

This form is simply an example provided to the marine employer to try and assist them with compliance. No one is certifying the accuracy or completeness of these forms with the constantly changing regulatory environment.

Drug & Alcohol Company Policy for

company name

Crew must conform to 46 CFR parts 4, 5, & 16; and they must adhere to the policies set forth. A CREW MEMBER is defined to be the licensed master/operator or employee aboard a passenger-carrying vessel who are performing safety sensitive duties.

(Some examples of safety sensitive duties include navigation, lookouts, handling of anchor or dock lines, & steering...)

Examples of crewmembers that must be in a drug program:

On Un-inspected passenger carrying vessels: (6 pack vessels)

- 1) Any person who might perform a safety sensitive duty aboard the vessels.

On Inspected passenger carrying vessels:

- 1) Any person the USCG Certificate of Inspection (COI) requires to be aboard.

Failure to comply with this policy will result in the employee being prohibited from doing safety sensitivity duties aboard our vessel(s).

Our Medical Review Officer is: _____, MRO

The Company's Designated Employer Representative: _____, DER
will be responsible for oversight of the Drug Program for our company:

- 1) Seeing that the drug program complies with 46 CFR parts 4, 5, 16 & 49 CFR part 40 & 33 CFR Part 95
- 2) Maintains a CREW ROSTER of licensed and unlicensed people who can perform Safety Sensitive Duties aboard our vessel(s) and insuring that they will comply with all parts of 46 CFR 4, 5, & 16 & 49 CFR part 40 & 33 CFR Part 95.
- 3) The DER will remove from the CREW ROSTER anyone who:
 - a) Requests to be removed from the CREW ROSTER in writing, or
 - b) Has a drug test verified by the MRO to be positive, or
 - c) Refuses to have a drug test when he/she is selected, or
 - d) Fails to complete the Educational Assistance Program.

The DER will be responsible for the mandatory Employee Assistance Program required of all crewmembers in our company performing Safety Sensitive Duties.

(a) **EAP education program:** Each EAP education program must include at least the following elements: display and distribution of informational material; display and distribution of a community service hot-line telephone number for crewmember assistance, and display and distribution of the Company Policy regarding drug and alcohol use in the workplace.

(b) **EAP training program:** An EAP training program must be conducted for the employer's crewmembers and supervisory personnel. The training program must include at least the following elements: the effects and consequences of drug and alcohol use on personal health, safety, and work environment; the manifestations and behavioral cues that may indicate drug and alcohol use and abuse; and documentation of training given to crewmembers and the employer's supervisory personnel. Supervisory personnel must receive at least 60 minutes of training.

Drug testing shall be conducted in accordance with USCG Rules & Regulations. Specifically, individuals will be tested for the presence of controlled substances (marijuana, cocaine, opiates, amphetamines, phencyclidine (PCP) and alcohol) and will be subject to pre-employment, reasonable cause, periodic, random, and post accident drug testing. Such individuals must TEST NEGATIVE for the presence of controlled substances.

No person on our CREW ROSTER may consume alcohol while underway or within 4 hours of performing Safety Sensitive Duties. If his/her Blood Alcohol concentration while underway is at a level of .04 BAC or higher (determined by a BAT), he/she will be terminated from the Company.

No person who is on the CREW ROSTER may use, possess or sell illegal drugs. Any person on the CREW ROSTER who tests positive for drugs or refuses a drug test will be terminated from the Company.

Any applicant for, or member on the CREW ROSTER, who is contacted by our Medical Review Officer, (MRO) with the potential of a positive drug test, will be informed by the MRO of his/her right to have the second specimen from the original collection (bottle B – 15ml) tested by a second lab. If the person chooses to elect this option, he/she will be held responsible for any & all expenses associated with the split specimen (second test). The Company will bill the employee for this expense & will provide a list of Substance Abuse Professionals (SAP) to the person if the test was Positive.

In the event, a person on the CREW ROSTER or an applicant has a positive test (as verified by the MRO), he/she will be prohibited from performing safety sensitive duties aboard the vessel(s) & in the case of a licensed mariner, the USCG must be notified. He/she cannot re-apply for employment in our Company on the CREW ROSTER until he/she presents a letter from a SAP who is certified by the DOT and a letter from the MRO. The DER in consultation with the SAP will direct a RETURN to DUTY drug test and the SAP may require that person to be on a high frequency drug-testing schedule. Our Company will not be responsible for any expenses involving the SAP. The applicant will pay for the cost of the RETURN to DUTY drug test. Any member required to be on a high frequency drug-testing schedule by a SAP will incur all expenses of the additional high frequency drug tests.

Crewmembers that have a negative – dilute drug test, determined by the MRO, will be retested.

Crewmembers that have an adulterated or substituted drug test result, determined by the MRO, will be terminated.

Crewmembers that are on vacation for more than 3 months will need to take a Pre-Employment Drug test before they can perform Safety Sensitive Duties.

CREW ROSTER *the following crewmembers will be performing safety sensitive duties*

I, _____ have read and understand the Company Policy
last name, first name
stated above which contains the conditions of my employment, and I agree to abide by the above stated policies and conditions. I have had EAP training that has lasted at least 1 hour on DATE: _____

DATE: _____ SIGNATURE: _____

I, _____ have read and understand the Company Policy
last name, first name
stated above which contains the conditions of my employment, and I agree to abide by the above stated policies and conditions. I have had EAP training that has lasted at least 1 hour on DATE: _____

DATE: _____ SIGNATURE: _____

I, _____ have read and understand the Company Policy
last name, first name
stated above which contains the conditions of my employment, and I agree to abide by the above stated policies and conditions. I have had EAP training that has lasted at least 1 hour on DATE: _____

DATE: _____ SIGNATURE: _____

Local Phone # for help: (____) _____ Natl. Institute on Drug Abuse (coke Hotline) (800) 622-HELP
MARIJUANA (800) 241-7946 ~ Cocaine Help Line (800) COCAINE ~ Alcohol Help Line (800) ALCOHOL
Pills Anonymous (212) 874-0700 ~ PRIDE (Parents Resource Institute for Drug Education) (800) 241-7946
National Drug Inform. Clearing House (301) 443-6500 ~ National Clearing House for Alcohol Info. (301) 468-3951