ALCOHOL AND DRUG ABUSE POLICY

Purcell Contracting, LLC is a drug-free workplace. The purpose of this policy is to ensure the safety of all employees and to promote productivity. This policy applies to all employees, contractors, and temporary workers. Substances covered under this policy include alcohol, illegal drugs, and inhalants.

We reserve the right to inspect our premises and jobsites for these substances. We reserve the right to conduct alcohol and drug tests at any time. We may terminate your employment if you violate this policy, refuse to be tested, or provide false information.

Definitions Under This Policy

A “substance” includes alcohol, illegal drugs, and inhalants.

An “illegal drug” is any substance that is illegal to use, possess, sell, or transfer in the State of Texas.

“Drug paraphernalia” are any items used or intended for use in making, packaging, concealing, injecting, inhaling, or consuming illegal drugs or inhalants in any way.

An “inhalant” is any substance that produces mind-altering effects when inhaled.

You are “under the influence” if any substance:

- impairs your behavior or your ability to work safely and productively;
- results in a physical or mental condition that creates a risk to your own safety, the safety of others, or company property; or
- is shown to be present in your body, by laboratory evidence, in more an identifiable trace.

“Company premises” include our buildings, grounds, parking lots, jobsites, and company-provided vehicles.

Company Rules

You must follow these rules while you are on company premises and while you are conducting company business. The rules apply any place you conduct company business, including a company vehicle or your own vehicle:

1. You may not use, possess, or be under the influence of alcohol on company premises. If management approves, you may drink moderately at certain business-related meetings or social gatherings.

2. You may not use, possess, or be under the influence of illegal drugs.

3. You may not sell, buy, transfer, or distribute any illegal drugs. It is against the law to do so, and we will report such actions to the authorities.

4. You may not use, possess, sell, buy, transfer, or distribute drug paraphernalia.

5. You may not use or be under the influence of inhalants.

6. You must follow these rules if you take prescription or over-the counter drugs on the job.
   - You may use a prescription drug only if a licensed health care provider prescribed it for you within the last year.
   - You may use prescription or over-the-counter drugs only if they do not generally affect your ability to work safely.
   - You must follow prescription directions, including dosage limits and usage cautions.
   - You must keep these drugs in their original containers or bring only a single-day supply.

The company may consult with a doctor to determine if a prescription or over-the-counter drug may create a risk if you use it on the job. The company may change work duties or restrict you from working while you are using a prescription or over-the-counter drug that creates such a risk.

7. You may not use machinery while taking prescription or over-the-counter drugs that impair your ability to work safely. This includes vehicles.

You must cooperate with any investigation into substance abuse. An investigation my include tests to detect the use of alcohol, drugs, or inhalants.

Testing

Testing may include urine, blood, or breathalyzer tests. Before testing, you will have the chance to explain the use of any drugs. We will follow laws for keeping test results confidential.

Agreement to Follow Policy

I have received and read a copy of Alcohol and Drug Abuse Policy for Purcell Contracting, LLC. I agree to follow the rules in this policy.

_____ _____

Employee Signature Date

_____ _____

Witness Signature Date

EMPLOYEE SALARY DEDUCTION AUTHORIZATION

I, _____, hereby agree and understand that Purcell Contracting, LLC may deduct reasonable and lawful amounts from my paycheck for the repayment of loans, advances, lost or non-returned company property, wage overpayments, health/dental/vision/voluntary life insurance, retirement plan, etc.

I additionally agree to sign a deduction form for each necessary occurrence indicating itemized amounts for loans, advances, employee insurance, and other types of deductions as they may occur.

Any such deductions will remain in effect until amounts are repaid or until Purcell Contracting, LLC is notified in writing of changes (such as employee insurance changes).

_____ _____

Employee Signature Date

WORKWELL,TX

Employee Acknowledgment of Workers' Compensation Network

I have received information that informs me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this packet, I understand that:

- I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual Insurance Company at (844) 867-2338 to notify them of my choice.
- I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me to a specialist. If I need emergency care, I may go anywhere.
- Texas Mutual will pay the treating doctor and other network providers for the treatment for my compensable injury.
- I may have to pay the bill if I get health care from someone other than a network doctor without prior network approval.

Knowingly making a false workers' compensation claim may lead to a criminal investigation that could result in criminal penalties such as fines and imprisonment.

_____ _____ _____

Signature Date Printed name

I live at: _____

Street address

_____

City State Zip code

Name of employer: Purcell Contracting, LLC

Name of network: WorkWell, TX

To the employer:

Each employee must sign this form when you begin the program or within 3 days of being hired, and at the time an injury occurs. Please indicate at which point this acknowledgment was completed.

- ☐ Initiating the network program (companywide)
- ☑ Initial employee notification (new hire)
- ☐ Injury notification (Date of injury: / /)

Keep this completed form in the employee's personnel file. It could be requested by Texas Mutual.