcohol use, the Internal Affairs Manager or any appropriate sworn manager shall relieve the member from duty and seize the employee's badge, identification, and firearm. When the employee is in uniform, but civilian clothes are available, the employee shall be directed to change.
- 4.1.8 Employees who are tested for reasonable suspicion under the provisions of this policy will be relieved of duty. If the results are negative, the employee may be returned to duty. If the results are positive, the matter will be referred for disciplinary action.

4.2 POST-ACCIDENT TESTING

- 4.2.1 Employees will be required to submit to drug and alcohol testing if they are involved in an on-duty accident and found at fault or if fault cannot be determined. Only the driver is required to be tested.
- 4.2.2 Employees are directed to inform their chain of command of any on-duty accident immediately. The employee's supervising officer must complete the Post-Accident Drug & Alcohol Form (Attachment B) and provide a copy of the form for the employee to present at Centra Care for testing purposes. The employee shall report for drug and alcohol testing within one hour after the accident or as soon as operationally possible.
- 4.2.3 Employees who refuse to submit a breath, blood, or urine specimen following an accident, who fail to report an on-duty accident immediately, and supervising officers who fail to direct employees involved in accidents to report for drug and alcohol testing as required by this policy shall be charged with insubordination and can be disciplined up to and including termination.

4.3 RANDOM TESTING

- 4.3.1 Random drug and/or alcohol tests will be spread throughout the year based on a computer program. With the exception to employees' subject to a Last Chance Agreement set forth in Sections 6.3 and 6.4 below, no employee will be randomly tested more than twice in a twelve (12) month fiscal year. No more than fifteen (15) percent of the bargaining unit membership will be randomly tested each calendar quarter. Employees subject to random testing include all sworn police officers and managers including reserve officers.
- 4.3.2 The City will utilize the services of a third-party Occupational Health Medical Provider (OHMP) to select the employees (or units) to be tested and perform all drug and or alcohol testing. The OHMP utilized shall be certified by the National Institute on Drug Abuse (NIDA). This section does not apply to employees' subject to a Last Chance Agreement set forth in section 6.3 and 6.4 below.
- 4.3.3 Random Testing Notification Procedure
 - 4.3.3.1 All notifications for random testing will be in writing. Each month, the Internal Affairs Manager or designee, will receive a list of names that were randomly selected from a computer program along with the authorization form for testing the selected employees. The Internal Affairs Manager or designee, will provide the appropriate Deputy Chief, or designee, with the Random Drug & Alcohol Employee Notification Form (Attachment A).

4.3.3.2 Attachment A will be provided to the affected employee. It will include notification of the employee's selection to participate in the Orlando Police Department's random drug and alcohol testing and will direct him or her to report immediately (within one hour) and directly, without delay, to a designated testing location.

4.3.3.3 In those situations where an employee has been selected for random testing but will not be available due to previously scheduled and approved military duty, vacation, medical leave, or any other previously scheduled and approved employment absence, the manager will notify Internal Affairs of the employee's status within 30 days. The employee's name will then be returned to the database with all other employees for possible reselection.

4.4 TESTING PRIOR TO TRANSFER

Employees will be required to submit to drug and alcohol testing:

4.4.1 Prior to transfer into or out of a unit whose primary responsibilities include the enforcement of drug or alcohol laws.

4.4.2 Prior to transfer into or out of a unit or position that requires the employee to take custody of and maintain direct control over drugs or alcohol used for training purposes.

5. TESTING PROCEDURES

5.1 Employees are required to show picture identification before testing. Employees who refuse to submit a breath, blood, or urine specimen upon a proper order shall be charged with insubordination and can be disciplined up to and including termination.

5.2 All tests shall be conducted by a third party OHMP. Every effort shall be made to assure the accuracy and confidentiality of the tests in accordance with federal and state guidelines and applicable legislation.

5.3 The testing facility shall conduct an initial drug and alcohol test. In the event of a positive drug or alcohol test, the testing facility shall proceed immediately to a confirmation test. The testing facility will immediately notify the Department of a positive breath alcohol test result or if the employee refuses to test.

5.4 The MRO will normally notify the City's Designated Employer Representative (DER) within three working days, of the results, whether negative or positive.

5.5 SPECIMEN REQUIREMENTS

5.5.1 The specimen collected must be unadulterated and must not be a substituted specimen. A positive-dilute result will be treated as a verified positive result.

5.5.2 If the result is a negative-dilute specimen, the employee will be required to take another test immediately and without advance notice. If the employee is off-duty and required to return for the second test, the employee will be paid for the time spent at the testing facility. If the employee receives a second negative-dilute specimen the result will be treated as negative.

5.6 IF THE RESULT IS POSITIVE OR INVALID

5.6.1 The MRO (or DER if the MRO is unable to make contact) shall contact the employee normally within three working days after receipt of the results of the test to notify them of the result. The employee must contact the MRO as directed and within 72 hours after the MRO or DER makes

initial contact.

- 5.6.2 The MRO will review any circumstances the employee believes may mitigate the results of the positive test, including verifiable evidence of taking prescribed medication. The MRO may request physical examination or further medical evaluation as part of the verification process. If the MRO requires additional physical examination or further medical evaluation as part of the verification process, the City will absorb the cost.
- 5.6.3 The MRO will notify the DER by telephone of a positive screen. The DER will then immediately notify the Internal Affairs Manager or designee. The employee shall be immediately relieved of duty.

5.7 RETESTING THE SAMPLE

- 5.7.1 The employee or applicant may request a retest of the already submitted specimen by a NIDA certified laboratory of his or her choosing. The request shall be made in writing by the employee. The original laboratory will transfer the specimen using the proper protocols to preserve the chain of custody. The costs of providing for a second test will be borne by the requesting party. If the retest result is negative, the employee will be reimbursed for his or her reasonable costs of the test.
- 5.7.2 This option shall not delay any other aspects of the procedure outlines in this policy.

5.8 EVIDENCE

The testing facility shall maintain the chain of custody throughout their handling and testing as prescribed by Florida Statute 112.0455 and Florida Statute 440.102(9) or their successors.

5.9 CONFIDENTIALITY

- 5.9.1 All information, interviews, reports, statements, memoranda, and drug test results, written or otherwise, received by the employer through a drug testing program will be considered confidential communications to the extent required by state and federal law.
- 5.9.2 This section does not prohibit the City, its agent(s), or laboratory conducting a drug or alcohol test program from having access to employee drug or alcohol test information or using such information when consulting with legal counsel or in connection with actions brought under or related to this policy or when the information is relevant to its defense in a civil or administrative matter.

| |
|-----------------------------------|
| 6. FINDINGS AND DISCIPLINE |
|-----------------------------------|

6.1 POSITIVE TEST

For any instance of an employee testing positive in any drug or alcohol test administered pursuant to this policy, the employee will be subject to disciplinary action up to and including discharge, as determined by the Police Chief.

6.2 NEGATIVE TEST

A negative finding and report may allow an Internal Affairs investigator to close the investigation. However, the investigation may be continued if sufficient information remains to determine a possible violation of Departmental regulations.

- 6.3 In the first instance of testing positive for prescription drugs or alcohol only, if an employee is not discharged,

the City may enter into a Last Chance Agreement with the employee. The employee shall then be evaluated and counseled by a professional mutually agreed upon by the employee and the City in order to determine what rehabilitation may be necessary.

6.4 Should rehabilitation be necessary, the employee shall enter into a program and be subject to further testing as stated in the Last Chance Agreement.

6.5 REFUSAL TO TEST

Any employee who refuses to provide a sample requested pursuant to this policy shall be charged with insubordination, which may result in disciplinary action up to and including termination

7. FINDINGS AND DISCIPLINE

7.0 CONFLICT WITH OTHER LAWS

This provision shall not supersede or waive any rights enjoyed by employees under the Federal or State Constitutions or any other applicable law.

1605.5 P&P 2/2020

ATTACHMENT A

ORLANDO POLICE DEPARTMENT
EMPLOYEE DRUG/ALCOHOL TESTING NOTIFICATION
TEST TYPE: RANDOM DRUG & ALCOHOL

(Date)

TO: _____ Employee # _____ FROM: _____

SUBJECT: Drug/Alcohol Testing (RANDOM)

CENTRA CARE CLIENT CONNECT ACCOUNT #: 0010950198

Requested Services: 10 Panel DFWP Drug Screen Non-DOT Breath Alcohol Test (BAT)
 Police Random (Sworn) – Use Chain of Custody – Acct # 42017383
 Manager – Use Chain of Custody – Acct # 10726252

In accordance with the current issue of OPD Policy and Procedure 1605, Employee Drug and Alcohol Screening, you have been selected for Random Drug and Alcohol Testing on _____.

You are directed to report to the below-bold and underlined AdventHealth Centra Care location for testing.

Azalea Park, 509 S. Semoran Blvd., 407.277.0550
Monday – Friday 8:00 a.m. – 8:00 p.m.
Saturday – Sunday 8:00 a.m. – 5:00 p.m.

Dr. Phillips 8014 Conroy Windermere Rd., 407.291.8975
Monday – Friday 8:00 a.m. – 8:00 p.m.
Saturday – Sunday 8:00 a.m. – 5:00 p.m.

South Orange, 2609 Orange Ave., 407.203-0656
Monday – Friday 8:00 a.m. – 8:00 p.m.
Saturday – Sunday 8:00 a.m. – 5:00 p.m.

Airport, 5810 S Semoran Blvd, 407-207-0601
Monday – Friday 8:00 a.m. – 8:00 p.m.
Saturday – Sunday 8:00 a.m. – 5:00 p.m.

Sanford, 4451 West 1st Street, 407-330-3412
Monday – Friday 8:00 a.m. – 12:00 a.m.
Saturday – Sunday 8:00 a.m. – 5:00 p.m.

Waterford Lakes, 250 N. Alafaya Trail, 407-381-4810
Monday – Friday 8:00 a.m. – 12:00 a.m.
Saturday – Sunday 8:00 a.m. – 5:00 p.m.

Winter Park, 3099 Aloma Avenue, 407-951-6302
Monday – Friday 8:00 a.m. – 8:00 p.m.
Saturday – Sunday 8:00 a.m. – 5:00 p.m.

Lake Buena Vista, 12500 S. Apopka Vineland Road, 407-934-2273 **Open 7:00 a.m. – 12:00 a.m.** – Seven days a week

You must report for testing immediately (within one hour) and directly without delay after receiving this notification. Your compliance with this Random Drug and Alcohol Testing is mandatory and a condition of your employment. You are to deliver receipt of compliance after testing prior to the end of your shift. Employees who fail to comply with this order and the requirements of the current issue of OPD Policy and Procedure 1605, will be subject to discipline up to and including termination.

Notification of Acknowledgement: I have received this order to submit for Random Drug and Alcohol Testing.

| | | |
|---------------------------------------|-----------------|-----------------|
| _____ (Signature of Employee) | _____ (Date) | _____ (Time) |
| _____ (O.P.D. Witness) | _____ (Date) | _____ (Time) |
| _____ (Centra Care Representative) | _____ (Date) | _____ (Time) |

Upon completion, place this form in an envelope, marked "CONFIDENTIAL," and forward to Internal Affairs. Employee should keep a copy for their records. If you believe you have already been randomly tested twice in the past year, you must immediately notify the supervisor issuing the notice. Once notified of the possible error, the supervisor shall contact Internal Affairs, to determine if the drug test will proceed.

ATTACHMENT B

ORLANDO POLICE DEPARTMENT
EMPLOYEE DRUG/ALCOHOL TESTING NOTIFICATION
TEST TYPE: POST-ACCIDENT DRUG & ALCOHOL

TO: _____ Employee # _____ FROM: _____
SUBJECT: Drug/Alcohol Testing (POST-ACCIDENT)
CENTRA CARE ACCOUNT #: 0010988698
Requested Services: [] 10 Panel DFWP Drug Screen [] Non-DOT Breath Alcohol Test (BAT)
Use Chain of Custody – Account # 42017383

In accordance with the current issue of OPD Policy and Procedure 1605, Employee Drug and Alcohol Screening, you have been selected for Post-Accident Drug and Alcohol Testing on _____.

You are directed to report to the below-bold and underlined AdventHealth Centra Care location for testing.

| | |
|---|---|
| Azalea Park, 509 S. Semoran Blvd., 407.277.0550 | Dr. Phillips 8014 Conroy Windermere Rd., 407.291.8975 |
| Monday – Friday 8:00 a.m. – 8:00 p.m. | Monday – Friday 8:00 a.m. – 8:00 p.m. |
| Saturday – Sunday 8:00 a.m. – 5:00 p.m. | Saturday – Sunday 8:00 a.m. – 5:00 p.m. |

| | |
|--|--|
| South Orange, 2609 Orange Ave., 407.203-0656 | Airport, 5810 S Semoran Blvd, 407-207-0601 |
| Monday – Friday 8:00 a.m. – 8:00 p.m. | Monday – Friday 8:00 a.m. – 8:00 p.m. |
| Saturday – Sunday 8:00 a.m. – 5:00 p.m. | Saturday – Sunday 8:00 a.m. – 5:00 p.m. |

| | |
|---|--|
| Sanford, 4451 West 1st Street, 407-330-3412 | Waterford Lakes, 250 N. Alafaya Trail, 407-381-4810 |
| Monday – Friday 8:00 a.m. – 12:00 a.m. | Monday – Friday 8:00 a.m. – 12:00 a.m. |
| Saturday – Sunday 8:00 a.m. – 5:00 p.m. | Saturday – Sunday 8:00 a.m. – 5:00 p.m. |

Winter Park, 3099 ~~Aloma~~ Avenue, 407-951-6302

| |
|--|
| Monday – Friday 8:00 a.m. – 8:00 p.m. |
| Saturday – Sunday 8:00 a.m. – 5:00 p.m. |

Lake Buena Vista, 12500 S. Apopka Vineland Road, 407-934-2273 Open **7:00 a.m. – 12 a.m.** – Seven days a week

You must report for testing immediately (within one hour) and directly without delay after receiving this notification. Your compliance with this Post-Accident Drug and Alcohol Testing is mandatory and a condition of your employment. You are to deliver receipt of compliance after testing prior to the end of your shift. Employees, who fail to comply with this order and the requirements of the current issue of OPD Policy and Procedure 1605 will be subject to discipline up to and including termination.

NOTE: AFTER HOURS –

You must report or remain at the Police Station as directed by your supervisor and provide a sample for testing as directed by medical personnel. Your compliance with this Drug and Alcohol Testing is mandatory and a condition of your employment.

Notification of Acknowledgement: I have received this order to submit for Post-Accident Drug and Alcohol Testing.

| | | |
|---------------------------------------|-----------------|-----------------|
| _____ (Signature of Employee) | _____ (Date) | _____ (Time) |
| _____ (O.P.D. Witness) | _____ (Date) | _____ (Time) |
| _____ (Centra Care Representative) | _____ (Date) | _____ (Time) |

Upon completion, place this form in an envelope, marked "CONFIDENTIAL," and forward to Internal Affairs. Employee should keep a copy for their records.

ATTACHMENT C

ORLANDO POLICE DEPARTMENT
EMPLOYEE DRUG/ALCOHOL TESTING NOTIFICATION
TEST TYPE: REASONABLE SUSPICION DRUG & ALCOHOL

TO: _____ Employee # _____ FROM: _____
SUBJECT: Drug/Alcohol Testing (REASONABLE SUSPICION)
CENTRA CARE CLIENT CONNECT ACCOUNT #: 0010950198

Requested Services: 10 Panel DFWP Drug Screen Non-DOT Breath Alcohol Test (BAT)
Use Chain of Custody – Acct. # 42017383

In accordance with the current issue of OPD Policy and Procedure 1605, Employee Drug and Alcohol Screening, you have been selected for Reasonable Suspicion Drug and Alcohol Testing on _____.

You will be escorted to the below-bold and underlined AdventHealth Centra Care location for testing.

| | |
|---|---|
| Azalea Park, 509 S. Semoran Blvd., 407.277.0550 | Dr. Phillips 8014 Conroy Windermere Rd., 407.291.8975 |
| Monday – Friday 8:00 a.m. – 8:00 p.m. | Monday – Friday 8:00 a.m. – 8:00 p.m. |
| Saturday – Sunday 8:00 a.m. – 5:00 p.m. | Saturday – Sunday 8:00 a.m. – 5:00 p.m. |

| | |
|--|--|
| South Orange, 2609 Orange Ave., 407.203-0656 | Airport, 5810 S Semoran Blvd, 407.207.0601 |
| Monday – Friday 8:00 a.m. – 8:00 p.m. | Monday – Friday 8:00 a.m. – 8:00 p.m. |
| Saturday – Sunday 8:00 a.m. – 5:00 p.m. | Saturday – Sunday 8:00 a.m. – 5:00 p.m. |

| | |
|---|---|
| Sanford, 4451 West 1st Street, 407.330.3412 | Waterford Lakes, 250 N. Alafaya Trail, 407.381.4810 |
| Monday – Friday 8:00 a.m. – 12 a.m. | Monday – Friday 8:00 a.m. – 12:00 a.m. |
| Saturday – Sunday 8:00 a.m. – 5:00 p.m. | Saturday – Sunday 8:00 a.m. – 5:00 p.m. |

Winter Park, 3099 Aloma Avenue, 407.951.6302
Monday – Friday 8:00 a.m. – **8:00 p.m.**
Saturday – Sunday 8:00 a.m. – 5:00 p.m.

Lake Buena Vista, 12500 S. Apopka Vineland Road, 407-934-2273 Open **7:00 a.m. – 12 a.m.** – Seven days a week

Your compliance with this Reasonable Suspicion Drug and Alcohol Testing is mandatory and a condition of your employment. Employees who fail to comply with the requirements of the current issue of OPD Policy and Procedure 1605, Employee Drug and Alcohol Screening, will be subject to discipline up to and including termination.

NOTE: AFTER HOURS –

You must report or remain at the Police Station as directed by your supervisor and provide a sample for testing as directed by medical personnel. Your compliance with this Drug and Alcohol Testing is mandatory and a condition of your employment.

Notification of Acknowledgement

I have received this order to submit for Reasonable Suspicion Drug and Alcohol Testing.

| | | |
|---------------------------------------|-----------------|-----------------|
| _____ (Signature of Employee) | _____ (Date) | _____ (Time) |
| _____ (O.P.D. Witness) | _____ (Date) | _____ (Time) |
| _____ (Centra Care Representative) | _____ (Date) | _____ (Time) |

Upon completion, place this form in an envelope, marked "CONFIDENTIAL," and forward to Internal Affairs.
Employee should keep a copy for their records.

ATTACHMENT C (CONTINUED)

ORLANDO POLICE DEPARTMENT
REASONABLE SUSPICION OBSERVATION FORM

EMPLOYEE NAME: _____ EMP #: _____
DATE/TIME OF INCIDENT (Date) at (Time) hours _____
SUPERVISOR #1'S NAME: _____ EMP# : _____
SUPERVISOR #2'S NAME: _____ EMP# : _____

This checklist is to be completed when an incident has occurred which provides reasonable suspicion that an employee is under the influence of a controlled substance or alcohol. The supervisor(s) must note all pertinent behavior and physical signs or symptoms, which lead you to reasonably believe that the employee has recently used or is under the influence of a controlled substance, or alcohol. Mark each applicable item on this form and any additional facts or circumstance, which you have noted. Consult Health & Safety with questions regarding behavior, physical signs, or symptoms.

A. NATURE OF THE INCIDENT/CAUSE FOR SUSPICION

- | Supv #1 | Supv #2 | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Observed/reported possession or use of a controlled substance. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Apparent controlled substance or alcohol intoxication (as further detailed in Sections B and C) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Observed abnormal or erratic behavior (as further detailed in Sections B and C) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Arrest for controlled substance-related offense. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Evidence of tampering on a previous controlled substance test. |

Notes:

B. UNUSUAL BEHAVIOR

- | Supv #1 | Supv #2 | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Verbal abusiveness |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Physical abusiveness |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Extreme aggressiveness or agitation |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Withdrawal, depression, mood changes, or unresponsiveness |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Inappropriate verbal response to questioning or instructions |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Other erratic or inappropriate behavior (e.g., hallucinations, disorientation, excessive euphoria, confusion (please specify) |

Notes:

C. PHYSICAL SIGNS OR SYMPTOMS

| Supv #1 | Supv #2 | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Possessing, dispensing, or using controlled substance |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Slurred or incoherent speech |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Unsteady gait or other loss of physical control/poor coordination |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Bloodshot or watering eyes |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Extreme fatigue or sleeping on the job |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Excessive sweating or clamminess to the skin |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Flushed or very pale face |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Highly excited or nervous |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Nausea or vomiting |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Odor of alcohol |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Odor of marijuana |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Dry mouth (frequent swallowing/lip wetting) |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Dizziness or fainting |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Shaking hands or body tremors/twitching |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Irregular or difficult breathing |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Runny sores or sores around nostrils |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Inappropriate wearing of sunglasses |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Puncture marks or "tracks" |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Other (please specify) |

Notes:

D. WRITTEN SUMMARY

Summarize the facts and circumstances of the incident, (including details of any box checked above) employee response, supervisor action, and any other pertinent information not previously noted. Please note the date, time, and location of reasonable cause testing or note if employee refused test. Attach additional sheets as needed.

Notes:

Supervisor #1 _____ Date: _____ Time: _____

Supervisor #2 _____ Date: _____ Time: _____