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# Butte County Mosquito and Vector Control District

## POLICY MANUAL

**POLICY TITLE:** Drug and Alcohol Abuse  
**POLICY NUMBER:** 7190

**7190.1** It is the desire of the Board of Trustees that the work environment of District employees be safe and productive and free of the influence of drugs, alcohol and/or other controlled substances.

**7190.2** An employee shall not unlawfully manufacture, distribute, dispense, possess, or use any controlled substance in the workplace.

**7190.2.1** Employees are prohibited from being under the influence of controlled substances or alcohol while on duty. For purposes of this policy, on duty means during an employee’s work hours both at and away from District property. Under the influence means that the employee’s capabilities are adversely or negatively affected, impaired, or diminished to an extent that impacts the employee’s capabilities are adversely or negatively affected, impaired, or diminished to an extent that impacts the employee’s ability to safely and effectively perform his/her job.

**7190.2.2** In accordance with the law and the District’s Policy Manual, the District Manager may take appropriate disciplinary action, up to and including termination, against an employee for violating the terms of this policy.

**7190.3** To ensure that employees, property and equipment are not endangered by an employee who is under the influence of drugs, alcohol and/or other controlled substances any employee whose conduct, appearance, speech or other characteristics creates a reasonable suspicion of being under the influence of said substances shall be subject to testing by a qualified medical professional at District expense.

**7190.3.1** An employee who is suspected of being under the influence and refuses to cooperate in the exam and/or drug/alcohol testing may be subject to termination.

**7190.4** At the time of initial hiring, all employees shall complete a Consent and Release form to be kept on file in the District office which shall conform to the general format, as shown on Appendix A.

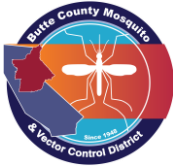
**7190.5** District employees are required to notify the District Manager in writing of any criminal drug statute of which they are convicted for a violation occurring in the workplace no later than five calendar days after such conviction.

**7190.6** Employee Acceptance. By signing this document, I hereby represent that I have read, understand, and agree to the District’s Drug and Alcohol Abuse and Drug Testing policies. This signed copy will be retained in the employee’s personnel file as receipt of acknowledgement of being informed of such policy.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name here



**Appendix "A"**  
**CONSENT AND RELEASE FORM**  
**DRUG/ALCOHOL TESTING**

I hereby authorize Butte County Mosquito and Vector Control District and any laboratories or medical facilities designated by Butte County Mosquito and Vector Control District to perform a urinalysis and/or blood test to detect the presence of illicit drugs and/or alcohol in my body. I further authorize the reporting of the results of such test(s) to Butte County Mosquito and Vector Control District and its authorized personnel. I recognize that the results of such test will be used to determine my suitability for employment or for continued employment with Butte County Mosquito and Vector Control District

Any attempt to switch a sample or adulterate a sample will be considered the same as a positive result. The laboratory may use one or more tests for adulteration.

The only drugs, medicine or mind-altering substances, including drugs prescribed by a physician and over-the-counter medications, by brand name if possible (e.g., Extra Strength Tylenol□, Robitussin-DM□, Allerest□, Mediprin□, etc.), that I have used in the last 45 days are as follows:

<u>DRUG/MEDICINE</u>	<u>WHEN USED</u>	<u>ISSUED BY:</u> <u>(IF PRESCRIPTION)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NAME OF EMPLOYEE:** \_\_\_\_\_

**FACILITY PERFORMING TEST:** \_\_\_\_\_

**DATE OF TEST:** \_\_\_\_\_

**SIGNATURE OF APPLICANT/EMPLOYEE:** \_\_\_\_\_  
(Signature) (Date)

**SUPERVISOR REQUESTING TEST:** \_\_\_\_\_  
(Signature) (Date)